

**REVIEW REQUIREMENTS CHECKLIST CCRC**

**LINE OF BUSINESS: CCRC CODES: CC01 through CC01**

This checklist should be completed to assist in the submission and review of forms submitted to the New Hampshire Insurance Department. It is not intended to be an all-inclusive listing of required provisions, rather guidance for areas of frequent questions and areas needing special attention. Applicable New Hampshire Statutes and Rules are available at:

[http://www.gencourt.state.nh.us/rules/state\\_agencies/ins1800.html](http://www.gencourt.state.nh.us/rules/state_agencies/ins1800.html)  
<http://www.gencourt.state.nh.us/rsa/html/XXXVII/420-D/420-D-mrg.htm>

GENERAL REQUIREMENTS	REFERENCE	COMMENTS	YES	N/A
Submission		Must submit filing via email to the Intake Coordinator in a PDF less than 10 mb in size: <a href="mailto:CCRCformfilings@ins.nh.gov">CCRCformfilings@ins.nh.gov</a> .		
NHID FEES	Ins 1809.01(a)(b)(c)(d)	Certificate of Authority \$800.00 Annual Report \$800.00 All other forms \$80.00 each New Certificate of Authority \$400.00, per RSA 420-D:13 II Management control change.		
Definitions		Ins 1802.01(b)		
Cover Letter	Ins 1808.03(b)(2)	Via email with form(s) attached in pdf format. The cover letter shall list and describe each amendment or revision made to the previously approved disclosure statement		
Readability/Plain Meaning and Print Type	Ins 1808.01(a)(1-9), 1808.02 (k), and 1808.03(h)	All contracts and disclosure statements shall be printed in 12-point type or larger and shall be prepared in a manner to ensure legibility and ease of reading standards are met.		
Changes that Require a Disclosure Amendment	Ins 1808.03(g)(1-3)	These include any changes in the overall management and direction of the CCRC, any new or additional mortgages, liens or loans that affect the property of the CCRC and any changes in the financial or factual information within the original disclosure.		
<b>DISCLOSURE STATEMENTS</b>	Ins 1808.03(a)(b)	All disclosure statements and amendments to previously approved disclosure statements shall be submitted to the Commissioner for approval. The submission must include the proposed disclosure statement, a cover letter, and the examination fee.		
	RSA 420-D:4 IV & Ins 1808.03(f)(2)	The cover page of the disclosure statement shall include the date of the statement and that the issuance of a certificate of authority does not constitute approval, recommendation, or endorsement of the facility by the department nor is it evidence of accuracy or completeness of the information in the statement.		

Name and Type of Organization	RSA 420-D:4 II(a)	The name of the organization and whether it is for profit and whether it is a partnership, corporation, or other type of organization.		
Officers, Trustees, investors and Owners Requirements	RSA 420-D:4 II(b)(1-10)	(b) For all officers, trustees, investors, and owners with more than 5% ownership and for the facility manager, the following information is required:		
	(1)	Name, address and amount of ownership		
	(2)	Responsibility and relationship to the facility.		
	(3)	Previous experience.		
	(4)	Previous business experience		
	(5)	Any felony convictions against such person in any jurisdiction.		
	(6)	Any court orders or injunctive relief against such person.		
	(7)	Relationships with other nursing homes or like communities.		
	(8)	Previous bankruptcies or financial actions against such person.		
	(9)	Relationship with any supplier or potential supplier of services.		
	(10)	Supplies or materials of any kind contributed or sold to the provider.		
Relationship with Religious Charitable or Non-Profits	RSA 420-D:4 II (c)	The provider's relationship with any religious, charitable, or nonprofit organization and the extent of such organization's financial responsibilities to the provider or to residents.		
Provider Non Profit or Tax Exempt	RSA 420-D:4 II(d)	Whether the provider claims to be nonprofit or tax exempt.		
Location	RSA 420-D:4 II (e)	The location and description of the facility and, if it is proposed or incomplete, the estimated completion date, status of construction, and any contingencies on that completion date.		
Services	RSA 420-D:4 II (f)	Those services to be provided by the facility under the basic contract and those at extra cost.		
Other Location	RSA 420-D:4 II (g)	All locations where services are to be provided, if different from the main facility.		
Entrance Fees and Periodic Payments	RSA 420-D:4 II (h-i)	(h) All entrance fees and periodic payments required of residents and a description of all policies and conditions for refund or return of these fees and payments.		
		(i) When and how periodic payments may be changed by the facility.		
Reserves, Escrows, Trusts	RSA 420-D:4 II (j) & Ins 1807.01 (a-f)	Provisions of the provider for reserve funding, escrows, trusts, and investment of these funds.		
Financial Statements	RSA 420-D:4 II (k)	Financial statements audited by a certified public accountant. If the facility is in operation, a balance sheet and an income statement for the 2 complete and immediately preceding years must be included.		

