HOUSE BILL 952

J3 9lr1772 CF SB 778

By: Delegates Hubbard, Costa, Krebs, and Weldon, Weldon, Hammen, Pendergrass, Benson, Bromwell, Donoghue, Elliott, Kach, Kipke, Kullen, McDonough, Montgomery, Morhaim, Nathan-Pulliam, Oaks, Pena-Melnyk, Reznik, Riley, Tarrant, and V. Turner

Introduced and read first time: February 12, 2009 Assigned to: Health and Government Operations

Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 25, 2009

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Continuing Care — Department of Aging and Maryland Insurance Administration — Transfer of Oversight Agreements and Related Agreements

FOR the purpose of transferring oversight of continuing care from the Department of Aging to the Maryland Insurance Administration; requiring the Administration, in consultation with certain groups, to conduct a certain review and to provide a certain report to the General Assembly on or before a certain date; making certain stylistic and technical changes; requiring the publisher of the Annotated Code of Maryland to make certain corrective changes; providing for the effective date of certain provisions of this Act; providing for the termination of certain provisions of this Act; and generally relating to the oversight of continuing care.

FOR the purpose of requiring the Department of Aging to review and approve or disapprove certain continuing care agreements and any other related agreements within a certain number of days; authorizing the Department to submit comments to or request additional information from a provider who has submitted certain agreements to the Department; providing for the suspension of a certain review period; requiring the Department to provide a certain written notice to certain providers if the Department does not approve a certain agreement; providing for a certain appeal under certain circumstances; requiring the Department to limit its review of certain modifications to certain agreements in a certain manner; providing that certain providers are not required to submit certain agreements or requests for modification to the

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

<u>Underlining</u> indicates amendments to bill.

Strike out indicates matter stricken from the bill by amendment or deleted from the law by amendment.



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Department for approval; and generally relating to the oversight of continuing 1 2 care. 3 BY repealing and reenacting, with amendments, 4 Article – Human Services 5 Section 10–445 6 Annotated Code of Maryland 7 (2007 Volume and 2008 Supplement) 8 BY transferring 9 Article - Human Services Section 10-401 through 10-405 and the part "Part I. Definitions; General 10 Provisions"; 10-407 through 10-416 and the part "Part II. Continuing 11 12 Care in a Retirement Community - Certificates of Registration"; 10-419 through 10-429 and the part "Part III. Providers"; 10-432 through 13 10-441 and the part "Part IV. Facilities and Assets"; 10-444 through 14 10-450 and the part "Part V. Continuing Care Agreements"; 10-453 15 through 10-460 and the part "Part VI. Continuing Care at Home"; 16 10-463 through 10-469 and the part "Part VII. Financial Review"; 17 10-472 through 10-493 and the part "Part VIII. Delinquency 18 19 Proceedings"; and 10-496 through 10-499 and the part "Part IX. Prohibited Acts; Penalties; Remedies", and the subtitle "Subtitle 4. 20 21 Continuing Care", respectively 22 **Annotated Code of Maryland** (2007 Volume and 2008 Supplement) 23 24 to be 25 Article - Insurance 26 Section 30-101 through 30-105 and the subtitle "Subtitle 1. Definitions: General Provisions"; 30-201 through 30-210 and the subtitle "Subtitle 2. 27 Continuing Care in a Retirement Community - Certificates of 28 Registration": 30-301 through 30-311 and the subtitle "Subtitle 3. 29 Providers"; 30-401 through 30-410 and the subtitle "Subtitle 4. Facilities 30 and Assets": 30-501 through 30-507 and the subtitle "Subtitle 5. 31 Continuing Care Agreements"; 30-601 through 30-608 and the subtitle 32 "Subtitle 6. Continuing Care at Home"; 30-701 through 30-707 and the 33 subtitle "Subtitle 7. Financial Review": 30-801 through 30-822 and the 34 subtitle "Subtitle 8. Delinquency Proceedings"; and 30-901 through 35 30-904 and the "Subtitle 9. Prohibited Acts; Penalties; Remedies", and 36 the title "Title 30. Continuing Care". respectively 37 **Annotated Code of Maryland** 38 39 (2006 Replacement Volume and 2008 Supplement) 40 BY repealing and reenacting, with amendments, Article - Insurance 41 Section 30-101, 30-102, 30-103, 30-105, 30-201, 30-202, 30-203, 30-204, 4230-205, 30-206, 30-207, 30-208, 30-209, 30-210, 30-302, 30-303, 43

30-304, 30-305, 30-306, 30-307, 30-309, 30-311, 30-401, 30-402, 30-403, 30-404, 30-405, 30-406, 30-407, 30-409, 30-410, 30-501,

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30-502, 30-503, 30-601, 30-602, 30-603, 30-604, 30-605, 30-606.
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                30-607, 30-608, 30-701, 30-702, 30-703, 30-704, 30-705, 30-706,
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                30-707, 30-801, 30-802, 30-803, 30-804, 30-805, 30-806, 30-807,
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                30-808. 30-809. 30-810. 30-813. 30-814. 30-816. 30-817. 30-818.
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                30 819, 30 820, 30 821, 30 822, 30 901, 30 902, 30 903, and 30 904
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               Annotated Code of Maryland
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         (2006 Replacement Volume and 2008 Supplement)
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         (As enacted by Section 1 of this Act)
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9 BY repealing and reenacting, with amendments,

Article - Insurance

11 Section 30–102

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12 Annotated Code of Maryland

13 (2006 Replacement Volume and 2008 Supplement)

14 (As enacted by Chapter 503 of the Acts of the General Assembly of 2007 and

15 Section 1 of this Act)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That Section(s) 10-401 through 10-405 and the part "Part I. Definitions: General Provisions": 10-407 through 10-416 and the part "Part II. Continuing Care in a Retirement Community - Certificates of Registration"; 10-419 through 10-429 and the part "Part III. Providers"; 10-432 through 10-441 and the part "Part IV. Facilities and Assets"; 10-444 through 10-450 and the part "Part V. Continuing Care Agreements"; 10-453 through 10-460 and the part "Part VI. Continuing Care at Home"; 10-463 through 10-469 and the part "Part VII. Financial Review": 10-472 through 10-493 and the part "Part VIII. Delinquency Proceedings"; and 10-496 through 10-499 and the part "Part IX. Prohibited Acts; Penalties; Remedies", and the subtitle "Subtitle 4. Continuing Care", respectively, of Article -Human Services of the Annotated Code of Maryland be transferred to be Section(s) 30-101 through 30-105 and the subtitle "Subtitle 1. Definitions; General Provisions"; 30-201 through 30-210 and the subtitle "Subtitle 2. Continuing Care in a Retirement Community - Certificates of Registration": 30-301 through 30-311 and the subtitle "Subtitle 3. Providers": 30-401 through 30-410 and the subtitle "Subtitle 4. Facilities and Assets"; 30-501 through 30-507 and the subtitle "Subtitle 5. Continuing Care Agreements"; 30-601 through 30-608 and the subtitle "Subtitle 6. Continuing Care at Home": 30-701 through 30-707 and the subtitle "Subtitle 7. Financial Review": 30-801 through 30-822 and the subtitle "Subtitle 8. Delinquency Proceedings"; 30-901 through 30-904 and the subtitle "Subtitle 9. Prohibited Acts; Penalties; Remedies", and the title "Title 30. Continuing Care", respectively, of Article - Insurance of the Annotated Code of Maryland.

SECTION 2. AND BE IT FURTHER ENACTED 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:

Article - Insurance Human Services

42 10–445.

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3 OF THE HEALTH – GENERAL ARTICLE.

1	(a) (1) (I) If a provider's feasibility study has been approved under §
2	10–409 of this subtitle, the Department [shall decide whether to approve a continuing
3	care agreement within 180 days after receipt of a complete agreement], WITHIN 120
4	DAYS AFTER RECEIPT OF A CONTINUING CARE AGREEMENT OR ANY OTHER
5	RELATED AGREEMENT SUBMITTED BY A PROVIDER, SHALL DETERMINE
6	WHETHER THE AGREEMENT COMPLIES WITH THE REQUIREMENTS OF THIS
7	SUBTITLE.
	SCB111DD.
8	(II) AT ANY TIME DURING THE REVIEW PROCESS, THE
9	DEPARTMENT MAY SUBMIT COMMENTS TO OR REQUEST ADDITIONAL
10	INFORMATION FROM THE PROVIDER TO DETERMINE WHETHER THE
l1	AGREEMENT COMPLIES WITH THE REQUIREMENTS OF THIS SUBTITLE.
12	(III) IF THE DEPARTMENT SUBMITS COMMENTS OR A
13	REQUEST FOR ADDITIONAL INFORMATION UNDER SUBPARAGRAPH (II) OF THIS
L 4	PARAGRAPH, THE 120-DAY REVIEW PERIOD UNDER SUBPARAGRAPH (I) OF THIS
L 5	PARAGRAPH IS SUSPENDED.
L 6	(IV) ON RECEIPT OF ANY REQUESTED INFORMATION OR
L 7	MODIFICATIONS TO THE AGREEMENT NECESSITATED BY THE DEPARTMENT'S
l 8	COMMENTS UNDER SUBPARAGRAPH (III) OF THIS PARAGRAPH, THE
L9	DEPARTMENT, WITHIN THE NUMBER OF DAYS REMAINING IN THE 120-DAY
20	REVIEW PERIOD, SHALL:
21	1. COMPLETE ITS REVIEW TO DETERMINE WHETHER
22	THE AGREEMENT MEETS THE REQUIREMENTS OF THIS SUBTITLE; AND
23	2. <u>APPROVE OR DISAPPROVE THE AGREEMENT.</u>
24	(v) 1 In our Dubanous para you approve our
	(V) 1. IF THE DEPARTMENT DOES NOT APPROVE THE
25 26	AGREEMENT, THE DEPARTMENT SHALL NOTIFY THE PROVIDER IN WRITING,
26 27	INCLUDING CITATIONS TO THE SPECIFIC PROVISIONS OF LAW THAT THE
4 1	DEPARTMENT DETERMINED WERE NOT COMPLIED WITH IN THE AGREEMENT.
28	2. A PROVIDER MAY APPEAL THE DISAPPROVAL OF
29	AN AGREEMENT UNDER SUBPARAGRAPH (IV) OF THIS PARAGRAPH UNDER THE
30	PROVISIONS OF TITLE 10, SUBTITLE 2 OF THE STATE GOVERNMENT ARTICLE.
, ,	1 HOVISIONS OF TITLE 10, SUBTILE 2 OF THE STATE GOVERNMENT ARTICLE.
31	(2) If the Department does not act within [180] 120 days, the
32	agreement is deemed approved.
33	(b) The provider shall maintain the continuing care agreement at the facility
34	and make it available for inspection by the Department of Health and Mental Hygiene
35	under Title 19, Subtitle 18, of the Health - General Article AND TITLE 10, SUBTITLE

1	(C) IF A PROVIDER IS SEEKING APPROVAL FOR A MODIFICATION TO AN
2	APPROVED CONTINUING CARE AGREEMENT OR OTHER RELATED AGREEMENT,
3	THE DEPARTMENT SHALL LIMIT ITS REVIEW TO:
0	THE DEPARTMENT SHALL LIMIT ITS KEVIEW TO.
4	(1) THE SECTION OF THE AGREEMENT BEING MODIFIED AND ANY
5	SECTIONS DIRECTLY AFFECTED BY THE MODIFICATION; AND
	
6	(9) ANN CECTION OF THE ACDEEMENT THAT MAY HAVE DEEN
	(2) ANY SECTION OF THE AGREEMENT THAT MAY HAVE BEEN
7	AFFECTED BY A CHANGE IN THE LAW OR A REGULATION THAT WAS ENACTED
8	AFTER THE DEPARTMENT APPROVED THE AGREEMENT.
9	(b) In the property of the control o
	(D) IF THE PROVIDER EXECUTES A SEPARATE ASSISTED LIVING
10	AGREEMENT OR COMPREHENSIVE CARE AGREEMENT, THE PROVIDER IS NOT
11	REQUIRED TO SUBMIT THE ASSISTED LIVING AGREEMENT OR COMPREHENSIVE
12	
	*
13	DEPARTMENT FOR APPROVAL.
14	SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
15	July 1, 2009.
10	<u>sury 1, 2005.</u>
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16	30-101.
17	(a) In this [subtitle] TITLE the following words have the meanings indicated.
	(a)
18	(b) "Aggisted living program" has the magning stated in \$ 10, 1901 of the
	(b) "Assisted living program" has the meaning stated in § 19–1801 of the
19	Health - General Article.
20	(e) "Certified financial statement" means a complete audit prepared and
21	certified by an independent certified public accountant.
41	certified by all independent certified public decodification.
22	
22	(d) "Continuing care" means:
23	(1) continuing care in a retirement community; or
	()
24	(9) continuing come at home
<i>2</i> 4	(2) continuing care at home.
25	(e) "Continuing care agreement" means an agreement between a provider
26	and a subscriber to provide continuing care.
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27	(f) (1) "Continuing care at home" means providing modical accessing an
	(f) (1) "Continuing care at home" means providing medical, nursing, or
28	other health related services directly or by contractual arrangement:
29	(i) to an individual who is at least 60 years of age and not
30	related by blood or marriage to the provider;

$\frac{1}{2}$	(ii) for the life of the individual or for a period exceeding 1 year; and
3 4	(iii) under a written agreement that requires a transfer of assets or an entrance fee notwithstanding periodic charges.
5 6	(2) "Continuing care at home" includes providing assistance with the physical maintenance of the individual's dwelling.
7 8 9 10 11	(g) "Continuing care in a retirement community" means providing shelter and providing either medical and nursing or other health related services or making the services readily accessible through the provider or an affiliate of the provider, whether or not the services are specifically offered in the written agreement for shelter:
12 13	(1) to an individual who is at least 60 years of age and not related by blood or marriage to the provider;
14	(2) for the life of the individual or for a period exceeding 1 year; and
15 16	(3) under one or more written agreements that require a transfer of assets or an entrance fee notwithstanding periodic charges.
17 18 19	(h) (1) "Contractual entrance fee refund" means a repayment of all or part of a subscriber's entrance fee to the subscriber or the subscriber's estate or designated beneficiary, as required by the terms of the continuing care agreement.
20 21	(2) "Contractual entrance fee refund" does not include a payment required under [§ 10–446 or § 10–448] § 30–503 or § 30–505 of this [subtitle] TITLE.
22 23	(i) "Conversion" means converting a physical plant that provides housing or shelter into a facility if:
24 25	(1) the residential accommodations exist before a statement of intent is filed under [§ 10–409(b)] § 30–203(B) of this [subtitle] TITLE; and
26 27 28	(2) at least 60% of the available residential accommodations of the facility owner were occupied during the [two] 2 fiscal years prior to the filing of a statement of intent.
29	(j) "Deposit" means a portion of an entrance fee.
30 31	(k) (1) "Entrance fee" means a sum of money or other consideration paid initially or in deferred payments, that:
32 33	(i) assures a subscriber continuing care for the life of the subscriber or for a period exceeding 1 year; and

$\frac{1}{2}$	(ii) is at least three times the weighted average of the monthly cost of the periodic fees charged for independent living and assisted living units.
$\begin{matrix} 3 \\ 4 \end{matrix}$	(2) "Entrance fee" includes a fee of similar form and application, regardless of title.
5	(3) "Entrance fee" does not include a surcharge.
6 7	(1) (1) "Expansion" means any single new capital addition to an existing facility that meets either of the following criteria:
8 9 10	(i) if independent or assisted living units are to be constructed, the number of units to be constructed is less than or equal to 25% of the number of existing independent and assisted living units; or
11 12	(ii) if independent or assisted living units are not to be constructed, the total projected cost exceeds the sum of:
13 14 15 16	1. 10% of the total operating expenses, less depreciation, amortization, and interest expense of the facility as shown on the certified financial statement for the most recent fiscal year for which a certified financial statement is available; and
17 18	2. the amount of the existing reserves properly allocable to, and allocated for, the expansion.
19 20	(2) "Expansion" does not include renovation and normal repair and maintenance.
21 22	(m) "Facility" means a physical plant in which continuing care in a retirement community is provided in accordance with this subtitle.
23 24 25	(n) "Financial difficulty" means current or impending financial conditions that impair or may impair the ability of a provider to meet existing or future obligations.
26 27 28	(o) "Governing body" means a board of directors, board of trustees, or similar group that ultimately directs the affairs of a provider, but whose members are not required to have an equity interest in the provider.
29 30	(p) (1) "Health related services" means services that are needed by a subscriber to maintain the subscriber's health.
31	(2) "Health related services" includes:
32	(i) priority admission to a nursing home or assisted living

program; or

1	(ii) except for the provision of meals, assistance with the
2	activities of daily living.
3	(q) "Person" includes a governmental entity or unit.
4	(r) "Processing fee" means a fee imposed by a provider for determining the
5	financial, mental, and physical eligibility of an applicant for entrance into a facility.
6	(s) "Provider" means a person who:
7	(1) undertakes to provide continuing care; and
8	(2) is:
9	(i) the owner or operator of a facility; or
10	(ii) an applicant for or the holder of a preliminary, initial, or
11	renewal certificate of registration.
12	(t) "Records" means information maintained by a provider for the proper
13	operation of a facility under this subtitle.
14	(u) (1) "Renovation" means any single capital improvement to, or
15	replacement of, all or part of an existing facility that will not increase the number of
16	independent or assisted living units and for which the total projected cost exceeds the
17	sum of:
18	(i) 20% of the total operating expenses, less depreciation,
19	amortization, and interest expense of the facility as shown on the certified financial
20	statement for the most recent fiscal year for which a certified financial statement is
21	available; and
22	(ii) the amount of existing reserves properly allocable to, and
23	allocated for, the renovation.
24	(2) "Renovation" does not include normal repair or maintenance.
25	(v) "Subscriber" means an individual for whom a continuing care agreement
26	is purchased.
27	(w) (1) "Surcharge" means a separate and additional charge that:
28	(i) is imposed simultaneously with the entrance fee; and
29	(ii) may be required of some, but not all, subscribers because of
30	a condition or circumstance that applies only to those subscribers.

1		(2)	"Surcharge" does not include a second person entrance fee.
2	30–103.		
3	(a)	The	Department ADMINISTRATION shall:
4		(1)	administer this [subtitle] TITLE;
5 6	[subtitle] T	(2) ITLE;	prepare and furnish all forms necessary or desirable under this
7 8	[subtitle] T	(3) ITLE;	establish and collect reasonable filing fees to carry out this
9		(4)	adopt regulations necessary to enforce this [subtitle] TITLE; and
10 11 12			prepare and distribute relevant public information and educational descriptions to advise individuals, institutions, and organizations of their rights under this [subtitle] TITLE.
13 14 15 16	information	- requi	Except as provided in paragraph (2) of this subsection, the DMINISTRATION shall make available to interested persons any red to be provided to the [Department] ADMINISTRATION under LE and publicize the availability of the information.
17 18 19			(i) A feasibility study filed under [§ 10-408] § 30-202 of this may not be disclosed until the [Department] ADMINISTRATION extificate of registration for the project.
20 21 22			(ii) Information required to be provided under [§ 10–434(b)(2)] § this [subtitle] TITLE shall be disclosed only to the extent required information Act.
23	30–105.		
24	(a)	In th	is section, "Fund" means the Continuing Care Fund.
25	(b)	Ther	e is a Continuing Care Fund.
26 27	(e) [subtitle] T		purpose of the Fund is to defray the costs of administering this
28 29	(d) Fund.	The	[Department of Aging] ADMINISTRATION shall administer the

$\frac{1}{2}$	(e) 7–302 of the	(1) The Fund is a special, nonlapsing fund that is not subject to § State Finance and Procurement Article.
$\frac{3}{4}$	Comptroller	(2) The State Treasurer shall hold the Fund separately, and the shall account for the Fund.
5	(f)	The Fund consists of:
6		(1) all fees collected under this [subtitle] TITLE;
7		(2) money appropriated in the State budget to the Fund;
8		(3) investment earnings of the Fund; and
9 10	the Fund.	(4) any other money from any other source accepted for the benefit of
11 12	(g) TITLE.	The Fund may be used only for the purposes specified in this [subtitle]
13 14	(h) same manne	(1) The State Treasurer shall invest the money of the Fund in the er as other State money may be invested.
15		(2) Any investment earnings of the Fund shall be paid into the Fund.
16 17	(i) State budge	Expenditures from the Fund may be made only in accordance with the t.
18 19 20		Money expended from the Fund for administering this [subtitle] TITLE is all to and is not intended to take the place of funding that otherwise would ated for administering this [subtitle] TITLE.
21	30-201.	
22 23	This- community	-[part] SUBTITLE applies only to continuing care in a retirement operations.
24	30-202.	
25 26 27	(a) through 10- may:	A provider shall comply with the applicable provisions of [§§ 10-409-415] §§ 30-203 THROUGH 30-209 of this subtitle before the provider
28		(1) offer continuing care in a retirement community;
29		(2) enter into or renew continuing care agreements;

1	(3) begin construction of a new facility;
2 3	(4) begin construction of an expansion to or renovation of an existing facility; or
4	(5) collect deposits for continuing care in this State.
5	(b) (1) A new capital addition to a facility that will result in the
6	construction of a number of independent and assisted living units that is greater the
7	25% of the number of existing units is considered new development and is subject
8	[§§ 10-409 through 10-411] §§ 30-203 THROUGH 30-205 of this subtitle.
9	(2) A new capital addition to a facility that does not involve to
10	construction of independent or assisted living units and that does not meet the
11	standard of [§ 10-401(l)(1)(ii)] § 30-101(L)(1)(H) of this [subtitle] TITLE is n
12	subject to review by the [Department] ADMINISTRATION under [§§ 10-409 through
13	10-415] §§ 30-203 THROUGH 30-209 of this subtitle.
14	(3) A capital improvement or replacement that does not meet to
15	standard of [§ 10-401(w)] § 30-101(w) of this [subtitle] TITLE is not subject
16	review by the [Department] ADMINISTRATION under [§§ 10-409 through 10-415]
17	30-203 THROUGH 30-209 of this subtitle.
18	(c) A provider that has more than one facility offering continuing care sha
19	make a separate application for each facility for preliminary, initial, and renew
20	certificates of registration.
21	30–203.
22	(a) A provider may not collect deposits for continuing care or beg
23	construction of a new facility until the [Department] ADMINISTRATION approves
24	feasibility study.
25	(b) A person who intends to submit a feasibility study under subsection (c)
26	this section shall file with the [Department] ADMINISTRATION a statement of inte
27	to provide continuing care at least 30 days before the person submits the feasibili
28	study to the [Department] ADMINISTRATION.
29	(c) A feasibility study shall:
30	(1) be filed in a form satisfactory to the [Departmen
31	ADMINISTRATION; and
32	(2) include at least the following information:
33	(i) a statement of the purpose of the proposed construction
34	eonversion:
	- ,

1	(ii) documentation of the financial resources of the provider;
2	(iii) a statement of the capital expenditures necessary to
3	accomplish the project and the plan for acquiring the necessary capital;
4	(iv) a plan demonstrating the financial feasibility of the
5	proposed project, including future funding sources;
6	(v) a study that demonstrates the market for the project;
7	(vi) an actuarial forecast reviewed by a qualified actuary;
8	(vii) a statement of the planned fee structure, including any
9	proposed escalator or other automatic adjustment provision;
10	(viii) a description of the facility proposed to be used or being used
11	(viii) a description of the facility proposed to be used or being used for continuing care;
12	(ix) a copy of the proposed escrow and deposit agreements; and
13	(x) the form and substance of any proposed advertisement,
14	advertising campaign, or promotional material for the facility that is available at the
15	time of filing.
16	(d) The [Department] ADMINISTRATION may approve a feasibility study if
17	the [Department] ADMINISTRATION determines that:
18	(1) the number of comprehensive care or assisted living beds in the
19	facility for which licenses are required by the Department of Health and Mental
20	Hygiene is not inconsistent with the State health plan;
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21	(2) a reasonable financial plan has been submitted for developing and
22	operating the project;
23	(3) a market for the facility appears to exist;
24	(4) a recognized authority prepared the feasibility study;
25	(5) the actuarial forecast supports the projections for the project;
26	(6) the [Department] ADMINISTRATION has approved the escrow
27	agreement and deposit agreement; and
28	the approved escrow agreement is executed by the provider and the
29	financial institution.

1	30-204.
2	(a) A provider may collect deposits from prospective subscribers if:
3 4	(1) the [Department] ADMINISTRATION has approved the provider's feasibility study; and
-	reasisting study, and
5	(2) funds collected are maintained in an escrow account.
6	(b) Each deposit agreement shall comply with the requirements of subsection
7	(e) or (d) of this section.
•	(b) of (a) of time section.
8	(c) If a deposit agreement is used for a deposit on a unit for which the
9	provider has not received written approval to withdraw deposits, the deposit
LO	agreement shall:
	agreement shan.
l1	(1) state that all deposits and entrance fees will be held in escrov
12	until:
L	unon.
13	(i) an initial certificate of registration for the unit is issued;
L 4	(ii) construction is completed;
15	(iii) a certificate of occupancy, or its equivalent, is issued by the
L6	local jurisdiction; and
L 7	(iv) the provider has the appropriate licenses or certificates from
L8	the Department of Health and Mental Hygiene, the Maryland Health Card
L9	Commission, and the [Department] ADMINISTRATION;
	,
20	(2) describe the disposition of any interest earned on deposits and
21	entrance fees;
22	(3) state the amount of any processing fee and whether it will be
23	refunded if the deposit agreement is canceled; and
10	retainaed it the deposit agreement is canceled, and
24	(4) describe the disposition of the deposit if the deposit agreement is
25	canceled before the continuing care agreement is executed.
10	tancered perore the continuing care agreement is executed.
26	(d) If a deposit agreement is used for a deposit on a unit for which the
27	provider has received written approval to withdraw deposits, the deposit agreemen
28	shall:
00	
29	(1) state that the provider may use all deposits and entrance fees a
30	any time; or

1 2	(2) describe any applicable limitations on the use of deposits and entrance fees.
3	30–205.
4 5	(a) A provider may not enter into a continuing care agreement until the [Department] ADMINISTRATION issues a preliminary certificate of registration.
6	(b) An application for a preliminary certificate of registration shall be filed in
7	a form satisfactory to the [Department] ADMINISTRATION.
8	(c) An application shall include at least the following information:
9 10	(1) the name and address of the facility and the name and address of any affiliate, parent, or subsidiary;
11 12	$\stackrel{\hbox{\scriptsize (2)}}{}$ the organizational structure and management of the provider, including:
13 14	(i) for a corporation or limited liability company, its name, the state in which it is incorporated or formed, and the name of the chief executive officer;
15	(ii) for a partnership, the names of the general partners, the
16 17	state governing its formation, and the name of the primary individual responsible for managing it;
18 19 20	(iii) for an unincorporated association, the names of the members, the state governing its activities, and the name of the primary individual responsible for managing it;
21	(iv) for a partnership that has a corporation or limited liability
$\begin{array}{c} 22 \\ 23 \end{array}$	company as one or more of its general partners, the name of each corporation or
24 24	limited liability company, the state in which it is incorporated or formed, and the name of the chief executive officer;
25	(v) for a trust, the name of the trustee, the names of the owners
26	of beneficial interests in the trust, the state governing it, and the name of the primary
27	individual responsible for overseeing its activities;
28	(vi) the name and occupation of each officer, director, trustee,
29	managing or general partner, and each person with a 10% or greater financial equity
30 31	or beneficial interest in the provider and a description of the person's financial interest in or occupation with the provider;
32	(vii) the name and address of any entity in which a person
33	identified in item (vi) of this paragraph has a 10% or greater financial interest and
34	that is anticipated to provide goods, premises, or services with a value of \$10,000 or

1	more to the facility or provider in a fiscal year and a description of the goods, premises,
$\overline{2}$	or services and their anticipated cost to the facility or provider, which need not include
3	salary, wage, or benefit information of employees of the provider; and
0	balary, wage, or bollette illiorination of employees of the provider, and
4	(viii) a statement whether the provider is qualified, or intends to
5	qualify, as a tax exempt organization under the Internal Revenue Code;
J	quanty, as a tax exempt organization under the internal nevenue code,
6	(3) a copy of the corporate charter, partnership agreement, articles of
7	association, membership agreement, trust agreement, or similar instrument or
8	agreement governing the legal organization of the provider;
9	(4) (i) a certified financial statement of the provider for as many of
10	the most recent fiscal years, not exceeding 3 years, for which certified financial
11	statements are obtainable under generally accepted accounting principles; and
11	statements are obtainable under generally accepted accounting principles, and
12	(ii) if the provider's fiscal year ended more than 90 days before
13	the date the application is filed, an income statement, which need not be certified,
14	covering the period between the end of the fiscal year and a date not more than 90
15	days before the date the application is filed;
10	days before the date the application is lineu,
16	(5) a statement of any affiliation with a religious, charitable, or other
17	nonprofit organization, the extent of the affiliation, and the extent, if any, to which the
18	affiliate organization will be responsible for the provider's financial and contractual
19	obligations;
13	oongavions,
20	(6) a copy of the proposed continuing care agreement;
	(o) a copy of the proposed continuing care agreement,
21	(7) a copy of any priority admission agreements between the provider
22	and any health care provider for health related services;
	and any meanin care provider for meanin related services,
23	(8) a statement of the current fee structure, including escalator or
24	other automatic adjustment provisions;
	0 12201
25	(9) a statement of the role of any publicly funded benefit or insurance
26	program in the financing of care;
_0	program in the infaments of care,
27	(10) the form and substance of any advertisement, advertising
28	campaign, or other promotional material for the facility that has not been previously
29	
49	submitted to the [Department] ADMINISTRATION; and
30	(11) other reasonable and pertinent information that the [Department]
31	
OΙ	ADMINISTRATION requires.
32	(d) The [Department] ADMINISTRATION -1-11 in
	(d) The [Department] ADMINISTRATION shall issue a preliminary
33	certificate of registration to a provider if:

the feasibility study has been approved; and

34

(1)

1	(2) the [Department] ADMINISTRATION determines that:
2	(i) the proposed continuing care agreement meets the
3	requirements of [§§ 10-444, 10-445, 10-446, and 10-448] §§ 30-501, 30-502,
4	-30-503, AND 30-505 of this [subtitle] TITLE;
5	(ii) all of the financial and organizational materials required to
6	be submitted under subsection (c) of this section have been submitted to the
7	[Department] ADMINISTRATION; and
8	(iii) the form and substance of all advertisements, advertising
9	campaigns, and other promotional materials submitted are not deceptive, misleading,
10	or likely to mislead.
11	(e) If a preliminary certificate of registration is not issued within 6 months
12	after the feasibility study is approved, or a longer time allowed by the [Department]
13	ADMINISTRATION for good cause shown, the provider shall refund all deposits and
14	stop marketing continuing care under that application.
15	(f) A provider that plans to advertise before an initial certificate of
16	registration is issued under [§ 10-412] § 30-206 of this subtitle shall submit to the
17	[Department] ADMINISTRATION the form and substance of any advertisement,
18	advertising campaign, or other promotional material before it may be used.
19	30–206.
20	(a) A provider may not provide continuing care until the [Department]
21	ADMINISTRATION issues an initial certificate of registration.
22	(b) An application for an initial certificate of registration shall be filed in a
23	form satisfactory to the [Department] ADMINISTRATION.
24	(e) An application shall include at least the following information:
25	(1) for a project other than a conversion, verification that continuing
26	care agreements have been executed with subscribers for at least 65% of the
27	independent living units and THAT- at least 10% of the total entrance fee for each
28	contracted unit has been collected;
29	(2) for a conversion project, verification that at least 80% of the
30	accommodations in the project that are not licensed as assisted living or
31	comprehensive care beds are occupied or reserved in accordance with:
32	(i) leases;

1		(ii) continuing care agreements executed with subscribers who
2	have paid a deposit	
3		1. equals at least 10% of the total entrance fee; and
4		2. has been deposited by the provider under an escrow
5		- Programme Francisco
9	agreement approve	ed by the [Department] ADMINISTRATION; or
6		(iii) other appropriate contractual arrangements;
7	(3)	verification that the provider has received a written commitment
8	` '	term financing; and
O	for permanent tong	to the interioring, and
9	(4)	if construction financing is required, verification that the provider
10	has applied for the	
10	mas applica for the	manong.
11	(d) (1)	If requested by the permanent financing lender, the [Department]
$\overline{12}$	` ' ' '	I requested sy the permanent intending reliaer, the [Bepartment] I may issue a letter stating that the requirements of subsection
13	(c)(1) of this section	
10	(C)(1) UI UIIID DECUIUI	i nave been meu.
14	(2)	If requested by the construction lender, the [Department]
15	A DAMBUICAD AATON	
19	ADMINISTRATION	I may issue a letter stating that:
16		(i) the manifest of subsection (a)(1) and (2) of this section
	1 1	(i) the requirements of subsection (c)(1) and (3) of this section
17	have been met; and	
10		(ii) the initial continue of maintantian will be immed on the
18 19	-1 C +1	(ii) the initial certificate of registration will be issued on the
19	closing of the const	Fuction loan.
20	(-) (1)	Mis [December and] ADMINISTRATION also is in the in-
	(e) (1)	The [Department] ADMINISTRATION shall issue an initial
21		stration to a provider if the [Department] ADMINISTRATION
22	determines that:	
20		
23		(i) the provider has a preliminary certificate of registration;
0.4		
24		(ii) the provider has submitted the required documents;
0.5		
25		(iii) the form and substance of all advertisements, advertising
26		her promotional materials submitted are not deceptive, misleading,
27	or likely to mislead	<u>1-</u>
00		
28		(iv) for a project other than a conversion, continuing care
29		peen executed with subscribers for at least 65% of the independent
30	_	least 10% of the entrance fee has been paid as a deposit for each
31	contracted unit;	

1	(v) for a conversion project, at least 80% of the accommodations
2	in the project that are not licensed as assisted living or comprehensive care beds are
3	occupied or reserved in accordance with:
4	1. leases;
5	2. continuing care agreements executed with subscribera
6	who have paid a deposit that:
7	A. equals at least 10% of the total entrance fee; and
8	B. has been deposited by the provider under an escrow
9	agreement approved by the [Department] ADMINISTRATION; or
10	3. other appropriate contractual arrangements;
11	(vi) if construction financing is required, closing on the financing
$\frac{11}{12}$	has occurred; and
13	(vii) the provider has a commitment for permanent long-term
14	financing.
15	(2) The [Department] ADMINISTRATION may issue the initial
16	certificate of registration for a period not exceeding 18 months.
17	(f) A deposit held in escrow may not be used until:
18	(1) an initial certificate of registration has been issued;
19	(2) construction is completed;
20	(3) the provider has a certificate of occupancy or the equivalent from
21	the appropriate local jurisdiction; and
22	(4) the provider has the appropriate licenses or certificates from the
23	Department of Health and Mental Hygiene or the [Department] ADMINISTRATION.
24	(g) If an initial certificate of registration is not issued within 24 months after
25	the issuance of a preliminary certificate of registration, or a longer time allowed by the
26	[Department] ADMINISTRATION for good cause shown, the provider shall refund all
27	deposits and stop offering continuing care under that application.
28	30–207.
29	(a) (1) Each year, within 120 days after the end of a provider's fiscal year
30	the provider shall file an application for a renewal certificate of registration in a form
31	satisfactory to the [Department] ADMINISTRATION.