New Facility Requirements	RSA 420-D:4 II (l) (1-15)	See this statute for additional requirements if the facility has not yet begun operating.		
<b>RESIDENT CONTRACTS</b>	REFERENCE	COMMENTS		
Standards	RSA 420-D:12 & Ins 1808.02	Contract inclusions and requirements		
Cover Letter	Ins 1808.02(a)	All contracts shall be executed on a form with a cover letter that shall provide a brief description of the main features of the contract form.		
Notice and Procedure of Rescinding	Ins 1808.02(b)	Each contract shall have a separate page notifying prospective residents of their right to rescind the contract as follows:		
	Ins 1808.02(b) (1)	The date rescission period begins		
	Ins 1808.02(b) (2)	The right to rescind and terminate the contract within 10 days without penalty		
	Ins 1808.02(b) (3)	The prospective resident is not required to move in before 10 day period		
	Ins 1808.02(b) (4)	Instructions on mailing/delivering rescission notice including electronic mail delivery no later than midnight on last day of rescission		
	Ins 1808.02(b) (5)	Notification that the prospective resident is canceling contract. The rescission form shall include a place for date and signature.		
Value of Securities, Real Property, or Other goods in Lieu of cash.	RSA 420-D:12, I (b)	Cover only one resident, or 2 if sharing the same unit, and shall include the total amount transferred by the resident.		
Services Included and Extra Services Fee Schedule	RSA 420-D:12, I (c)	State specifically all services and items to be provided to the resident including the locations, duration, and how often services are to be provided. Also, which services or items are included in the agreement for continuing care and which services are available at an extra cost to the resident.		
Terms of Terminations or Eviction	RSA 420-D:12 I (d)	State the conditions upon which the provider may evict a resident or terminate the contract for CCRC.		
Residency Conditions	RSA 420-D:12 I (e)	Describe condition required for a person to continue as a resident.		
Delinquency	RSA 420-D:12 I (f)	Describe any condition under which a person delinquent in his/her periodic payments may remain and if there is a specific time limit.		
Change in Occupancy	RSA 420-D:12 I (g)	State the entrance fees and periodic payment changes that may occur, i.e. Marriage, divorce, death.		

Cancellation 30 Day Notice-2 Doctors	RSA 420-D:12 I (h)	Exception to 30 days is with 2 doctor notices determining danger to self or others.		
Cancellation due to Death or Departure	RSA 420-D:12 I (i)	Clear detail on all terms for departure or death of resident		
Entrance Fees Earned	RSA 420-D:12 I (j)	How are entrance fees earned by the provider at the death of a resident, hat portion, if any shall be turned over to the estate of the resident, and the formula for calculating all amounts.		
Standards	Ins 1808.02 (c)	Terms and conditions governing the return of the resident's entrance fee.		
	Ins 1808.02 (d)	Return of the entrance fee for contracts entered into after the 2015 effective date of this rule – No later than 12 months if the CCRC is at 80% or greater occupancy, no later than 24 months if the CCRC is at less than 80% occupancy.		
	Ins 1808.02 (e)	Definition of hardship – change in circumstances, cannot obtain acceptable living accommodations or health care services from the CCRC, and cannot pay for necessary room, board, or healthcare services outside of the CCRC		
	Ins 1808.02 (f)	Definition of acceptable living conditions – Must be within the financial means of the resident, provide health and mental health services, and respect and reflect the rights of the resident.		
	Ins 1808.02 (g)	In the event of a dispute relating to hardship, the CCRC will provide the resident with a written notice of denial including the following statement “We will of course be available to you to discuss the position we have taken. Should you, however, with to take this matter up with the New Hampshire Insurance Department, it maintains a consumer services divisions to investigate resident complaints at 21 South Fruit Street Suite 14, Concord, New Hampshire 03301. The New Hampshire Insurance Department may be reached, toll-free, by dialing 1-800-842-3416.”		
60 Day Notice of Change in Periodic Payments	RSA 420-D:12 I (k)	a 60-day notice is required before a change in periodic payments shall take effect.		
Lump Sum Payments	RSA 420-D:12 I (l)	Periodic payments for care paid in a lump sum shall not be changed during the period covered unless the resident is receiving federal or state assistance.		
Free Look	RSA 420-D:12 I (m)	Provide a period of 10 days to cancel a contract		
Refund within 10 days	RSA 420-D:12 I (n)	The provider shall make a full refund of all money, securities, goods, or property, except for non-refundable initial application fee. Funds shall be held in escrow with interest as per RSA420-D:10 I		