1	(2)	A renewal application shall contain:
2		(i) any additions or changes to the information required by [§§
3	10-408 through 10	0-410] §§ 30-202 THROUGH 30-204 of this subtitle;
4		(ii) an audited financial statement for the preceding fiscal year
5		lance with an audit guide that the [Department] ADMINISTRATION
6	adopts;	
7		(iii) an operating budget for the current fiscal year and a
8	projected operatin	g budget for the next fiscal year;
9		(iv) a cash flow projection for the current fiscal year and the next
10	[two] 2 fiscal year	
11		(v) a projection of the life expectancy and the number of
12	residents who will	require nursing home care;
13		(vi) an actuarial study reviewed by a qualified actuary and
13	gubmitted overy 2	years, unless the provider is exempted from the requirement for an
15		
	_	by regulations adopted by the [Department] ADMINISTRATION
16		ories of providers that the [Department] ADMINISTRATION
17	determines have s	substantially limited long-term care liability exposure;
18		(vii) the form and substance of any proposed advertisement,
19		aign, or other promotional material not previously submitted to the
20	[Department] AD	MINISTRATION; and
21		(viii) any further information that the [Department]
22	ADMINISTRATIO	•
23	(b) (1)	The [Department] ADMINISTRATION may charge a late fee if the
$\frac{23}{24}$	` ' ' '	accompanying information are not received by the [Department]
25		
4 0	ADMINISTRATIO	N within 120 days after the end of the provider's fiscal year.
26	(2)	Failure to file the required information within 90 days after the
27	due date is a viola	tion of this (subtitle) TITLE.
28	(e) The	Department] ADMINISTRATION shall issue a renewal certificate of
29	registration if the	[Department] ADMINISTRATION determines that:
30	(1)	the required documents have been filed;
31	$\frac{(2)}{2}$	any revised continuing care agreements meet the requirements of
32	this [subtitle] TIT	

1	(3) if the provider has been found to be in financial difficulty, the
2	provider has complied with [Part VII] SUBTITLE 7 of this [subtitle] TITLE;
3	(4) when appropriate, the facility has been licensed or certified by the
4	Department of Health and Mental Hygiene or the [Department] ADMINISTRATION;
5	and
6	(5) the form and substance of all advertisements, advertising
7	campaigns, and other promotional materials submitted to the [Department]
8	ADMINISTRATION are not deceptive, misleading, or likely to mislead.
9	30-208.
10	(a) A provider may not begin construction of a renovation until the provider
11	receives written approval from the [Department] ADMINISTRATION.
12	(b) (1) A provider shall file with the [Department] ADMINISTRATION a
13	request for approval for each renovation.
14	(2) At least 30 days before filing the request, the provider shall submit
15	to the [Department] ADMINISTRATION a written statement of intent to file a request
16	for approval of a renovation.
17	(3) A request for approval of a renovation shall be in a form
18	satisfactory to the [Department] ADMINISTRATION.
19	(4) A request for approval shall include:
20	(i) a statement of the purpose of and need for the renovation;
21	(ii) a financial plan that demonstrates to the satisfaction of the
22	[Department] ADMINISTRATION that the renovation will not have an unreasonably
23	adverse effect on the financial ability of the provider to provide continuing care in
24	accordance with its continuing care agreements and this [subtitle] TITLE at the
25	facility to be renovated and at the provider's other facilities in the State; and
26	(iii) any other information that the [Department]
27	ADMINISTRATION requires.
28	(e) The [Department] ADMINISTRATION shall approve a renovation if the
29	[Department] ADMINISTRATION determines that the proposed renovation will not
30	have an unreasonably adverse effect on the financial ability of the provider to provide
31	continuing care in accordance with its continuing care agreements and this [subtitle]
32	TITLE.

1	30-209.
2	(a) A provider may not begin construction of an expansion until the provider
3	receives written approval from the [Department] ADMINISTRATION.
4	(b) (1) A provider shall file with the [Department] ADMINISTRATION a
5	request for approval for each expansion.
6	(2) At least 30 days before filing the request, the provider shall submit
7	to the [Department] ADMINISTRATION a written statement of intent to file a request
8	for approval of an expansion.
9	(3) A request for approval of an expansion shall be in a form
LO	satisfactory to the [Department] ADMINISTRATION.
1	(4) A request for approval shall include:
12	(i) a statement of the purpose of and need for the expansion;
13	(ii) if the expansion involves living units, a plan that
L4	demonstrates to the satisfaction of the [Department] ADMINISTRATION that a
15	market exists for the additional living units;
16	(iii) a financial plan that demonstrates to the satisfaction of the
L 7	[Department] ADMINISTRATION that the expansion will not have an unreasonably
l 8	adverse effect on the financial ability of the provider to provide continuing care in
L9	accordance with its continuing care agreements and this [subtitle] TITLE at the
20	facility to be expanded and at the provider's other facilities in the State; and
21	(iv) any other information that the [Department]
22	ADMINISTRATION-requires.
23	(c) The [Department] ADMINISTRATION shall approve an expansion and, if
24	appropriate, issue a new certificate of registration if the [Department]
25	ADMINISTRATION determines that the proposed expansion will not have an
26	unreasonably adverse effect on the financial ability of the provider to provide
27	continuing care in accordance with its continuing care agreements and this [subtitle]
28	TITLE.
29	30–210.
30	(a) For cause, the [Department] ADMINISTRATION may:
₹1	(1) deny a feagibility study approval: or

1	$\frac{2}{2}$	deny, suspend, or revoke a preliminary, initial, or renewal
2	certificate of reg	
	S	
3	(b) (1)	Grounds for a denial, suspension, or revocation include:
4		(i) violation of this subtitle;
5		(ii) violation of a regulation the [Department]
6	ADMINISTRATI	ON-adopts under this [subtitle] TITLE;
7		(iii) misrepresentation; or
8		(iv) submission of a false financial statement.
9	(2)	The [Department] ADMINISTRATION shall set forth in writing its
10	reasons for a der	nial, suspension, or revocation.
11	(e) Titl	le 10, Subtitle 2 of the State Government Article governs the appeal of
12		ion, or suspension.
13	30-302.	
19	∂∀=∂∀∠.	
14		erest expenses may be excluded from the calculation of net operating
15		fiscal year, if the provider funded a debt service reserve or other
16		under requirements imposed by a financial institution or under
17		cing documents, to the extent the reserve fund included amounts to
18	cover interest fo	r that fiscal year.
19	(b) (1)	Except as otherwise provided in this [part] SUBTITLE, a provider
20	shall set aside	for each facility subject to this [subtitle] TITLE operating reserves
21		the facility's net operating expenses for the most recent fiscal year for
22		financial statement is available.
23	<u>(2)</u>	The provider shall keep the operating reserves in a reasonably
24	liquid form in th	e judgment of the provider.
05	(-) (1)	A
$\begin{array}{c} 25 \\ 26 \end{array}$	(c) (1)	1
20	section within 1	In the desired of the
27	(2)	A provider shall set aside at least 10% of the reserves required
28	under subsectio i	n (b) of this section at the end of each fiscal year after the date of its
29	initial certificate	of registration, up to a total of 100% at the end of the 10th fiscal year.
30	(3)	The [Department] ADMINISTRATION may allow a provider to
31	` '	mum rate required under paragraph (2) of this subsection or extend
32		the requirements of subsection (b) of this section if the modification is
33		intain the financial viability of the facility.
55	iiccobbai y to ma	invaling the initialitian viability of the facility.

1	30-303.
2	(a) (1) A provider shall compute operating reserves for each facility as o
3	the end of the facility's most recent fiscal year.
4	(2) When a provider files an application for a renewal certificate of
5	registration, the provider shall show compliance with operating reserve requirements
6	by including with the application:
7	(i) a letter to the [Department] ADMINISTRATION from a
8	certified public accountant that states the amount set aside; or
9	(ii) a certified financial statement that states the amount set
10	aside.
11	(b) A provider may apply toward the operating reserves required by [{
12	10-420(b)] § 30-302(B) of this subtitle any reserves, except debt service reserves
13	that are maintained under applicable financing document requirements if the reserves
14	are available to the provider to meet the facility's operating expenses.
15	(e) For the purpose of computing a provider's operating reserves
16	investments held to the credit of the reserves shall be calculated at their market value
17	as of the end of the provider's most recent fiscal year for which a certified financial
18	statement is available.
19	30-304.
20	(a) A provider shall notify the [Department] ADMINISTRATION in writing
21	immediately on the withdrawal of any amount from the funds available to satisfy the
22	operating reserves required by [§ 10-420(b)] § 30-302(B) of this subtitle.
23	(b) Within 30 days after making a withdrawal described in subsection (a) or
24	this section, the provider shall submit to the [Department] ADMINISTRATION &
25	written plan for restoring the reserves to the level required by [§ 10-420(b)] §
26	30-302(B) of this subtitle.
27	30-305.
28	(a) For a facility that has not been the subject of a conversion and that has
29	residents who are not parties to continuing care agreements, the provider shall set
30	aside operating reserves equal to at least 15% of the pro rata proportion of the net
31	operating expenses calculated under subsection (b) of this section.

(b) The pro rata proportion of the net operating expenses equals the number of units in the facility for which the [Department] ADMINISTRATION has issued a certificate of registration divided by the total number of accommodations in the facility

${1 \atop 2}$	multiplied by the net operating expenses for the most recent fiscal year for which a certified financial statement is available.
3	30–306.
4	(a) (1) A provider shall give without cost a disclosure statement for each
5	facility for which the provider holds a preliminary, initial, or renewal certificate of
6	registration:
7	(i) to a prospective subscriber before the earlier of payment of
8	any part of the entrance fee or execution of a continuing care agreement; and
9	(ii) annually to any subscriber who requests a disclosure
10	statement.
11	(2) A provider shall submit its initial disclosure statement to the
12	[Department] ADMINISTRATION for review at least 45 days before giving the
13	statement to any prospective subscriber.
14	(b) (1) A provider shall revise the disclosure statement annually and file
15	it with the [Department] ADMINISTRATION within 120 days after the end of the
16	provider's fiscal year.
17	(2) The [Department] ADMINISTRATION shall review the disclosure
18	statement solely to ensure compliance with [§ 10-425] § 30-307 of this subtitle.
19	(c) (1) An amended disclosure statement is subject to each requirement of
20	this [subtitle] TITLE.
21	(2) A provider shall file an amended disclosure statement with the
$\overline{22}$	[Department] ADMINISTRATION when it is delivered to a subscriber or prospective
23	subscriber.
24	30–307.
25	(a) A disclosure statement shall include:
26	(1) the name, address, and description of the facility and the identity
27	of the owner or owners of the facility and the land on which it is located;
28	(2) the name and address of the provider and of any parent or
29	subsidiary;
30	(3) the organizational structure and management of the provider,
31	including:

$\frac{1}{2}$	(i) for a corporation or limited liability company, its name, the state in which it is incorporated or formed, and the name of the chief executive officer;
3 4 5	(ii) for a partnership, the names of the general partners, the state governing its formation, and the name of the primary individual responsible for managing it;
6	(iii) for an unincorporated association, the names of the
7 8	members, the state governing its activities, and the name of the primary individual responsible for managing it;
9	(iv) for a partnership that has a corporation or limited liability
10 11 12	company as one or more of its general partners, the name of each corporation or limited liability company, the state in which it is incorporated or formed, and the name of the chief executive officer;
13 14 15	(v) for a trust, the name of the trustee, the names of the owners of beneficial interests in the trust, the state governing it, and the name of the primary individual responsible for overseeing its activities; and
16 17	(vi) a statement whether the provider is qualified, or intends to qualify, as a tax-exempt organization under the Internal Revenue Code;
18 19 20 21	(4) the name and occupation of each officer, director, trustee, managing or general partner, and each person with a 10% or greater equity or beneficial interest in the provider, and a description of the person's financial interest in or occupation with the provider;
22 23 24 25 26 27	(5) the name and address of any entity in which a person identified in item (4) of this subsection has a 10% or greater financial interest and that is anticipated to provide goods, premises, or services with a value of \$10,000 or more to the facility or provider in a fiscal year and a description of the goods, premises, or services and their anticipated cost to the facility or provider, which need not include salary, wage, or benefit information of employees of the provider;
28 29	(6) a description of any matter in which an individual identified in item (4) of this subsection:
30 31 32	(i) has been convicted of a felony or pleaded note contendere to a felony charge, if the felony involved fraud, embezzlement, fraudulent conversion, or misappropriation of property;
33 34 35	(ii) has been held liable or enjoined in a civil action by final judgment, if the civil action involved fraud, embezzlement, fraudulent conversion, or misappropriation as a fiduciary;

has been subject to an effective injunctive or restrictive

order of a court of record in an action that arose out of or related to business activity or

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1	health care, including an action that affected a license to operate a facility or service
2	for senior, impaired, or dependent persons; or
3	(iv) in the past 10 years, had a state or federal license or permit
4	suspended or revoked because a governmental unit brought an action that arose out of
5	or related to business activity or health care, including an action that affected a
6	license to operate a facility or service for senior, impaired, or dependent persons;
-	
7	(7) a description of the provider's form of governance and the
8	composition of its governing body, and a statement that the provider will satisfy the
9	requirements of [§§ 10-426 and 10-427] §§ 30-308 AND 30-309 of this subtitle;
10	(8) a statement of any affiliation of the provider with a religious,
11	charitable, or other nonprofit organization, and the extent of the organization's
12	responsibility for the financial and contractual obligations of the provider;
13	(9) if the facility will be managed on a day-to-day basis by a person
14	other than an individual who is directly employed by the provider, the name of the
15	proposed manager or management company and a description of the business
16	experience of the manager or company in operating or managing similar facilities;
17	(10) a copy of the most recent certified financial statement obtainable
18	under generally accepted accounting principles;
19	(11) a description of the long-term financing for the facility;
20	(12) a cash flow forecast for the current and the next [two] 2 fiscal
21	years;
22	(13) a description of any activity related to a renovation, expansion, or
23	new development during the preceding fiscal year or proposed for the current fiscal
24	year;
25	(14) a description of:
26	(i) the steps that have been or will be taken to comply with the
27	operating reserve requirements under [§ 10-420(b)] § 30-302(B) of this subtitle; and
28	(ii) the provider's investment policy related to the required
29	reserves, including how often and by whom the reserve fund investment is reviewed;
<u> </u>	reserves, merading new order and by whom the reserve rand investment is reviewed,
30	(15) a description of the financial arrangements that the provider has
31	made, if any, to address the renewal and replacement of the buildings and
32	improvements at the facility, such as the establishment of a renewal and replacement
33	fund;

1	(16) if the facility has not reached 85% occupancy of its independent
2	living units, a summary of the feasibility study;
3	(17) if applicable, a description of the conditions under which the
4	provider may be issued an initial certificate of registration and may use escrowed
5	deposits;
J	depositos,
6	(18) a description of all basic fees, including entrance fees, fees for
7	health related services, and periodic fees that the provider collects from subscribers,
8	and the amount and frequency of any fee changes during the previous 5 years or, if the
9	facility has been in operation less than 5 years, for each year of operation;
10	(19) a summary of the basic services provided or proposed to be
11	provided at the facility under the continuing care agreement, including the extent to
12	which health related services are provided, that clearly states which services are
13	indicated in the agreement as included in the basic fee and which services are or will
14	be made available at or by the facility at an extra charge;
15	(20) if applicable, a statement that it is the provider's policy to impose a
16	surcharge on some, but not all, subscribers because of a condition or circumstance that
17	applies only to those subscribers and that the surcharge is not part of the entrance fee
18	refund required under [§ 10-448] § 30-505 of this [subtitle] TITLE;
19	(21) a description of the role of any resident association;
10	(21) a description of the following restricting
20	(22) a description of the internal grievance procedure;
21	(23) a statement that the provider will amend its disclosure statement
22	whenever the provider or the [Department] ADMINISTRATION considers an
23	amendment necessary to prevent the disclosure statement from containing:
24	(i) a material misstatement of a fact required by this section to
25	be stated in the disclosure statement; or
26	(ii) an omission of a material fact required by this section to be
27	stated in the disclosure statement; and
28	(24) any other material information about the facility or the provider
29	that the [Department] ADMINISTRATION requires or that the provider wishes to
30	include.
00	
31	(b) The disclosure statement shall contain a cover page that states, in a
32	prominent location and type face:
υΔ	prominent tocation and type tace.
33	(1) the date of the disclosure statement; and
บบ	(1) the take of the disclosufe statement; and
34	(2) that the issuance of a certificate of registration does not:
⊸ •	(a) viid viio industro of a constitution of region autoff according.

${1 \atop 2}$	facility by the [De	(i) partm	constitute approval, recommendation, or endorsement of the ent] ADMINISTRATION ; or
3 4	information in the	(ii) disclo	evidence or attest to the accuracy or completeness of the sure statement.
5	(e) (1)	This	subsection applies to a provider that:
6 7	provide assisted li	(i) ving p	has a continuing care agreement that includes a provision to rogram services; and
8		(ii)	does not execute a separate assisted living agreement.
9 10	(2) statement shall co		dition to any other requirement of this section, the disclosure the following information about the assisted living program:
11 12	the provider opera	(i) tes;	the name and address and a description of each facility that
13 14	other providers or	(ii) servic	a statement regarding the relationship of the provider to es if the relationship affects the care of the resident;
15 16 17	training provided such as cognitive i		a description of any special programming, staffing, and program for individuals with particular needs or conditions ment;
18		(iv)	notice of:
19			1. the availability of locks for storage;
20			2. the availability of locks for the subscriber's room;
21 22	implement to prote	ect the	3. the security procedures that the provider will subscriber and the subscriber's property; and
23 24	room;		4. the provider's right, if any, to enter a subscriber's
25 26	subscriber, or the	(v) subser	a statement of the obligations of the provider, the iber's agent for:
27			1. arranging or overseeing medical care;
28			2. monitoring the subscriber's health status;

${1 \atop 2}$	and supplies; and	3.	purchasing or renting essential or desired equipment
$\frac{3}{4}$	medical equipment;	4.	ascertaining the cost of and purchasing durable
5 6	(grievance procedure		explanation of the assisted living program's complaint or
7 8	program.	vii) no t	tice of any material changes in the assisted living
9	(3) 4	The provi	ider shall:
10 11	,		ve to each subscriber annually and without cost revisions or oversions under paragraph (2) of this subsection;
12 13			sure that each subscriber or the subscriber's agent initials ent to acknowledge the revisions; and
14 15 16	•	ne Depa	ake copies of the initialed disclosure statements available extment of Health and Mental Hygiene under Title 19, General Article.
17	30–309.		
18 19			ider has a governing body, at least one of the provider's d regular member of the governing body.
20 21 22		s body s l	ovider owns or operates more than three facilities in the hall include at least one of the provider's subscribers for State.
23 24 25 26	governing body who subscriber at a faci	is select lity in t	to paragraph (4) of this subsection, a member of the ted to meet the requirements of this subsection shall be a he State and be selected according to the same general in used to select other members of the governing body.
27 28			erning body shall confer with the resident association at es before the subscriber officially joins the governing body.
29 30 31 32	this subsection for	a provid SSIONE	retary] COMMISSIONER may waive the requirements of der in the process of decertifying as a provider, if the R determines that there are no subscribers willing and ig body.

1 2 3 4 5	(b) (1) If a provider does not have a governing body, the provider shall appoint a select committee of its officers or partners to meet at least twice a year with the resident association at each of its facilities to address concerns of the subscribers and to ensure that the opinions of subscribers are relayed to all officers or partners of the provider.
6	(2) If a facility does not have a resident association, the committee
7 8	shall meet with a reasonable number of representatives, not required to exceed [fifteen] 15, that the subscribers elect.
9	30–311.
10	A provider shall make readily available to its subscribers for review at the
11 12	facility copies of all materials that the provider submits to the [Department] ADMINISTRATION that are required to be disclosed under the Public Information Act.
13	30–401.
14	(a) (1) This section and [§§ 10-433 through 10-435] §§ 30-402
15	THROUGH 30-404 of this subtitle do not apply to a transfer of ownership of a facility,
16	or a transfer of ownership or control of a person that owns or controls a facility, if:
17	(i) the transfer is part of a business reorganization; and
18	(ii) the same person or persons holding a majority of ownership
19	or right to control before the business reorganization will retain, directly or indirectly,
20	a majority of ownership or right to control after the business reorganization.
21	(2) The provider shall notify the [Department] ADMINISTRATION
22	and the facility's subscribers 30 days before any reorganization described in paragraph
23	(1) of this subsection.
24	(b) Unless the [Department] ADMINISTRATION approves the sale or
25	transfer in accordance with [§§ 10-433 through 10-435] §§ 30-402 THROUGH
26	30-404 of this subtitle, a provider that holds a preliminary, initial, or renewal
27	certificate of registration or a person with an ownership interest in or a right to control
28	the provider, through governing body appointments or contractual or similar
29	arrangements, may not sell or otherwise transfer, directly or indirectly:
30	(1) more than 50% of the provider's ownership of a facility; or
31	(2) more than 50% of the ownership of or right to control a person that
32	owns or controls a facility.
	·
33	(e) Any series of sales or other transfers described in subsection (b) of this

section that occur in a 12-month period shall be aggregated for purposes of this

1 2	section and [§§ 10-433 through 10-435] §§ 30-402 THROUGH 30-404 of this subtitle.
3	30–402.
4	(a) (1) At least 90 days before the proposed effective date of a sale or other
5	transfer, a provider subject to [§ 10-432(b)] § 30-401(B) of this subtitle shall file with
6	the [Department] ADMINISTRATION a statement of intent to transfer ownership or
7	control.
8	(2) At least 65 days before the proposed effective date of the sale or
9	other transfer, a provider subject to [§ 10–432(b)] § 30–401(B) of this subtitle and any
10	proposed new provider shall give written notice of the proposed sale or other transfer,
$\frac{11}{12}$	including notice of the place and time of the meeting required by [\s 10-434(b)] \s 20.402(p) \cdot 6.41 \cdot
	30-403(B) of this subtitle, to the subscribers of the affected facility and the
13	[Department] ADMINISTRATION.
14	(b) (1) The written notice to the [Department] ADMINISTRATION
15	required under subsection (a)(2) of this section shall include:
16	(i) the name and address of the existing provider and any
17	proposed new provider and the office of each to which comments may be sent under [§
18	10-434] § 30-403 of this subtitle;
4.0	
19	(ii) the name and address of the affected facility;
20	(iii) the organizational structure and management of the
21	provider and the facility after the proposed sale or other transfer is completed,
22	including:
23	1. if the provider is to be a corporation or limited
24	liability company, its name, its state of incorporation or formation, and the name of
25	the chief executive officer;
0.0	
26	2. if the provider is to be a partnership, the names of the
27	general partners, the state governing its formation, and the name of the primary
28	individual responsible for managing it;
29	3. if the provider is to be an unincorporated association,
30	the names of the members, the state governing its activities, and the name of the
31	primary individual responsible for managing it;
32	4. if the provider is to be a trust, the trustee's name, the
33	names of the owners of beneficial interests in the trust, the state that governs it, and
34	the name of the primary individual responsible for overseeing its activities;
J -	and name of the primary marriadar responsible for overseeing to denviores;

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1 2 3 4	5. if the provider is to be a partnership that has a corporation or limited liability company as one or more of its general partners, the name of each corporation or limited liability company, its state of incorporation or formation, and the name of its chief executive officer; and
5 6 7 8	6. the name and occupation of each officer, director, trustee, general partner, principal, and each person who will have a 10% or greater equity or beneficial interest in the provider or in a person that owns or controls the provider;
9 10 11	(iv) a copy of the corporate charter, partnership agreement, articles of association, membership agreement, or trust agreement that will govern the legal organization of the provider after the sale or transfer;
12 13 14 15	(v) a statement of any affiliation with a religious, charitable, or other nonprofit organization after the proposed sale or transfer and the extent, if any of the affiliate organization's responsibility for the financial and contractual obligations of the provider;
16 17 18 19 20	(vi) the name and address of any business or professional entity in which a person identified in item (iii)6 of this paragraph has a 10% or greater financial interest and that is likely to provide goods, premises, or services with a value of \$10,000 or more a year to the facility or provider after the sale or transfer, and a description of the goods, premises, or services;
21 22 23 24	(vii) the name of the proposed manager or management company that will manage the day-to-day operations of the facility after the sale or other transfer, and a description of the business experience of the manager or company in operating or managing similar facilities;
25 26	(viii) a description of any matter in which a person identified in item (iii)6 of this paragraph:
27 28 29	1. has been convicted of a felony or pleaded note contendere to a felony charge, if the felony involved fraud, embezzlement, fraudulent conversion, or misappropriation of property;
30 31 32	2. has been held liable or enjoined in a civil action by final judgment, if the civil action involved fraud, embezzlement, fraudulent conversion, or misappropriation as a fiduciary;
33 34 35 36	3. was subject to an effective injunctive or restrictive order of a court of record in an action that arose out of or related to business activity or health care, including an action that affected a license to operate a facility or service for senior, impaired, or dependent persons; or

or permit suspended or revoked because of an action brought by a governmental unit

within the past 10 years, had a state or federal license

${1 \atop 2}$	arising out of or relating to business activity or health care, including actions affecting a license to operate a facility or service for senior, impaired, or dependent persons;
3	(ix) a financial plan provided by the entity that will be the
4	provider after the proposed sale or other transfer is completed in a form reasonably
5	acceptable to the [Department] ADMINISTRATION that demonstrates the projected
6	effects of the sale or transfer on the financial operations of the provider and the
7	facility, including any obligations of the provider to make payments in connection with
8	the sale or transfer from the financial resources of the provider or the facility; and
9	(x) a statement by the entity that will be the provider after the
10	proposed sale or transfer is completed that demonstrates that the sale or transfer is
11	not likely to have an unreasonably adverse effect on:
12	1. the provider's financial stability; or
13	2. the provider's capacity to perform its continuing care
14	agreement obligations to subscribers.
15	(2) In addition to the information required to be provided under
16	paragraph (1) of this subsection, a provider subject to [§ 10-432(b)] § 30-401(B) of
17	this subtitle and any proposed new provider shall provide to the [Department]
18	ADMINISTRATION any other information that the [Department] ADMINISTRATION
19	requires to evaluate the proposed transaction.
20	(2) On request the existing provider and any propaged new provider
$\frac{20}{21}$	(3) On request, the existing provider and any proposed new provider shall give to a subscriber of the affected facility the information included in the
22	written notice to the [Department] ADMINISTRATION under paragraph (1) of this
23	subsection.
20	bubboolion.
24	30–403.
25	(a) Within 15 days after the notice required under [§ 10-433(a)(2)] §
26	30-402(A)(2) of this subtitle is given, subscribers may submit to the existing
27	provider, any proposed new provider, and the [Department] ADMINISTRATION
28	written questions and comments about the proposed sale or transfer.
29	(b) (1) Within 25 days after the notice required under [§ 10-433(a)(2)] §
30	
31	30-402(A)(2) of this subtitle is given, representatives of the existing provider and any proposed new provider shall hold a meeting with not more than 15 representatives
32	chosen by the subscribers of the affected facility to discuss the proposed sale or
33	transfer.
34	(2) The subscriber representatives shall give their names and
34 35	(,
90	addresses to the existing provider, any proposed new provider, and the [Department]

ADMINISTRATION.

1 2	(3) Representatives of the [Department] ADMINISTRATION may attend the meeting.
3	(c) Within 10 days after the meeting required under subsection (b) of this
4	section, subscribers may submit to the existing provider, any proposed new provider,
5	and the [Department] ADMINISTRATION additional written comments about the
6	proposed sale or transfer.
7	30–404.
8	(a) (1) After reviewing the information required by [§§ 10-433 and
9	10-434] §§ 30-402 AND 30-403 of this subtitle, the [Department]
10	ADMINISTRATION shall determine whether the sale or transfer satisfies the standard
11	for approval set forth in subsection (b) of this section.
12	(2) The [Department] ADMINISTRATION shall make the
13	determination within 50 days after the date of the notice required under [§
14	10-433(a)(2)] § 30-402(A)(2) of this subtitle unless extended by the [Department]
15	ADMINISTRATION for good cause.
16	(3) The [Department] ADMINISTRATION shall notify the existing
17	provider, any proposed new provider, and the subscriber representatives in writing of
18	the determination and the reasons for it and, if applicable, that the [Department]
19	ADMINISTRATION intends to transfer the certificate of registration to the new
20	provider.
21	(b) The [Department] ADMINISTRATION shall approve a sale or other
22	transfer of ownership or control unless the [Department] ADMINISTRATION
23	determines that the sale or transfer is likely to have an unreasonably adverse effect
24	on:
25	(1) the financial stability of the provider; or
26	(2) the capacity of the provider to perform continuing care agreement
27	obligations to subscribers.
28	(c) (1) In accordance with Title 10, Subtitle 2 of the State Government
29	Article, the provider may appeal the [Department's] ADMINISTRATION'S decision on
30	the proposed sale or transfer.
31	(2) A person other than the provider may not appeal the
32	[Department's] ADMINISTRATION'S decision or be a party in interest to the
33	proceedings.
34	(3) The [Department] ADMINISTRATION shall give prompt notice of

any appeal and of any decision issued in the appeal to the subscriber representatives.

1	(d)	A sale or other transfer of ownership or control subject to this section and
2		hrough 10-434] §§ 30-401 THROUGH 30-403 of this subtitle may not be
3		ntil 15 days after the later of:
4	,	(1) the day the [Department] ADMINISTRATION issues the notice
5	required und	ler subsection (a)(3) of this section of its decision to approve the sale or
6	transfer; or	
7	;	(2) if an appeal is taken under subsection (c) of this section, the day
8	the administra	rative law judge issues a decision to allow the sale or transfer.
9	30–405.	
10	(a)	This section does not apply to:
11	,	(1) a transaction undertaken under a contractual obligation in effect
12	on October 1,	, 1996;
13		(2) a transaction made in the ordinary course of business of operating
14	a facility;	
15		(3) a refund under a contract entered into in the ordinary course of
16	business;	
17		(4) a transfer of eash, securities, or other investment property in
18	connection w	ith an ordinary investment transaction;
19		(5) a grant of a mortgage, deed of trust, or security interest to an
20	unrelated thi	ird party;
21		(6) a transaction involving an easement, right-of-way, road widening,
22	or similar cor	nveyance for the benefit of a public body or a utility;
23		(7) a transaction made for an expansion or renovation; or
24		(8) any other sale, transfer, or other disposition exempted by the
25	[Department	ADMINISTRATION by regulation.
26	(b)	(1) A provider that holds a preliminary, initial, or renewal certificate
27	of registratio	n may not sell, transfer, or otherwise dispose of more than 10% of its total
28		- 12-month period unless the [Department] ADMINISTRATION approves
29		ansfer, or disposition in accordance with [§§ 10-437 and 10-438] §§
30		30-407 of this subtitle.

1	(2) A provider may not sell, transfer, or otherwise dispose of assets
2	equal to or less than 10% of its total assets if the sale, transfer, or disposition is likely,
3	according to standards set by regulation, to have an unreasonably adverse effect on:
4	(i) the financial stability of the provider; or
5	(ii) the capacity of the provider to perform its obligations under
6	its continuing care agreements.
7	(3) Determinations of total assets shall be based on the provider's
8	latest certified financial statements available at the time the sale, transfer, or other
9	disposition is made.
10	30–406.
11	(a) A provider subject to [§ 10-436(b)(1)] § 30-405(B)(1) of this subtitle
12	shall:
13	(1) at least 60 days before the sale, transfer, or other disposition, file
14	with the [Department] ADMINISTRATION a statement of intent to sell, transfer, or
15	otherwise dispose of assets; and
19	otherwise dispose of assets, and
16	(2) at least 30 days before the sale, transfer, or other disposition, give
17	written notice to the [Department] ADMINISTRATION of the proposed sale, transfer,
18	or other disposition of assets.
19	(b) The statement of intent required to be filed with the [Department]
20	ADMINISTRATION under subsection (a)(1) of this section shall include:
21	(1) identification of each asset to be sold, transferred, or otherwise
22	disposed of;
23	(2) if the provider is subject to [§ 10-436(b)(1)] § 30-405(B)(1) of this
24	subtitle because of a series of sales, transfers, or other dispositions that have exceeded
25	cumulatively 10% of its total assets, identification of each asset that has been sold,
26	transferred, or disposed of; and
20	transferred, or disposed or, and
27	(3) the reason for the sale, transfer, or other disposition identified in
28	item (1) of this subsection.
29	(e) The notice to the [Department] ADMINISTRATION required under
30	subsection (a)(2) of this section shall include:
31	(1) a statement that demonstrates that the proposed sale, transfer, or
32	other disposition is not likely to have an unreasonably adverse effect on:
<i>-</i>	outer disposition is not timely to have an ameasonasty daverse enter our

the financial stability of the provider; or

(i)

1	(ii) the capacity of the provider to perform its obligations under
2	its continuing care agreements; and
3	(2) any other information that the [Department] ADMINISTRATION
4	requires.
5	30–407.
6	(a) (1) After reviewing the information required by [§ 10-437] § 30-406
7	of this subtitle, the [Department] ADMINISTRATION shall determine whether the
8	sale, transfer, or other disposition satisfies the standard for approval set forth in
9	subsection (b) of this section.
10	(2) The [Department] ADMINISTRATION shall make its
11	determination and notify the provider in writing within 25 days after the date of the
12	notice required by [§ 10-437(a)(2)] § 30-406(A)(2) of this subtitle, unless extended by
13	the [Department] ADMINISTRATION for good cause.
	9 · · · · · · · · · · · · · · · · · · ·
14	(3) If the [Department] ADMINISTRATION does not approve the
15	proposed sale, transfer, or other disposition, the [Department] ADMINISTRATION
16	shall include the reasons for its determination in the written notice to the provider.
	•
17	(b) The [Department] ADMINISTRATION shall approve the sale, transfer, or
18	other disposition of assets unless it determines that the sale, transfer, or disposition is
19	likely to have an unreasonably adverse effect on:
20	(1) the financial stability of the provider; or
21	(2) the capacity of the provider to perform its obligations under its
22	continuing care agreements.
23	(a) (1) December 11 December 12 Approximation of all all all
$\frac{23}{24}$	(e) (1) By regulation, the [Department] ADMINISTRATION shall adopt
$\frac{24}{25}$	reasonable objective financial standards for a proposed sale, transfer, or other disposition of assets.
20	uisposition or assets.
26	(2) If the [Department] ADMINISTRATION determines that the
27	provider has met the objective financial standards, the [Department]
28	ADMINISTRATION shall approve the proposed sale, transfer, or other disposition of
29	assets.
⊿ ∂	abbets.
30	(3) If the [Department] ADMINISTRATION determines that the
31	provider has not met the objective financial standards, the [Department]
32	ADMINISTRATION may approve a proposed sale, transfer, or other disposition of
33	assets if it satisfies the requirements set forth in subsection (b) of this section.
	(a) or other contract of the c

$1\\2\\3$		(1) In accordance with Title 10, Subtitle 2 of the State Government provider may appeal the [Department's] ADMINISTRATION'S decision on d sale, transfer, or other disposition of assets.
4 5 6	EDepartment proceedings	(2) A person other than the provider may not appeal the nt's] ADMINISTRATION'S decision or be a party in interest to the
7 8	(e) SUBTITLE 1	A sale, transfer, or other disposition of assets subject to this [part] may not be completed until 5 days after the later of:
9 10 11		$\frac{(1)}{(1)}$ the day the [Department] ADMINISTRATION issues the notice ider subsection (a)(2) of this section of its decision to approve the sale, other disposition; or
12 13 14	the adminis	(2) if an appeal is taken under subsection (d) of this section, the day strative law judge issues a decision to allow the sale, transfer, or other of assets.
15	30-409.	
16 17 18	-	A provider may not remove a record or asset of the provider related to the facility or the provision of services under a continuing care agreement ate unless the [Department] ADMINISTRATION consents in writing.
19 20	(b) evidence the	Consent shall be based on the provider's submission of satisfactory at the removal:
21 22	economical;	(1) will facilitate and make the operations of the provider more and
23 24	provider's s	(2) will not diminish the service or protection to be given to the ubscribers in the State.
25	30-410.	
26	(a)	The [Department] ADMINISTRATION may:
27		(1) inspect a facility that offers continuing care;
28		(2) examine the facility's books and records; and
29 30	agreement.	(3) audit or observe a service provided under a continuing care
31	(b)	If all or part of a facility is subject to licensure by the Department of

Health and Mental Hygiene, the [Department] ADMINISTRATION shall coordinate its

1	inspections under this section with the Department of Health and Mental Hygiene to
2	avoid duplication.
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3	30–501.
J	
4	(a) Except as provided in subsection (b)(23) of this section, a requirement of
5	this section does not apply to any continuing care agreement entered into before the
6	effective date of the requirement.
O	encentre date of the requirements.
7	(b) In a form acceptable to the [Department] ADMINISTRATION, each
8	
0	continuing care agreement shall:
0	(1) show the total consideration maid by the subscriber for continuing
9	(1) show the total consideration paid by the subscriber for continuing
10	care, including the value of all property transferred, donations, entrance fees,
11	subscriptions, monthly fees, and any other fees paid or payable by or on behalf of a
12	subscriber;
4.0	
13	(2) specify all services that are to be provided by the provider to each
14	subscriber, such as food, shelter, medical care, nursing care, or other health related
15	services, including in detail all items that each subscriber will receive, and whether
16	the items will be provided for life or for a designated time period;
17	(3) designate the classes of subscribers according to types of payment
18	plans;
19	(4) subject to subsection (c) of this section, describe the procedures to
20	be followed by the provider when the provider temporarily or permanently changes the
21	subscriber's accommodations within the facility or transfers the subscriber to another
22	health facility;
23	(5) describe the policies that will be implemented if the subscriber
24	becomes unable to pay the monthly fees;
25	(6) state the policy of the provider concerning changes in
26	accommodations and the procedure to implement that policy if the number of persons
27	occupying an individual unit changes;
28	(7) provide in clear and understandable language, in boldface type,
29	and in the largest type used in the body of the agreement:
	and in the largest of pe area in the real of the agreement.
30	(i) the terms governing the refund of any portion of the
31	entrance fee if the provider discharges the subscriber or the subscriber cancels the
32	agreement; and
04	agreement, and
33	(ii) whether monthly fees, if charged, will be subject to periodic
34	•
OI	increases;

increases;

${1 \atop 2}$	(8) state the terms under which an agreement is canceled by the death of the subscriber;
$\begin{matrix} 3 \\ 4 \end{matrix}$	(9) provide that charges for care paid in advance in a lump sum may not be increased or changed for the duration of the agreed-upon care;
5 6	(10) state that the subscriber has received, at least [two] 2 weeks before signing the agreement, the current version of the written rules of the provider;
7	(11) describe the living quarters;
8 9	(12) if applicable, state the conditions under which a subscriber may assign a unit for the use of another individual;
10 11 12	(13) state the provider's religious or charitable affiliations and the extent, if any, to which the affiliate organization is responsible for the provider's financial and contractual obligations;
13 14	(14) state the subscriber's and provider's respective rights and obligations concerning:
15	(i) use of the facility; and
16 17	(ii) any real and personal property of the subscriber placed in the provider's custody;
18 19	(15) state that subscribers have the right to organize and operate subscriber association at the facility and to meet privately to conduct business;
20 21	(16) state that there is an internal grievance procedure to address subscriber's grievance;
22 23	(17) state the fee adjustments, if any, that will be made if the subscriber is voluntarily absent from the facility for an extended period of time;
24 25 26	(18) specify the circumstances, if any, under which the subscriber will be required to apply for Medicaid, Medicare, public assistance, or any public benefit program and whether the facility participates in Medicare or medical assistance;
27 28 29	(19) state that the subscriber received a copy of the latest certified financial statement at least [two] 2 weeks before signing the agreement and that the subscriber has reviewed the statement;
30 31 32	(20) provide that, on request, the provider will make available to the subscriber any certified financial statement submitted to the [Department] ADMINISTRATION;

1	(21) if applicable, describe the conditions under which the provider may
2	be issued an initial certificate of registration and the conditions under which the
3	provider may use escrowed deposits, and state the amount of the subscriber's deposit;
4	(22) state that fees collected by a provider under the terms of a
5	continuing care agreement may only be used for purposes set forth in the agreement;
6	(23) allow a subscriber to designate a beneficiary to receive any
7	refundable portion of the entrance fee that is owed due to the death of the subscriber
8	on or after the date of occupancy, if the designation is:
9	(i) in writing;
10	(ii) witnessed by at least two competent witnesses;
11	(iii) not contingent; and
12	(iv) specified in percentages and accounts for 100% of the refund
13	due;
14	(24) state the funeral and burial services, if any, that the provider will
15	(24) state the funeral and burial services, if any, that the provider will provide; and
16	(25) contain the following statement in boldface type and in the largest
17	type used in the agreement: "A preliminary certificate of registration or certificate of
18	registration is not an endorsement or guarantee of this facility by the State of
19	Maryland. The Maryland [Department of Aging] INSURANCE ADMINISTRATION
20	urges you to consult with an attorney and a suitable financial advisor before signing
21	any documents.".
22	(c) A subscriber's accommodations may be changed only to protect the health
23	or safety of the subscriber or the general and economic welfare of other residents.
24	(d) A continuing care agreement may contain, in a form acceptable to the
25	[Department] ADMINISTRATION, any other appropriate provision to effectuate the
26	purpose of the agreement.
27	(e) (1) This subsection applies if:
28	(i) a provider's continuing care agreement includes a provision
29	to provide assisted living program services; and
30	(ii) the provider does not execute a separate assisted living
31	agreement.

1	(2) In ac	ldition to any other requirement of this section, the continuing
2	care agreement shall in	elude the following provisions concerning the assisted living
3	program:	
4	(i)	a statement of the level of care that the assisted living
5	program is licensed to of	fer;
6	(ii)	a description of the procedures to be followed by the provider
7	for notifying the subscri	ber of the level of care the subscriber needs if the subscriber
8	transfers to an assisted	living program;
9	(iii)	a statement indicating the options available to a subscriber
10	if the subscriber's level	of care, after admission to an assisted living program, exceeds
11		h the provider is licensed;
12	(iv)	based on a sample list of assisted living program services
13	that the Department of	Health and Mental Hygiene maintains, a statement of which
14	services are provided by	the assisted living program and which services are not;
15	(v)	a statement of the obligations of the provider and the
16	subscriber or the subscri	tber's agent for handling the subscriber's finances;
17	(vi)	a statement of the obligations of the provider and the
18	subscriber or the subscr	iber's agent for disposition of the subscriber's property on the
19	subscriber's discharge or	' death; and
20	(vii)	the applicable rate structure and payment provisions
21	covering:	
22		1. all rates to be charged to the subscriber, including:
23		A. service packages;
24		B. fee-for-service rates; and
25		C. any other nonservice-related charges;
26		2. criteria to be used for imposing additional charges to
27	provide additional servi	ces, if the subscriber's service and care needs change;
28		3. payment arrangements and fees, if known, for
29		covered by the continuing care agreement, but arranged for
30	by the subscriber, the su	bscriber's agent, or the assisted living program;
31		4. identification of the persons responsible to pay all fees
32		indication of whether the person's responsibility is or is not
33	limited to the extent of t	he subscriber's funds;

1	5. a provision for notice at least 45 days before any rate
2	increase, except for an increase necessitated by a change in the subscriber's medical
3	condition; and
4	6. fair and reasonable billing and payment policies.
5	30-502.
6	(a) (1) If a provider's feasibility study has been approved under [§
7	10-409] § 30-203 of this [subtitle] TITLE, the [Department] ADMINISTRATION shall
8	decide whether to approve a continuing care agreement within 180 days after receipt
9	of a complete agreement.
10	(2) If the [Department] ADMINISTRATION does not act within 180
11	days, the agreement is deemed approved.
12	(b) The provider shall maintain the continuing care agreement at the facility
13	and make it available for inspection by the Department of Health and Mental Hygiene
14	under Title 19, Subtitle 18, of the Health - General Article.
15	30–503.
16	(a) A subscriber may rescind a continuing care agreement for any reason
17	before the date of occupancy by the subscriber.
18	(b) (1) A continuing care agreement is automatically canceled if, before
19	the date of occupancy:
20	(i) the subscriber dies;
21	(ii) the provider determines that the subscriber is ineligible for
22	admission to the facility; or
23	(iii) the subscriber terminates the continuing care agreement
24	because of a substantial change in the subscriber's physical, mental, or financial
25	condition.
26	(2) Within 30 days after a continuing care agreement is canceled
27	under this subsection, the subscriber or the subscriber's legal representative shall
28	receive a full refund of all money paid to the provider, less:
29	(i) a processing fee approved by the [Department]
30	ADMINISTRATION; and
31	(ii) any special additional costs incurred by the provider due to
32	modifications in the structure or furnishings of the unit specifically requested by the
33	subscriber, if:

1	1. the costs do not exceed the costs of modification and
2	the reasonable costs of restoration actually incurred by the provider; and
3	2. the costs were set forth in writing in a separate
4	addendum to the agreement signed by the subscriber.
5	(c) (1) If the subscriber rescinds the continuing care agreement within 90
6	days after entering into the agreement and before the date of occupancy for any reason
7	other than the reasons specified in subsection (b)(1) of this section, the provider shall
8	refund the amount described in subsection (b)(2) of this section to the subscriber or the
9	subscriber's legal representative within 30 days after the date of rescission.
10	(2) If the subscriber rescinds the continuing care agreement more than
11	90 days after entering into the agreement and before the date of occupancy for any
12	reason other than the reasons specified in subsection (b)(1) of this section, the provider
13	may retain up to 25% of the subscriber's entrance fee deposit.
14	(d) (1) A subscriber may rescind a continuing care agreement at any time
15	if a term of the agreement violates this [subtitle] TITLE and the subscriber is injured
16	by the violation.
17	(2) The subscriber is entitled to treble damages for extensive injuries
18	arising from a violation.
19	(e) (1) An applicant for admission to a facility who withdraws the
20	application before executing a continuing care agreement shall receive a refund of all
21	money paid to the provider except a processing fee approved by the [Department]
22	ADMINISTRATION.
23	(2) The refund shall be paid within 60 days after the applicant
$\frac{23}{24}$	withdraws the application.
25	30-601.
26	This [part] SUBTITLE applies only to continuing care at home operations.
	Time [part] 20211122 applies only to command care at home operations.
27	30–602.
28	(a) The [Department] ADMINISTRATION shall adopt regulations that:
2 0	(a) The [Department] Indin 110 110 110 11 shan adopt regulations that
29	(1) set standards for continuing care at home providers; and
30	(2) provide for the certification of continuing care at home providers
31	and the annual renewal of certificates of registration.

1	(b) In addition to the provisions required under subsection (a) of this section,
2	the regulations adopted by the [Department] ADMINISTRATION shall, at a minimum:
3	(1) provide for and encourage the establishment of continuing care at
4	home programs;
5	(2) for an individual who is employed by or under contract with a
6	continuing care at home provider and who will enter a subscriber's home to provide
7	continuing care at home services:
8	(i) set minimum requirements;
9	(ii) require a criminal history records check, if the individual
10	will have routine, direct access to a subscriber; and
11	(iii) require the provider to screen and verify the individual's
12	character references;
13	(3) establish standards for the renewal of certificates of registration;
14	(4) establish standards for entrance fees, deposits, and the number of
15	executed agreements necessary to begin operations;
16	(5) establish conditions for the release of deposits and entrance fees
17	from escrow accounts;
18	(6) establish standards for when and how a subscriber or provider may
19	rescind a continuing care at home agreement before continuing care at home services
20	are provided to the subscriber;
21	(7) allow a subscriber to rescind a continuing care at home agreement
22	at any time if the terms of the agreement violate this subtitle; and
23	(8) establish that a provider may terminate an agreement or discharge
24	a subscriber only for just cause and establish procedures to carry out the termination
25	or discharge.
26	30-603.
27	(a) A provider may not collect deposits to provide continuing care at home
28	services until the [Department] ADMINISTRATION approves a feasibility study.
29	(b) A provider that intends to develop a continuing care at home program
30	and provide continuing care at home services shall file a statement of intent with the
31	[Department] ADMINISTRATION at least 30 days before submitting the feasibility
32	study required under this section.

1	(e)	A feasibility study shall:
2		(1) be filed in a form satisfactory to the [Department
3	ADMINIST	ATION; and
4		(2) include at least the following information:
5 6	the propose	(i) a statement of the purpose of the program and the need for services:
Ū	the propose	
7		(ii) documentation of the financial resources of the provider;
8 9	proposed p	(iii) a plan demonstrating the financial feasibility of th
4.0		
10 11	actuary;	(iv) an actuarial forecast that has been reviewed by a qualifie
12		(v) a study demonstrating the proposed market for the program
13 14 15		(vi) the form and substance of any proposed advertisements campaigns, or other promotional materials for the program that is time of filing;
10	available a	are time of fiffig,
16		(vii) a detailed statement of the covered services; and
17		(viii) any other information that the [Department
18	ADMINIST	ATION requires.
19 20	(d) filed under	The [Department] ADMINISTRATION shall approve a feasibility studnis section if the [Department] ADMINISTRATION determines that:
21 22	inconsister	(1) the proposed use of new or existing health facilities is now with the State health plan;
23		(2) a reasonable financial plan has been developed to provid
$\frac{23}{24}$	continuing	(2) a reasonable financial plan has been developed to providers at home services, including the number of agreements to be execute
25		ning operations and the criteria to release funds from escrow;
26		(3) a market for the continuing care at home program appears to exist
27		(4) the feasibility study was prepared by a recognized authority;
28		(5) the provider has submitted all proposed advertisements
29	advertising	ampaigns, and other promotional materials for the program;

1		(6) the form and substance of all advertisements, advertising
2	campaigns, s	and other promotional materials submitted are not deceptive, misleading,
3	or likely to m	nislead;
4		(7) the actuarial forecast supports the market for the program;
5		(8) the approved escrow agreement and deposit agreement state the
6		r the release of deposits and entrance fees from escrow;
7		(9) a copy of the escrow agreement executed by the provider and the
8	financial inst	titution has been filed with the [Department] ADMINISTRATION; and
9		(10) any other information requested by the [Department]
10	ADMINISTR	ATION-has been submitted and approved.
11	30-604.	
12	(a)	A provider may collect deposits from prospective subscribers if:
13		(1) the [Department] ADMINISTRATION has approved the provider's
14	feasibility stu	
15		(2) the provider maintains the funds collected in an escrow account.
16	(b)	Deposits collected under subsection (a) of this section shall be held in
17	escrow until:	
18		(1) the provider has been issued a certificate of registration under [§
19		9-606 of this [subtitle] TITLE; or
20		(2) a later time that the [Department] ADMINISTRATION may set by
21	regulation.	(2) a later time that the [Bepartment] 125/121/12112111111111 may see sy
22	30-605.	
23	(a)	A provider may not enter into an agreement to provide continuing care at
24	home servic	es until the [Department] ADMINISTRATION issues a preliminary
25	certificate of	registration to the provider.
26	(b)	An application for a preliminary certificate of registration shall:
27		(1) be filed in a form satisfactory to the [Department]
28	ADMINISTR	ATION; and
29		(2) include at least the following information:

1	(i) a copy of the proposed continuing care at home agreement,
2	which shall include the following statement set forth in print no smaller than the
3	largest type used in the body of the agreement:
4	"A certificate of registration is not an endorsement or guarantee of this
5	continuing care at home provider by the State of Maryland. The Maryland
6	[Department of Aging] INSURANCE ADMINISTRATION urges you to consult an
7	attorney and a suitable financial advisor before signing any documents.";
8	(ii) the form and substance of any proposed advertisements,
9	advertising campaigns, or other promotional material for the program that is available
10	at the time of filing the application and that has not been filed previously with the
11	[Department] ADMINISTRATION; and
12	(iii) any other information that the [Department]
13	ADMINISTRATION requires.
14	(e) The [Department] ADMINISTRATION shall issue a preliminary
15	certificate of registration to a provider if the [Department] ADMINISTRATION
16	determines that:
17	(1) the proposed continuing care at home agreement is satisfactory;
18	(2) the provider has submitted all proposed advertisements,
19	advertising campaigns, and other promotional materials for the program;
20	(3) the form and substance of all advertisements, advertising
21	campaigns, and other promotional materials submitted are not deceptive, misleading,
22	or likely to mislead;
23	(4) the information and documents submitted with the feasibility
24	study under [§ 10-455] § 30-603 of this subtitle are current and accurate or have
25	been updated to make them accurate; and
26	(5) the provider has submitted any other information that the
27	[Department] ADMINISTRATION requests.
28	30–606.
29	(a) A provider may not provide continuing care at home services until the
30	[Department] ADMINISTRATION issues a certificate of registration to the provider.
31	(b) An application for a certificate of registration shall:
32	(1) be filed in a form satisfactory to the [Department]
33	ADMINISTRATION; and

1	(2) include at least the following information:
2 3	(i) verification that the required number of agreements has been executed and the corresponding deposits collected;
4 5 6 7	(ii) the form and substance of any proposed advertisements, advertising campaigns, or other promotional material for the program that are available at the time of filing and that have not been filed previously with the [Department] ADMINISTRATION;
8 9	(iii) verification that any other license or certificate required by other appropriate State units has been issued to the provider; and
10 11	(iv) any other information that the [Department] ADMINISTRATION requires.
12 13	(c) The [Department] ADMINISTRATION shall issue a certificate of registration to a provider if the [Department] ADMINISTRATION determines that:
14 15 16	(1) the information and documents submitted with the feasibility study and application for a preliminary certificate of registration are current and accurate or have been updated to make them accurate;
17 18	(2) the required number of agreements has been executed and the corresponding deposits collected;
19 20	(3) any other license or certificate required by other appropriate State units has been issued to the provider;
21 22	(4) the provider has submitted all proposed advertisements, advertising campaigns, and other promotional materials for the program;
23 24 25	(5) the form and substance of all advertisements, advertising campaigns, and other promotional materials submitted are not deceptive, misleading, or likely to mislead; and
26 27	(6) the provider has submitted any other information that the [Department] ADMINISTRATION required.
28 29 30 31	(d) If a provider intends to advertise before the [Department] ADMINISTRATION issues a certificate of registration under subsection (c) of this section, the provider shall submit to the [Department] ADMINISTRATION any advertisement, advertising campaign, or other promotional materials before using it.
32 33	(e) If a certificate of registration is not issued to a provider within 24 months after the [Department] ADMINISTRATION approves a feasibility study, or a longer

time allowed by the [Department] ADMINISTRATION for good cause shown, the

${1 \atop 2}$			and all deposits collected and stop offering continuing care at home at application.
3	30-607.		
4	(a)	(1)	Each year, within 120 days after the end of a provider's fiscal year,
5	the provider	· shall	file an application for a renewal certificate of registration with the
6			MINISTRATION.
7		(2)	An application shall:
8			(i) be filed in a form satisfactory to the [Department]
9	ADMINISTR	ATIO	- · · · · · · · · · · · · · · · · · · ·
10 11	[Departmen	t] AD	(ii) contain any reasonable and pertinent information that the MINISTRATION requires.
10	-		
12	(b)		Department] ADMINISTRATION shall issue a renewal certificate of
13	registration	if the	Department ADMINISTRATION determines that:
14		(1)	all required documents have been filed and are satisfactory;
15		(2)	any revised agreements for continuing care at home services meet
16	the [Departi	ment's	ADMINISTRATION'S requirements;
1 17		(0)	
17	: : - 4 4	(3)	the proposed use of new or existing health facilities is not
18	inconsistent	-W1tH	the State health plan;
19		(4)	the provider has submitted all proposed advertisements,
20	advertising (camps	rigns, and other promotional materials for the program; and
0.4		/ - \	
21		(5)	the form and substance of all advertisements, advertising
22			ther promotional materials submitted are not deceptive, misleading,
23	or likely to n	nislea	ll.
24	30-608.		
25	(a)	For c	ause, the [Department] ADMINISTRATION may:
26		(1)	deny a feasibility study approval; or
27		(2)	deny, suspend, or revoke a preliminary, initial, or renewal
28	certificate of	regis	
29	(b)	(1)	Grounds for a denial, suspension, or revocation include:
30			(i) violation of this subtitle;

${1 \atop 2}$	A DIVINITION D	ATTO	(ii) Nadaa			regulation	the	[Department]
4	ADMINISTR	ATTO	n adop	ts unaer tni	s subtitie;			
3			(iii)	misreprese	ntation; or			
4			(iv)	submission	r of a false f	inancial staten	ient.	
5 6	reasons for a	(2) ı deni		-		TRATION shal	l set for	th in writing its
7 8	(e) a denial, rev				ie State Gov	vernment Artic	le gover	ns the appeal of
9	30–701.							
10 11	In thi established	_					icial Rev	view Committee
12	30-702.							
13 14	There			Financial	Review (Committee ir	the	-{Department}
15	30-703.							
16 17	(a) [Secretary] ((1) Comi			consists o	f seven memk	ers ap j	pointed by the
18		(2)	Of th	e seven men	rbers:			
19			(i)	two shall b	e knowledg	eable in the fie	ld of con	tinuing care;
20			(ii)	two shall b	e certified p	oublic accounta	nts;	
21			(iii)	one shall b	e from the f	inancial comm	unity; aı	nd
22			(iv)	two shall b	e consumer	members.		
23		(3)	In	appointing	the cons	umer memb	e rs. t h	e [Secretary]
24	Commission	` ′				cribers of conti		•
25	(b)	(1)	The t	erm of a me	mber is 3 ye	ears.		
$\begin{array}{c} 26 \\ 27 \end{array}$	provided for	(2) mem				staggered as	require	d by the terms

1		(3) A member may serve consecutive terms.
2	(e)	The Committee shall elect its chair.
3	(d)	A member:
4		(1) may not receive compensation as a member of the Committee; but
5		(2) is entitled to reimbursement for expenses under the Standard
6	State Trave	l Regulations, as provided in the State budget.
7	(e)	A member is immune from civil liability as provided in § 5-514 of the
8	Courts Artic	sle.
9 10	(f) condition if	A member may not participate in a review of a provider's financial that member has an interest, as defined under the Maryland Public Ethics
11	Law in § 15	-102 of the State Government Article, in the provider.
12	(g)	The deliberations of the Committee and communications between the
13	Department	t and the Committee, including recommendations of the Committee, shall
14	be confident	sial.
15	30-704.	
16	(a)	(1) The [Department] ADMINISTRATION may refer to the Committee
17	for its consi	deration:
18		(i) a provider's application for a renewal certificate of
19	registration	after review by the [Department] ADMINISTRATION; or
20		(ii) a finding of possible financial difficulty, at any time.
21		(2) The [Department] ADMINISTRATION shall provide to the
22	Committee	any materials the [Department] ADMINISTRATION considers necessary.
23	(b)	(1) The Committee shall review the referral from the [Department]
24	ADMINISTI	RATION and may request additional information from the [Department]
25	ADMINIST	
26		(2) Except as provided in subsection (c) of this section, within 45 days
27	after recei	pt of a referral, the Committee shall notify the [Department]
28		RATION in writing whether the Committee recommends that the
29		nt] Administration:
30		(i) find the provider in financial difficulty; and

1	(ii) find that the financial difficulty, if any, includes a significan
2	risk of financial failure in accordance with [§ 10-469] § 30-707 of this subtitle.
3	(3) In making a recommendation to the [Department]
4	ADMINISTRATION, the Committee shall state the reason for the recommendation.
5	(c) (1) The Committee may request from the [Secretary]
6	COMMISSIONER one 30-day extension of the deadline under subsection (b)(2) of this
7	section.
8	(2) The [Secretary] COMMISSIONER may grant or deny the
9	extension.
10	30–705.
11	(a) Within 25 days after receipt of the Committee's recommendations, the
12	[Department] ADMINISTRATION shall consider the recommendations and make a
13	final determination of whether financial difficulty exists and, if so, whether there is
14	significant risk of financial failure in accordance with [§ 10-469] § 30-707 of this
15	subtitle.
16	(b) If the [Department] ADMINISTRATION determines that the provider is
17	in financial difficulty it shall immediately notify the provider by certified mail, return
18	receipt requested, and inform the provider whether the [Department]
19	ADMINISTRATION has determined that there is a significant risk of financial failure.
20	(e) The provider shall:
21	(1) advise its subscribers of the [Department's] ADMINISTRATION'S
22	determination in a meeting to be held by the provider with representatives of the
23	subscribers;
24	(2) hold the meeting within 10 days after the provider's receipt o
25	notice from the [Department] ADMINISTRATION; and
26	(3) advise the [Department] ADMINISTRATION of the date, time, and
27	location of the meeting.
28	30-706.
29	(a) (1) A provider notified of financial difficulty by the [Department]
30	ADMINISTRATION shall prepare and submit to the [Department] ADMINISTRATION
31	for its approval a 5-year financial plan to correct the causes of the financial difficulty.
32	(2) The financial plan shall be submitted within 60 days after receip
33	of notification.

1		(3)	The provider may request one 30-day extension from the
2	[Secretary]	COM	MISSIONER.
3		(4)	The [Secretary] COMMISSIONER may grant or deny the
4	extension.		
5	(b)	(1)	The [Department] ADMINISTRATION shall respond to the
6	provider wi	thin 6	O days after receipt of the proposed financial plan.
	_		
7		(2)	The [Department] ADMINISTRATION may:
8			(i) work with the provider to establish the financial plan; and
9			(ii) consult with the Committee before approving the financial
10	plan.		
11	(e)	(1)	On approval, the financial plan shall be implemented.
12		$\frac{(2)}{2}$	The provider shall make available to its subscribers copies of its
13	approved fi	nancia	ll plan.
14	(d)	The :	provider shall:
15		(1)	submit to the [Department] ADMINISTRATION an annual
16	progress re	port fo	r the term of its financial plan; and
17		$\frac{(2)}{(2)}$	revise its financial plan if the [Department] ADMINISTRATION
18	determines	that r	evisions are necessary.
19	(e)		[Department] ADMINISTRATION may withhold the renewal
20	certificate (of regi	stration or withdraw a preliminary, initial, or renewal certificate of
21	registration	r if:	
22		(1)	the provider does not prepare a financial plan;
23		$\frac{(2)}{2}$	the provider is unwilling or unable to prepare a financial plan;
24	_	(3)	the financial plan is inadequate to correct the current or
25	impending	financ	ial condition that necessitated the financial plan; or
2.5			
26		(4)	the provider fails to implement the financial plan.
٥.			
27	30-707.		

1	The [Department] ADMINISTRATION may determine that there exists a
$\frac{1}{2}$	significant risk of the financial failure of a provider based on one or more of the
3	
3	following findings or circumstances:
4	(1) the provider has failed to meet loan covenants that give a lender or
5	a bond trustee the option to exercise remedies on its collateral;
J	a bond trustee the option to exercise remedies on its conductar,
6	(2) an actuarial report has been provided to the [Department]
7	ADMINISTRATION reflecting significant underfunding of future liabilities that are
8	unlikely to be readily addressed;
O	difficity to be readily addressed,
9	(3) there is a significant shortfall by the provider in maintaining
10	required reserves for a significant period of time;
10	required reserves for a significant period of time,
11	(4) a significant balloon payment or future loan payment will become
12	due within the next 12 months and the provider is unable to demonstrate that it will
13	obtain a modification from its lender, have the resources to make the payment, or have
14	the ability to refinance;
15	(5) there has been a significant decline in the occupancy rate that is
16	likely to have a material adverse financial impact on the provider;
17	(6) there has been a material adverse change in debt service coverage
18	ratio for an extended period of time that reduces the ratio to less than 1.0;
19	(7) there has been a significant decline in days cash on hand that is
20	unrelated to additions to property, plant, and equipment or other community
21	enhancements and that could result in an inability to pay obligations of the provider
22	as they become due;
23	(8) there has been a significant increase in the operating ratio,
24	adjusted for unrealized gains and losses on investments, that could result in the
25	inability of the provider to meet its obligations; or
26	(9) the refusal or inability of the provider to provide accurate
27	information or data required to be submitted to the [Department] ADMINISTRATION
28	under this [subtitle] TITLE and related regulations.
29	30-801.
20	
30	(a) In this [part] SUBTITLE the following words have the meanings
31	indicated.
20	(h) "Conditor" magang a naman with a daine a minet a manidan
32	(b) "Creditor" means a person with a claim against a provider.
33	(c) "Delinquency proceeding" means a proceeding under this subtitle to
	(-) =, p-11000111 III bublille to

liquidate, rehabilitate, reorganize, or conserve a provider.

1	(d)	"General assets" means:
$\frac{2}{3}$	or otherwi s	(1) all property that is not specifically mortgaged, pledged, deposited, se encumbered for the security or benefit of specified persons or a limited
4	class of per	
5 6	the amoun	(2) to the extent that property of a provider is specifically encumbered, t of the property or its proceeds that exceeds the amount necessary to
7	discharge t	he encumbrance; and
8 9	benefit of a	(3) assets held in trust and assets held on deposit for the security or ll subscribers and creditors in the United States.
10	(e)	"Receiver" includes a conservator, rehabilitator, and liquidator.
11	(f)	(1) "Secured claim" means a claim that:
12 13	security, es	(i) is secured by mortgage, trust deed, pledge, deposit as serow, or otherwise; or
14		(ii) has become a lien on specific assets through judicial process.
15 16	against ger	(2) <u>"Secured claim" does not include a special deposit claim or a claim neral assets.</u>
17 18	(g) required by	(1) "Special deposit claim" means a claim secured by a deposit law for the security or benefit of a limited class of persons.
19 20	assets.	(2) "Special deposit claim" does not include a claim against general
21	(h)	"Transfer" means:
22		(1) the sale or other direct or indirect disposition of property or an
23	interest in	property;
24		(2) the fixing of a lien on property or an interest in property; or
25		(3) the retention of a security title to property delivered to a debtor.
26	30–802.	
27		vithstanding any other provision of law and subject to [§ 10-493] § 30-822
28 29		ptitle, a delinquency proceeding is the exclusive method of liquidating, ing, reorganizing, or conserving a provider.

30 803. 1 2 The [Secretary, deputy secretary, special deputy secretary] COMMISSIONER, 3 DEPUTY COMMISSIONER, SPECIAL DEPUTY COMMISSIONER, or any person acting 4 as receiver in a rehabilitation, liquidation, or conservation of a provider as a result of a 5 court order shall have the same immunity from liability that the Maryland Insurance 6 Commissioner, deputy commissioner, special deputy commissioner, orl any person acting as receiver in a rehabilitation, liquidation, or conservation of an insurer would 7 8 have under § 5-410 of the Courts Article. 9 30 804 This subsection applies even if a paper or instrument is not: 10 (1)(a) 11 (i) executed by the [Secretary] COMMISSIONER or a deputy. 12 employee, or attorney of record of the [Secretary] COMMISSIONER: and 13 connected with the commencement of an action or 14 proceeding by or against the [Secretary] COMMISSIONER or with the subsequent 15 conduct of the action or proceeding. 16 Subject to subsection (b) of this section, the [Secretary] 17 COMMISSIONER may not be required to pay to a public officer in the State a fee for 18 filing, recording, or issuing a transcript or certificate or for authenticating a paper or 19 instrument that relates to the exercise by the [Secretary] COMMISSIONER of a power 20 or duty of the [Secretary] COMMISSIONER under this [subtitle] TITLE. 21 The [Secretary or deputy secretary] COMMISSIONER OR DEPUTY 22 COMMISSIONER, when acting as receiver or ancillary receiver under this-fsubtitle-23 TITLE, shall pay all court costs out of the assets of the provider before any distribution 24to creditors or termination of rehabilitation. 25 In all cases, court costs and those specified in subsection (a) of this (2)26 section shall: 27 be charged in the accounts of the Secretary (i) 28 **COMMISSIONER** to the court: or 29 be paid by the provider as a condition of termination of the (ii)

(a) (1) In a delinquency proceeding in which the [Secretary] COMMISSIONER has been appointed receiver, the [Secretary] COMMISSIONER may:

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action or proceeding.

30 805.

1	(i) appoint one or more special deputy [secretaries]
2	COMMISSIONERS to act for the [Secretary] COMMISSIONER; and
3	(ii) employ counsel, clerks, and assistants.
4	(2) Compensation of the special deputies, counsel, clerks, and
5	assistants and all expenses of taking possession of the provider and of conducting the
6	delinquency proceeding shall be:
7 8	(i) set by the [Secretary] COMMISSIONER, subject to approval by the court; and
9	(ii) paid out of the assets or funds of the provider.
10 11	(3) Within the limits of duties imposed on a special deputy concerning a delinquency proceeding, the special deputy:
11	a definiquency proceeding, the special deputy.
12	(i) has all powers given to the receiver; and
13	(ii) in the exercise of those powers, is subject to all the duties
14	imposed on the receiver concerning the delinquency proceeding.
15	(b) In a civil proceeding filed against a special deputy [secretary]
16	COMMISSIONER appointed under this subtitle, the special deputy [secretary]
17	COMMISSIONER is entitled to representation by the Attorney General as specified in
18	Title 12, Subtitle 3, Part II of the State Government Article.
19	30-806.
20	(a) The Circuit Court of Baltimore City:
21	(1) has exclusive original jurisdiction over delinquency proceedings;
22	and
23	(2) may issue all necessary and proper orders to carry out this
24	[subtitle] TITLE.
25	(b) If service is made in accordance with the Maryland Rules or other
26	applicable law, a court with subject matter jurisdiction over an action brought under
27	this [subtitle] TITLE also has jurisdiction over:
28	(1) an officer, director, manager, trustee, organizer, promoter, or
29	attorney in fact of a provider against which a delinquency proceeding has been
30	commenced, in an action resulting from or incidental to the person's relationship with
31	the provider;

1		(2) a person that, at the time of or after commencement of the
2	delinquency	proceeding, held or was in control of assets in which the receiver claims
3		n behalf of the provider, in an action concerning the assets of the provider;
4	and	
5		(3) a person obligated to the provider in any way, in an action on or
6	incidental to	the obligation.
7	(e)	The venue of all delinquency proceedings is in Baltimore City.
8	30-807.	
9	(a)	The [Secretary] COMMISSIONER shall commence a delinquency
10		gainst a provider by applying to the court for an order that directs the
11		now cause why the court should not grant the relief requested.
12	(b)	(1) The court may consider an application for commencement of a
13	delinguency	proceeding only if the application is filed by the [Secretary]
14		NER in the name of the State.
15		(2) After a hearing under the terms of the show cause order, the court:
16		(i) shall grant or deny the application; and
17		(ii) may order other relief as the nature of the case and the
18	interests of	the creditors, stockholders, members, subscribers, or the public may
19	require.	the elections, steelinesters, members, suspensers, or the public may
20	30–808.	
21	(-)	
22		The [Secretary] COMMISSIONER may apply to the court for an order
23	the provider:	the [Secretary] COMMISSIONER to conserve or rehabilitate a provider, if
	orro provincia	
24		(1) is a provider for which the [Department] ADMINISTRATION has
25	made a det	ermination of significant risk of financial failure under [Part VII]
26	SUBTITLE 7	of this [subtitle] TITLE;
27		(2) has refused to submit to the [Secretary] COMMISSIONER or a
28	denuty or ev	aminer of the [Secretary] COMMISSIONER, for reasonable examination,
29		property, books, records, accounts, or affairs of the provider, or of a
30		related company of the provider within the provider's control;
31		(3) has concealed or removed its assets or records;
32		(4) has willfully violated its charter, articles of incorporation, a State

law, or an order of the [Secretary] COMMISSIONER;

1	(5)		reasonable notice, has failed promptly and effectively to
2			ent, status, and influence over the management of the provider
3			cutive authority in fact over the provider and has refused to be
4	examined under o	ath ab	out the affairs of the provider in the State or elsewhere;
5	(6)	has l	seen or is the subject of an application for appointment of a
6	receiver, trustee,		lian, sequestrator, or similar fiduciary of the provider or its
7			hat was not filed under this [subtitle] TITLE, regardless of
8	whether the appoi		
9		(i)	has been made;
10		(ii)	may deny the courts of the State jurisdiction; or
11		(iii)	may prejudice an orderly delinquency proceeding under this
12	subtitle;	(111)	may projudice an orderly definiquency proceeding ander time
14	Subtric;		
13	(7)	hog	consented to the order for conservation or rehabilitation
14	` '		directors, stockholders, members, or subscribers;
14	viiivugii a iiiajoi ių	y 01 165	- directors, stockholders, members, or subscribers,
15	(8)	has f	Cailed to pay a final judgment rendered against it in the State
16	` '		greement issued or assumed by the provider, within 60 days
17	after the latest of:		recincite issued of assumed by the provider, within or days
1.	arter the latest or.		
18		(i)	the day on which the judgment became final;
19		(ii)	the day on which the time for taking an appeal expired; or
20		(iii)	the day on which an appeal was dismissed before final
$\frac{20}{21}$	termination;	(111)	the day on which an appear was dishinssed select infar
21	ocrimination,		
22	<u>(Q)</u>	after	examination by the [Secretary] COMMISSIONER, is found to
$\overline{23}$	he in a condition		ch further transaction of its business will be hazardous to its
$\frac{25}{24}$			s, creditors, or the public;
4 1	bubber iberb, bullur	101uci c	s, creditors, or the public,
25	(10)	has f	failed to remove a person that has executive authority in fact
26			the [Secretary] COMMISSIONER has found that person to be
27			thy in a manner that may affect the business of the provider;
41	distrolless of difference	10 W 01	ony in a marmer that may affect the business of the provider,
28	(11)	has i	reasonable cause to know, or should have known, that there
29	has been:	iids i	isologically built to mist, of should have mistin, that there
_0	1100 000111		
30		(i)	embezzlement of funds from the provider;
		• /	1 /
31		(ii)	wrongful sequestration or diversion of assets of the provider;

1	(iii) forgery or fraud that affects the provider; or
2	(iv) other illegal conduct in, by, or with respect to the provider;
3	(12) is controlled directly or indirectly by a person that the [Secretary
4	COMMISSIONER finds to be untrustworthy; or
5	(13) has failed to file a financial report required by law within the tim
6	allowed by law and, after written demand by the [Secretary] COMMISSIONER, ha
7	failed to give an immediate and adequate explanation.
8	(b) (1) If the appointment of the [Secretary] COMMISSIONER as receive
9	is not then in effect, and even if no previous order has directed the [Secretary
10	COMMISSIONER to rehabilitate a provider, the [Secretary] COMMISSIONER may
11	apply to the court for an order that appoints the [Secretary] COMMISSIONER a
12	receiver and that directs the [Secretary] COMMISSIONER to liquidate the provider i
13	the provider:
	r · · · · · ·
14	(i) has not done business for at least 1 year;
15	(ii) is a provider determined to have a significant risk of
16	financial failure under [Part VII] SUBTITLE 7 of this [subtitle] TITLE and ha
17	commenced voluntary liquidation or dissolution, or attempts to commence or prosecut
18	an action or proceeding to liquidate its business or affairs, to dissolve its corporat
19	charter, or to procure the appointment of a receiver, trustee, custodian, or sequestrato
20	under any law except this title;
21	(iii) is doing business in a fraudulent manner; or
22	(iv) is in a condition in which further rehabilitation efforts or
23	any grounds specified in subsection (a) of this section appear to be useless.
24	(2) If at any time during a rehabilitation proceeding the [Secretary
25	COMMISSIONER determines that further efforts to rehabilitate the provider would b
26	useless, the [Secretary] COMMISSIONER may apply to the court for an order of
27	liquidation.
28	30-809.
29	(a) (1) An order to rehabilitate a provider shall:
30	(i) appoint the [Secretary] COMMISSIONER as rehabilitator;
31	(ii) direct the [Secretary] COMMISSIONER:

HOUSE BILL 952

1			1. to take possession of the property of the provider an
2	conduct the busin	ess of t	he provider under the general supervision of the court; and
3			2. to take action the court directs to remove the cause
4	and conditions the	at have	made rehabilitation necessary;
5		(iii)	vest title to all property of the provider in the rehabilitator
6	and		
7		(iv)	require the rehabilitator to make accountings to the cour
8	that:		
9			1. are at intervals as the court specifies in its order, but
10	not less frequently	y than	two times each year; and
11			2. include the opinion of the rehabilitator about th
12	likelihood of succe	ess of th	rehabilitation.
13	(2)	Issus	nce of an order of rehabilitation:
14		(i)	does not constitute an anticipatory breach of any contract of
15	the provider; and	,	
16		(ii)	is not grounds for retroactive revocation or retroactive
17	cancellation of a	contrac	et of the provider, unless the rehabilitator revokes or cancel
18	the contract.		
19	(b) (1)	Subje	ect to paragraph (2) of this subsection, the [Secretary
20	COMMISSIONER	, or a	in interested person on due notice to the [Secretary
21	COMMISSIONER	, may a	pply to the court at any time for an order that:
22		(i)	terminates a rehabilitation proceeding; and
23		(ii)	allows the provider to resume possession of its property an
24	the conduct of its	busine	
25	(2)	An o	rder under this subsection may not be issued unless, after
26	hearing, the court		mines that the purposes of the rehabilitation proceeding hav
27	been fully accomp		
28	(e) (1)	An o	rder to liquidate the business of a provider shall direct th
29	[Secretary] COM		NER promptly to:
30		(i)	take possession of the property of the provider;
31		(ii)	liquidate the business of the provider;

1	(iii) deal with the property and business of the provider in the
2	name of the [Secretary] COMMISSIONER or in the name of the provider, as the court
3	directs; and
4	(iv) notify each creditor that may have a claim against the
5	provider to present the creditor's claim.
6	(2) The [Secretary] COMMISSIONER may apply for, and the court
7	may issue, an order to dissolve the corporate existence of a provider:
8	(i) on application of the [Secretary] COMMISSIONER for an
9	order to liquidate the provider; or
10	(ii) at any time after the court has granted the order of
11	liquidation.
12	(d) An order to conserve the assets of a provider shall require the [Secretary]
13	COMMISSIONER promptly to take possession of and conserve the property of the
14	provider in the State, subject to further direction by the court.
15	30-810.
16	(a) In this section, "appointed receiver" means a person, other than the
17	[Secretary] COMMISSIONER, that the court appoints as a conservator, rehabilitator,
18	or receiver under this section.
19	(b) (1) On motion of the court or the [Secretary] COMMISSIONER, the
20	court may issue an order that appoints or substitutes a person other than the
21	[Secretary] COMMISSIONER as conservator, rehabilitator, or receiver:
22	(i) on initial application by the [Secretary] COMMISSIONER
23	for an order to appoint the [Secretary] COMMISSIONER as conservator, rehabilitator,
24	or receiver under this [subtitle] TITLE; or
25	(ii) at any time during the course of a conservatorship,
26	rehabilitation, or receivership under this [subtitle] TITLE.
27	(2) An appointed receiver has the same powers and duties that the
28	[Secretary] COMMISSIONER has under this [subtitle] TITLE as conservator,
29	rehabilitator, or receiver.
30	(e) (1) In addition to any other report required by the court, the court
31	shall require an appointed receiver at least quarterly to file with the [Secretary]
32	COMMISSIONER and court a report about:

 $\frac{(2)}{2}$

The appointed receiver:

1	(i) the status of the conservatorship, rehabilitation, or
2	receivership; and
3	(ii) the activities of the appointed receiver since the last report
4	filed under this paragraph.
5	(2) The report required under paragraph (1) of this subsection at a
6	minimum shall include:
7	(i) information of the character required by Title 13 of the
8	Maryland Rules that applies to receivers generally;
9	(ii) any other information necessary to provide a complete
10	report on the financial affairs and condition of the conservatorship, rehabilitation, or
11	receivership;
12	(iii) a complete account of all efforts by the appointed receiver
13	since the last report:
14	1. to sell or dispose of the remaining business or assets
15	of the provider; or
16	2. to otherwise bring to a prompt conclusion the
17	conservatorship, rehabilitation, or receivership; and
18	(iv) copies of any actuarial or other evaluations of the business
19	and assets under the control of the appointed receiver.
20	(3) The report shall be audited unless for good cause the court waives
21	the audit.
22	(d) Subject to any protective order that the court considers appropriate,
23	information filed under seal shall be provided to the [Secretary] COMMISSIONER.
24	(e) The appointed receiver shall give the [Secretary] COMMISSIONER full
25	access to all documents and records related to the conservatorship, rehabilitation, or
26	receivership that are in the possession of the appointed receiver.
27	(f) The [Secretary] COMMISSIONER may be a party to a conservatorship,
28	rehabilitation, or receivership for which there is an appointed receiver.
29	(g) (1) Subject to approval of the court, the [Secretary] COMMISSIONER
30	may negotiate for sale of all or part of the assets or business of the provider placed in
31	conservatorship, rehabilitation, or receivership.

1	(i) shall cooperate fully in any sales negotiation under
2	paragraph (1) of this subsection; and
3	(ii) may object to the terms of a sale of the assets or business of
4	the provider that results from the negotiation.
5	(3) After notice and an opportunity to be heard, the court may limit
6	the efforts of the [Secretary] COMMISSIONER to undertake or continue negotiations
7	for the sale of the assets or business of the provider if the negotiations would impair
8	the ability of the appointed receiver to engage in similar negotiations or discharge
9	other responsibilities.
10	(h) (1) If the [Secretary] COMMISSIONER determines that an appointed
11	receiver is not adequately discharging the duties and responsibilities of the position,
12	the [Secretary] COMMISSIONER may file with the court an application that seeks to
13	discharge the appointed receiver and to appoint the [Secretary] COMMISSIONER as
14	conservator, rehabilitator, or receiver or to appoint another receiver.
15	(2) If the [Secretary] COMMISSIONER establishes by a prependerance
16	of the evidence that grounds exist for discharge of an appointed receiver, the court
17	shall grant the application of the [Secretary] COMMISSIONER to discharge the
18	appointed receiver and to appoint the [Secretary] COMMISSIONER as conservator,
19	rehabilitator, or receiver or to appoint another receiver.
20	30 813.
21	(a) To facilitate the rehabilitation, liquidation, conservation, or dissolution of
22	a provider under this [subtitle] TITLE, the [Secretary] COMMISSIONER, subject to
23	the approval of the court, may:
24	(1) borrow money;
25	(2) execute, acknowledge, and deliver notes or other evidences of
26	indebtedness for the loan;
27	(3) secure the repayment of the loan by the mortgage, pledge,
28	assignment, or transfer in trust of all or part of the property of the provider; and
29	(4) take any other action necessary and proper to consummate the
30	loan and to provide for its repayment.
31	(b) The [Secretary] COMMISSIONER is not obligated personally or in an
32	official capacity to repay a loan made under this section.

30 814.

Т	(a) Whenever under this [subtitle] THTLE a receiver is to be appointed in a
2	delinquency proceeding for a provider, the court shall:
3	(1) appoint the [Secretary] COMMISSIONER as receiver; and
4	(2) order the [Secretary] COMMISSIONER promptly to take
5	possession of the assets of the provider and to administer the assets under the orders
6	of the court.
7	(b) Beginning on the date of issuance of an order that directs the [Secretary]
8	COMMISSIONER to rehabilitate or liquidate a provider, the [Secretary]
9	COMMISSIONER as receiver is vested by operation of law with title to and may take
0	possession of all of the property, contracts, rights of action, books, and records of the
1	provider, wherever located.
1 2	(e) The filing of the order that directs possession to be taken, or a certified
13	copy of the order, in an office where instruments affecting title to property are
L 4	required to be filed provides the same notice as would be provided by a deed, bill of
L 5	sale, or other evidence of title that is so filed.
L 6	(d) (1) The [Secretary] COMMISSIONER as receiver shall administer
L 7	properly all assets that come into the possession or control of the [Secretary]
18	COMMISSIONER.
L9	(2) If considered desirable to protect the assets, the court at any time
20	may require a bond from the [Secretary] COMMISSIONER or deputy [secretary]
21	COMMISSIONER.
22	(3) On taking possession of the assets of a provider and subject to the
23	direction of the court, the [Secretary] COMMISSIONER immediately shall:
24	(i) conduct the business of the provider; or
25	(ii) take action authorized by this [subtitle] TITLE to
26	rehabilitate, liquidate, or conserve the affairs or assets of the provider.
27	30-816.
28	(a) A transfer of or lien on the property of a provider is voidable if the
29	transfer or lien is:
30	(1) made or created within 4 months before the issuance of a show
31	cause order under this [subtitle] TITLE;

$rac{1}{2}$	(2) made or created with the intent to give a creditor a preference or to enable the creditor to obtain a greater percentage of the debt than another creditor of
3	the same class; and
4 5	(3) accepted by the creditor having reasonable cause to believe that the preference will occur.
J	the preference will occur.
6	(b) Each director, officer, employee, stockholder, member, subscriber, and
7	any other person acting on behalf of a provider that is concerned in a voidable transfer
8 9	under subsection (a) of this section and each person that, as a result of the voidable transfer, receives any property of the provider or benefits from the voidable transfer:
10	(1) is personally liable; and
11	(2) shall account to the [Secretary] COMMISSIONER.
12	(e) The [Secretary] COMMISSIONER as receiver in a delinquency proceeding
13	may:
14	(1) avoid a transfer of or lien on the property of a provider that a
15	ereditor, stockholder, subscriber, or member of the provider might have avoided; and
16	(2) recover the transferred property or its value from the person that
17	received it unless that person was a bona fide holder for value before the date of
18	issuance of a show cause order under this [subtitle] TITLE.
19	30-817.
20	(a) (1) The [Secretary] COMMISSIONER shall deposit moneys collected in
21	a delinquency proceeding in a State or national bank, savings bank, or trust company.
22	(2) Deposits made by the [Secretary] COMMISSIONER under
23	paragraph (1) of this subsection have priority of payment equal to any other priority
$\frac{23}{24}$	specified by the banking laws of this State if the depository:
25	(i) is an institution organized and supervised under the laws of
26	this State; and
27	(ii) becomes insolvent or liquidates voluntarily or involuntarily.
28	(3) The [Secretary] COMMISSIONER may deposit all or part of the
29	moneys collected in a national bank or trust company as a trust fund.
20	(b) The Albertand Albert and immediate the control of the control
30 31	(b) To the extent that an investment or account is insured by the Federal
32	Deposit Insurance Corporation, the [Secretary] COMMISSIONER may invest in shares of or deposits in a savings and loan association or building and loan association.
U	or or acposite in a savings and roan association or bunding and roan association.

1	30-818.			
2	(a)	(1)	If on i	ssuance of an order of liquidation under this [subtitle] TITLE
3	or at any ti	me du		iquidation proceeding the provider is not clearly solvent, the
4				siders proper and a hearing, shall issue an order that the
5	provider is a			
6		(2)	Notwi	thstanding any previous notice given to creditors, after
7				under paragraph (1) of this subsection, the [Secretary]
8				otify each person that may have a claim against the provider
9	that the cla	im is	f orever	barred unless the person files the claim with the [Secretary]
10	Commission	ONER	at a pla	ce and within the time specified in the notice.
11		(3)	The ti	me specified in the notice:
12			(i)	shall be as set by the court for filing claims; but
13			(ii)	may not be less than 6 months after issuance of the order
14	that the pro	vider :	is an im	paired provider.
15		(4)		otice shall be given in the manner and for the reasonable
16	period of tin	ie tha	t the co	art orders.
17	(b)	(1)	Each (claimant shall set forth in reasonable detail:
18			(i)	the amount of the claim or the basis on which the amount
19	can be deter	minec	};	
20			(ii)	the facts on which the claim is based; and
21			(iii)	any priority asserted by the claimant.
22		(2)	Each (claim shall:
23			(i)	be verified by the affidavit of the claimant or a person
24	authorized t	o act (on beha	lf of the claimant who has knowledge of the facts; and
25			(ii)	be supported by any documents that may be material to the
26	claim.		(11)	supported all decommends that the many at material to the
27		(3)	Each	claim shall be filed with the receiver in the State on or before
28	the last date	spec i	ified un	der this [subtitle] TITLE for filing of claims.
29	(e)	The :	receiver	shall:
30		(1)	report	a claim to the court:

1			(i)	within 10 days after receiving the claim; or
2 3	shown; and		(ii)	within an additional period set by the court for good cause
4		(2)	recor	mmend in the report action to be taken on the claim.
5	(d)	(1)	On r	eccipt of the report of the receiver, the court shall:
6			(i)	set a time for hearing the claim; and
7 8	determines	to eac	(ii) ch perso	direct the claimant or receiver to give notice as the court on that appears to the court to be interested in the claim.
9		(2)	The :	notice given in accordance with this subsection shall:
10			(i)	specify the time and place of the hearing; and
1			(ii)	state concisely:
12				1. the amount and nature of the claim;
13				2. any priority asserted by the claimant; and
L4				3. the recommendation of the receiver about the claim.
15	(e)	(1)	At th	ne hearing specified under subsection (d) of this section:
16			(i)	each person with an interest in the claim may appear; and
L7 L8	part, or disc	allows	(ii) the cla	the court shall issue an order in which the court allows in iim.
19		(2)	An o	rder under this subsection is a final order subject to appeal.
20	30-819.			
21 22 23	(a) payment fr United Stat	om th		cion, "preferred claim" means a claim that is given priority of oral assets of a provider under the laws of the State or the
24 25 26	commencen	nent o	- provid f-a-del i	first \$500 of compensation or wages owed to an officer or ler for services rendered within 3 months before the inquency proceeding against the provider shall be paid before
27	payment of	any o	ther de	bt or claim.

1	(2) Subject to paragraph (3) of this subsection, the [Secretary]
2	COMMISSIONER may pay the compensation required to be paid under this subsection
3	as soon as practicable after commencement of the delinquency proceeding.
4	
4	(3) At all times, the [Secretary] COMMISSIONER shall reserve funds
5	that the [Secretary] COMMISSIONER believes are sufficient for expenses of
6	administration.
7	(4) The priority required under this subsection is instead of any other
8	similar priority that may be authorized by law as to wages or compensation.
	The state of the s
9	(c) Priority over all other claims in a liquidation proceeding, other than
10	claims for wages specified in subsection (b) of this section, expenses of administration,
11	and taxes, shall be given to claims by subscribers that arise from continuing care
12	agreements with the provider, including claims to the statutory refund required by [§
13	10-448] § 30-505 of this [subtitle] TITLE.
14	(d) (1) The owner of a secured claim against a provider for which a
15	receiver has been appointed in this State or another state may:
16	(i) surrender the security and file the claim as a general
$\overline{17}$	creditor; or
	
18	(ii) have the claim discharged by resort to the security.
10	
19	(2) If the owner of a secured claim has the claim discharged by resort
20	to the security, any deficiency shall be treated as a claim against the general assets of
21	the provider on the same basis as the claims of unsecured creditors.
22	(3) The amount of a deficiency is conclusive if adjudicated by a court of
23	competent jurisdiction in a proceeding in which the receiver has been given notice and
24	an opportunity to be heard.
25	(4) If the amount of a deficiency is not conclusive, the amount shall be
26	determined in a delinquency proceeding in the State.
27	30_820.
41	3V=3_U,
28	(a) (1) Subject to paragraph (2) of this subsection, contingent and
29	unliquidated claims may not share in a distribution of the assets of a provider that has
30	been adjudicated to be an impaired provider by an order issued under this [subtitle]
31	TITLE.
0.0	
32	(2) If properly presented, a contingent and unliquidated claim shall be
33	considered and may be allowed to share if:

1	(i) the claim becomes absolute against the provider on or before
2	the last day for filing claims against the assets of the provider; or
3	(ii) there is a surplus and the liquidation is subsequently
4	conducted on the basis that the provider is solvent.
5	(b) (1) Except as provided in paragraph (2) of this subsection, a claim of a
6	person that has a secured claim may not be allowed at a sum greater than the
7	difference between:
8	(i) the value of the claim without security; and
9	(ii) the value of the security itself on:
10	1. the date of issuance of the liquidation order; or
11	2. another date set by the court for determining rights
12	and liabilities as provided in subsection (c) of this section.
	and maximizes as provided in subsection (e) or one section.
13	(2) If the claimant surrenders the security to the [Secretary]
14	COMMISSIONER, the claim shall be allowed in the full amount for which it is valued.
15	(e) Subject to the provisions of this [subtitle] TITLE on the rights of
16	claimants holding contingent claims, and unless otherwise directed by the court, the
17	rights and liabilities of a provider and creditors, stockholders, members, subscribers,
18	and other persons interested in the estate of the provider are fixed on the date on
19	which the order that directs the liquidation of the provider is filed in the office of the
20	clerk of the court that issued the order.
21	30_821.
22	(a) Except as provided in subsection (b) of this section, in all cases of mutual
23	debts and credits between a provider and another person in connection with a
24	delinquency proceeding, the debts and credits shall be offset and the balance only shall
25	be allowed or paid.
26	(b) An offset may not be allowed in favor of another person if:
27	(1) on the date of issuance of a liquidation order or otherwise, as
28	specified in [§ 10-491(c)] § 30-820(C) of this subtitle, the obligation of the provider to
29	the person would not entitle the person to share as a claimant in the assets of the
30	provider; or
31	(2) the obligation of the provider to the person was purchased by or
32	transferred to the person for use as an offset.
	1

30-822.

1	If a provider is the subject of a bankruptcy or receivership action, the claims of					
2	subscribers shall be administered in accordance with [§ 10-490(c)] § 30-819(C) of this					
3	subtitle for the purpose of any legal action in conjunction with the bankruptcy or					
4	receivership.					
	•					
5	30-901.					
6	(a) A person may not maintain or operate a facility offering continuing care					
7	without having obtained an initial or renewal certificate of registration.					
•	without having obtained an initial of followar of influence of registration.					
8	(b) A person may not disseminate prohibited advertising or promotional					
9	materials.					
Ü						
10	(c) A person may not provide false registration information to the					
11	[Department] ADMINISTRATION.					
	The partificity 1 10 1 10 1 10 1 10 1 10 1 10 1 10 1					
12	(d) (1) A person who violates any provision of this subtitle TITLE is					
13						
	guilty of a misdemeanor and on conviction is subject to imprisonment not exceeding 6					
14	months or a fine not exceeding \$1,000 or both.					
15	(9) Each rightion of this subtitle constitutes a senerate effence					
19	(2) Each violation of this subtitle constitutes a separate offense.					
16	30-902.					
10	30-302.					
17	(a) The [Country Commissioner country co					
	(a) The [Secretary] COMMISSIONER may impose a civil money penalty					
18	against a provider for an action or inaction that violates this [subtitle] TITLE or any					
19	regulation adopted by the [Department] ADMINISTRATION under this [subtitle]					
20	TITLE.					
21	(b) (1) Before imposing a civil money penalty under subsection (a) of this					
22	section, the [Department] ADMINISTRATION shall issue a notice of violation to the					
23	provider.					
24	(2) The notice shall state:					
25	(i) when the provider must submit a plan of correction that is					
26	acceptable to the [Department] ADMINISTRATION;					
27	(ii) when each identified violation must be substantially					
28	corrected, which may not be less than 30 days; and					
_~	tollow, william into the loss tilliam of days, and					
29	(iii) that failure to submit an acceptable plan of correction as					
30	required under item (i) of this paragraph or to correct an identified violation may					
31	result in an order imposing a civil money penalty under subsection (d) of this section.					
OI	result in an order imposing a civil money penalty under subsection (a) or time section.					

1	(e)	If at	the e	xpiration of the time set forth in the notice required under
2	subsection (b) of	this	section the [Department] ADMINISTRATION determines a
3				orrected, the [Secretary] COMMISSIONER may:
4		(1)	exter	nd the time in which the violation must be corrected; or
5		(2)	impe	ese a civil money penalty under subsection (d) of this section.
6	(d)	(1)	The	[Secretary] COMMISSIONER may impose a civil money
7	penalty not c	exceed	ing \$	5,000 for each violation.
8		(2)	In se	etting the amount of a civil money penalty under this section,
9	the [Secreta:	ry] C €	MMI	SSIONER shall consider the following factors:
10			(i)	the number, nature, and seriousness of the violations;
$\frac{1}{2}$	safety of the	subse	(ii) ribers	the degree of risk to the health, life, or physical or financial caused by the violations;
13			(iii)	the efforts made by the provider to correct the violations;
L 4			(iv)	whether the amount of the proposed civil money penalty will
L5	jeopardize th	ie fina	ncial	ability of the provider to continue operating; and
16			(v)	other factors as justice may require.
L 7		(3)	If a	civil money penalty is imposed under this section, the
L8	[Department] AD		TRATION shall issue an order stating:
19			(i)	the basis on which the order is made;
20			(ii)	each regulation or statute violated;
21			(iii)	each civil money penalty imposed and the total amount of
22	the civil mon	ey pe i	nalty :	imposed; and
23			(iv)	the manner in which the amount of the civil money penalty
24	was calculate	ed.		
25		(4)	(i)	The [Department] ADMINISTRATION shall provide written
26	notice to a pr	rovide	r of th	e imposition of a civil money penalty.
27			(ii)	The notice shall be served on the provider by certified mail
28	and shall inc	lude t	` '	der and a statement on how to file an administrative appeal.

care agreements.

1		(5)	If a civil money penalty is imposed under this section, the provider			
2	has the rigl	` '	appeal from the order in accordance with Title 10, Subtitle 2 of the			
3	State Government Article.					
4	(e)	(1)	A provider shall pay a civil money penalty to the [Department]			
5	ADMINISTI	RATIO	N within 10 days after the provider receives a final order imposing			
6	the civil mo		· · · · · · · · · · · · · · · · · · ·			
			·			
7		$\frac{(2)}{(2)}$	An order imposing a civil money penalty is final when the provider			
8	has exhaust	ed all	opportunities to contest the civil penalty in accordance with Title 10,			
9	Subtitle 2 o	f the S	State Government Article.			
10		(3)	If a provider does not comply with this section, the [Department]			
11	ADMINISTI	RATIO	N may file a civil action to recover the penalty.			
12		(4)	The [Department] ADMINISTRATION shall deposit all civil money			
13	penalties co	llected	l under this section into the General Fund.			
14	30-903.					
15	(a)	(1)	Any subscriber injured by a violation of this [subtitle] TITLE may			
16	bring an ac	tion fo	or equitable relief or an action for damages in any court of general			
17	jurisdiction.	.				
18	_	$\frac{(2)}{(2)}$	In an action described in paragraph (1) of this subsection, the court			
19	v	reaso	nable attorney's fees to a subscriber in whose favor a judgment is			
20	entered.					
0.1						
21	(b)		[Department] ADMINISTRATION may bring an action for an			
22		-temp	orary restraining order or injunction for a violation of this [subtitle]			
23	TITLE.					
24	30-904.					
05		mı	ID 4 Approximation 11			
25			[Department] ADMINISTRATION may use the receivership			
26			rt VIII of this subtitle] SUBTITLE 8 OF THIS TITLE to protect the			
27	interests of	subsci	ibers in:			
00		(1)				
28	C C	(1)	the substantial advance payments subscribers have made in the			
29			fees and, when applicable, periodic fees, for future continuing care			
30	witnout nec	essarı	ly having any ownership in or control of the provider or the facility;			
31		(2)	the inquestion agreety of continuing care agreements, as applicable.			
$\frac{31}{32}$	and	(=)	the insurance aspects of continuing care agreements, as applicable;			
IJΔ	and					
33		(3)	the continued delivery of services committed to under continuing			
55		$\langle \mathbf{o}_{\mathcal{T}}$	one continued delivery of betylees committeed to differ continuing			

1	(b) The [Department] ADMINISTRATION may petition for the appointment					
2	of a receiver:					
3	(1) if there is a threat of immediate closure of a facility;					
4	(2) if the provider is not honoring its contracts with its subscribers;					
5	(3) to prohibit the improper diversion of the provider's assets and					
6	records from the facility or the State; or					
7	(4) if the [Department] ADMINISTRATION has made a determination					
8	of a significant risk of financial failure in accordance with [§§ 10-467 and 10-469] §§					
9	30-705 AND 30-707 of this [subtitle] TITLE.					
10	(e) The [Department] ADMINISTRATION may petition for the appointment					
11	of a receiver before the provider files a plan of correction.					
12	(d) The receiver may rehabilitate, conserve, or liquidate as provided by the					
13	order of appointment and [Part VIII of this subtitle] SUBTITLE 8 OF THIS TITLE.					
14	SECTION 3. AND BE IT FURTHER ENACTED, That the Laws of Maryland					
15	read as follows:					
1.0	A . C. T. T.					
16	Article - Insurance					
17	30–102.					
18	(a) (1) A continuing care at home provider is subject to each provision of					
19	this [subtitle] TITLE except [Part II] SUBTITLE 2 and [§§ 10-446 and 10-448] §§					
20	30-503 AND 30-505 OF THIS TITLE.					
21	(2) A continuing care in a retirement community provider is subject to					
22	each provision of this [subtitle] TITLE except [Part VI] SUBTITLE 6 OF THIS TITLE.					
23	(b) (1) A continuing care energtion that is subject to the provisions of this					
$\frac{23}{24}$	(b) (1) A continuing care operation that is subject to the provisions of this [subtitle] TITLE is not subject to:					
	·					
25	(i) the Maryland Health Maintenance Organization Act under					
26	Title 19, Subtitle 7 of the Health - General Article;					
27	(ii) except for § 15-603 of [the Insurance Article, the Insurance					
28	Article] THIS ARTICLE, OTHER PROVISIONS OF THIS ARTICLE;					
29	(iii) Title 8 of the Real Property Article;					
30	(iv) any county or municipal landlord-tenant law; or					

[subtitle] TITLE is not subject to:

1	(v) § 19–310.1 of the Health – General Article.
2 3 4 5	(2) If a provider contractually utilizes the services of a licensed home health agency or residential service agency and is not itself directly providing the type of services provided by a home health agency or residential service agency, the provider is not subject to Title 19, Subtitles 4 and 4A of the Health – General Article.
Ū	
6	(3) Except as provided in paragraphs (1) and (2) of this subsection, a
7 8	continuing care at home provider is subject to all other applicable licensing or certification requirements of State law.
9	(e) This [subtitle] TITLE does not apply to an agreement that is regulated as
10	insurance under [the Insurance Article] THIS ARTICLE.
11	(d) A provider that offers assisted living program services as part of a
12	continuum of care in accordance with a continuing care agreement may:
13	(1) execute a separate assisted living resident agreement and a
14	separate assisted living disclosure statement; or
15	(2) meet the requirements of [§§ 10-425(c) and 10-444(e)] §§
16	30-307(C) AND 30-501(E) of this [subtitle] TITLE.
17	(e) The liability of a provider to the Department of Health and Mental
18	Hygiene under § 15-603 of [the Insurance Article] THIS ARTICLE shall be limited to
19	the amount of the refund that would be due to the subscriber if the subscriber were
20	dismissed under [§ 10-448] § 30-505 of this [subtitle] TITLE at the time of
21	enrollment in services provided by or paid wholly or partly by the Department of
22	Health and Mental Hygiene.
23	SECTION 4. AND BE IT FURTHER ENACTED, That the Laws of Maryland
24	read as follows:
25	Article - Insurance
26	30–102.
27	(a) (1) A continuing care at home provider is subject to each provision of
28	this [subtitle] TITLE except [Part II] SUBTITLE 2 and [§§ 10-446 and 10-448] §§
29	-30-503 AND 30-505 OF THIS TITLE.
30	(2) A continuing care in a retirement community provider is subject to
31	each provision of this [subtitle] TITLE except [Part VI] SUBTITLE 6 OF THIS TITLE.
32	(b) (1) A continuing care operation that is subject to the provisions of this

1	(i) the Maryland Health Maintenance Organization Act under
2	Title 19, Subtitle 7 of the Health – General Article;
3	(ii) except for § 15-603 of [the Insurance Article, the Insurance
4	Article THIS ARTICLE, OTHER PROVISIONS OF THIS ARTICLE;
4	Afticiej This Alt Hell, O Theit PitOvisiONS OF This Alt Hell;
5	(iii) Title 8 of the Real Property Article; or
6	(iv) any county or municipal landlord-tenant law.
7	(2) If a provider contractually utilizes the services of a licensed home
8	health agency or residential service agency and is not itself directly providing the type
9	of services provided by a home health agency or residential service agency, the
10	provider is not subject to Title 19, Subtitles 4 and 4A of the Health - General Article.
11	(3) Except as provided in paragraphs (1) and (2) of this subsection, a
12	continuing care at home provider is subject to all other applicable licensing or
13	certification requirements of State law.
14	(e) This [subtitle] TITLE does not apply to an agreement that is regulated as
15	
10	insurance under [the Insurance Article] THIS ARTICLE.
16	(d) A provider that offers assisted living program services as part of a
17	continuum of care in accordance with a continuing care agreement may:
18	(1) execute a separate assisted living resident agreement and a
19	separate assisted living disclosure statement; or
20	(2) meet the requirements of [§§ 10-425(c) and 10-444(e)] §§
21	
41	30-307(C) AND 30-501(E) of this [subtitle] TITLE.
22	(e) The liability of a provider to the Department of Health and Menta
23	Hygiene under § 15-603 of [the Insurance Article] THIS ARTICLE shall be limited to
24	the amount of the refund that would be due to the subscriber if the subscriber were
25	dismissed under [§ 10-448] § 30-505 of this [subtitle] TITLE at the time of
26	enrollment in services provided by or paid wholly or partly by the Department of
27	Health and Mental Hygiene.
28	SECTION 5. AND BE IT FURTHER ENACTED, That the Maryland Insurance
29	Administration, in consultation with LifeSpan Network and the continuing care
30	retirement community, shall conduct a comprehensive review of the statutory and
31	regulatory provisions governing continuing care to determine methods for
32	streamlining and simplifying the continuing care process. On or before January 1
33	2010, the Administration shall report, in accordance with § 2–1246 of the State
34	Government Article, to the Governor and General Assembly on the review and any
35	changes or actions taken as a result of the review.
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	Speaker of the House of Delegates.
	Governor.
Approved:	
Section 7 of time rice, time rice shall take circul	october 1, 2000.
Section 7 of this Act, this Act shall take effect	
takes effect, Section 3 of this Act shall be abroader. This Act may not be interpreted to have any experimental actions and the section of the section of the section of this Act shall be abroader.	•
take effect on the taking effect of the termin Chapter 503 of the Acts of the General Assem	bly of 2007. If that termination provisio
	NACTED, That Section 4 of this Act shall
enacted by this Act. The publisher shall ad editor's note following the section affected.	
Department of Legislative Services, shall cor the General Assembly, cross-references and Act or by any other Act of the General Ac	terminology rendered incorrect by thi
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President of the Senate.