Transfer	RSA 420-D:12 I (0)	Describe the conditions a resident may be transferred to another living unit or another part of the facility with any financial adjustments.		
Cancellation	RSA 420-D:12 II (a)	No contract issued shall allow dismissal of a resident prior to the end of a contractual period, except for just cause (see RSA420-D:12 I (h) above)		
Appeal to Insurance Commissioner	RSA 420-D:12 II (b)	If requested by the resident, the commissioner will intervene prior to dismissal.		
Revisions(s) or Amendment(s)	Ins 1808.02(i) (j)	The CCRC shall submit to the commissioner for approval and revision(s) or amendment(s) to an approved contract form. The CCRC shall in a supplement to the cover letter, list every instance where the contract form will use variable language.		
Signatures	Ins 1808.02(l)	A valid and binding contract with a resident shall be signed by the CCRC and each resident who is admitted to the CCRC. An authorized representative may sign the contract with the resident on behalf of the either party.		
Contract Distribution	Ins 1808.02(n)(1-4)	<p>A copy of the current contract with resident form shall be attached as an appendix to each disclosure statement filed with the commissioner.</p> <p>A copy of the current contract with resident form shall be attached to each disclosure statement given to a prospective resident, unless the individual previously received a disclosure statement with a current contract with resident form attached thereto;</p> <p>A copy of the current contract with resident form may be given to current residents; and</p> <p>If a contract with resident form is not attached to the disclosure statement, as authorized under paragraph (2) above, a separate page shall be attached stating that a copy of the contract with resident form was omitted.</p>		
<b>FINANCIAL EXAMINATION REQUIREMENTS</b>	<b>REFERENCE</b>	<b>COMMENTS</b>		
Annual Reports	RSA 420-D:7 & Ins 1804.01	Shall be submitted to NH Insurance department via email to FINANCIAL EXAMS <a href="mailto:FINANCIALEXAMS@INS.NH.GOV">FINANCIALEXAMS@INS.NH.GOV</a>		
Financial Statements	RSA 420-D:7 & Ins 1804.01	Shall be submitted to NH Insurance department via email to FINANCIAL EXAMS <a href="mailto:FINANCIALEXAMS@INS.NH.GOV">FINANCIALEXAMS@INS.NH.GOV</a>		

Reserves, Escrows, Trusts	RSA 420-D:8 RSA 420-D:10	Shall be submitted to NH Insurance department via email to FINANCIAL EXAMS <a href="mailto:FINANCIALEXAMS@INS.NH.GOV">FINANCIALEXAMS@INS.NH.GOV</a>		
Financial Ratio Calculations <ul style="list-style-type: none"> <li>• CED</li> <li>• CD</li> <li>• DCOH</li> <li>• DSCR</li> <li>• DSCR-RB</li> <li>• NOM</li> <li>• OR</li> </ul>	RSA 420-D:7, II (d)(7)	Shall be submitted to NH Insurance department via email to FINANCIAL EXAMS <a href="mailto:FINANCIALEXAMS@INS.NH.GOV">FINANCIALEXAMS@INS.NH.GOV</a>		
Liquid Reserve Calculation	RSA 420-D:8 INS 1805.01	Shall be submitted to NH Insurance department via email to FINANCIAL EXAMS <a href="mailto:FINANCIALEXAMS@INS.NH.GOV">FINANCIALEXAMS@INS.NH.GOV</a>		
Management Discussion and Analysis (SWOT)	RSA 420-D:7, II, (d)(7)	Shall be submitted to NH Insurance department via email to FINANCIAL EXAMS <a href="mailto:FINANCIALEXAMS@INS.NH.GOV">FINANCIALEXAMS@INS.NH.GOV</a>		
Biographical Affidavits Updates	Ins 1808.03 (g) (1)	<p>Changes in the board of directors, officers, managing or general partners, administrators or trustees, and managers which affect the management of the CCRC require amendment to the disclosure statement.</p> <p>The CCRC shall file biographical affidavits by the these individuals with the commissioner at the time the CCRC submits an amended disclosure statement;</p> <p>Affidavit shall be submitted via email to FINANCIAL EXAMS <a href="mailto:FINANCIALEXAMS@INS.NH.GOV">FINANCIALEXAMS@INS.NH.GOV</a>: <a href="https://www.nh.gov/ccrc-affiant-biographical-affidavit.pdf">ccrc-affiant-biographical-affidavit.pdf (nh.gov)</a></p>		

<p><b>Certification of Compliance</b></p> <p>Pursuant to NHCAR Part Ins 401.14 (e) – <i>A Certification of Compliance statement shall be signed by a representative of the company authorized to certify compliance.</i></p> <p>I certify this filing adheres to all applicable statutory and regulatory requirements, that information provided in checklist(s) is accurate and true, and that I am a company representative authorized to affirm such certification.</p>
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Print Name:	Title:
Signature:	Date: