Florida Senate - 2008

By Senator Saunders

37-03749-08

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1	A bill to be entitled
2	An act relating to continuing care contracts; amending s.
3	651.026, F.S.; requiring continuing care providers to
4	provide additional information in annual reports to the
5	Office of Insurance Regulation; applying financial
6	viability assessment measures to an operator under certain
7	circumstances; amending s. 651.0261, F.S.; authorizing the
8	office to require providers to file quarterly financial
9	statements under certain circumstances; amending s.
10	651.051, F.S.; permitting the removal of certain assets
11	and records of a provider from the state if certain notice
12	is provided to the residents' council; amending ss.
13	651.081 and 651.083, F.S.; providing additional rights
14	relating to financial accountability by the provider for
15	residents of continuing care facilities; amending s.
16	651.085, F.S.; revising provisions relating to quarterly
17	meetings between residents and the governing body of the
18	provider; amending s. 651.091, F.S.; requiring continuing
19	care facilities to provide certain information to the
20	public; revising the time period within which the facility
21	is required to provide an annual report to the residents'
22	organization; amending s. 651.105, F.S.; authorizing the
23	office to require additional information from the provider
24	during examinations and inspections; amending s. 651.106,
25	F.S.; requiring the office to provide notice prior to
26	denying, suspending, or revoking certificates of authority
27	under certain circumstances; amending s. 651.1151, F.S.;
28	authorizing the office to require providers to submit
29	certain contracts for review; providing that actions

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20082698 37-03749-08 30 omitted by the office in response to petition by a 31 residents' organization or resident are subject to review 32 under ch. 120, F.S., under certain circumstances; providing an effective date. 33 34 35 Be It Enacted by the Legislature of the State of Florida: 36 37 Section 1. Subsections (2) and (3) of section 651.026, 38 Florida Statutes, are amended to read: 39 651.026 Annual reports.--40 The annual report shall be in such form as the (2)41 commission prescribes and shall contain at least the following: Any change in status with respect to the information 42 (a) 43 required to be filed under s. 651.022(2). 44 (b) Financial statements audited by an independent 45 certified public accountant, which shall contain, for two or more 46 periods if the facility has been in existence that long, the 47 following: 48 An accountant's opinion and, in accordance with 1. 49 generally accepted accounting principles: 50 a. A balance sheet: 51 A statement of income and expenses; b. 52 A statement of equity or fund balances; and с. 53 A statement of changes in cash flows; and d. If the provider's financial statements are consolidated 54 e. 55 with those of another entity, a consolidating balance sheet and 56 consolidating statements of income and expenses, equity or fund 57 balances, and cash flows, which report in separate columns the

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58 separate data for each entity, the eliminations, and the 59 consolidated data.

2. Notes to the financial statements considered customary
or necessary to full disclosure or adequate understanding of the
financial statements, financial condition, and operation.

<u>3. A supplemental statement of income and expenses</u>
 <u>indicating by department cost center, pursuant to s. 651.085(4),</u>
 <u>the income and expenses of each department in sufficient detail</u>
 <u>to present to the residents a meaningful summary of operations</u>
 <u>for each reporting period and with sufficient consistency to</u>
 <u>permit period-to-period comparison by the residents.</u>

69

(c) The following financial information:

70 1. A detailed listing of the assets maintained in the 71 liquid reserve as required in s. 651.035 and in accordance with 72 part II of chapter 625;

73 An itemized A schedule of giving additional information 2. 74 relating to property, plant, and equipment having an original 75 cost of at least \$25,000, so as to show in reasonable detail with 76 respect to each separate facility original costs, accumulated 77 depreciation, net book value, appraised value or insurable value 78 and date thereof, insurance coverage, encumbrances, and net 79 equity of appraised or insured value over encumbrances. Any 80 property not used in continuing care shall be shown separately 81 from property used in continuing care;

82 3. The level of participation in Medicare or Medicaid83 programs, or both;

4. A statement of all fees required of residents,
including, but not limited to, a statement of the entrance fee
charged, the monthly service charges, the proposed application of

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87 the proceeds of the entrance fee by the provider, and the plan by 88 which the amount of the entrance fee is determined if the 89 entrance fee is not the same in all cases; and

90 5. Any change or increase in fees <u>and any change or</u> 91 <u>decrease in</u> when the provider changes either the scope of, or the 92 rates for, care or services, regardless of whether the change <u>in</u> 93 <u>fees</u> involves the basic <u>rates and services</u> rate or only those 94 services available at additional costs to the resident.

95 6.a. If the provider has more than one certificated 96 facility, it shall submit a statement of operations for each 97 facility as supplemental information to the audited financial 98 statements required as part of the annual report.

b. If the provider has operations that are not Florida
certificated facilities, the provider shall also submit as
supplemental information to the audited financial statements,
balance sheets, statements of changes in equity, and statements
of cash flows for each Florida certificated facility.

104 Such other reasonable data, financial statements, and (d) 105 pertinent information as the commission or office may require 106 with respect to the provider or the facility, or its directors, 107 trustees, members, branches, subsidiaries, or affiliates, to 108 determine the financial status of the facility, and the 109 management capabilities of its managers and owners, and the 110 provider's substantial compliance with the continuing care contract filed with the office pursuant to s. 651.091(3). 111

(e) Each facility shall file with the office annually, together with the annual report required by this section, a computation of its minimum liquid reserve calculated in

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20082698 37-03749-08 115 accordance with s. 651.035 on a form prescribed by the 116 commission. 117 (3) The commission shall adopt by rule meaningful measures of assessing the financial viability of a provider and, if a 118 119 separate entity, an operator. The rule may include the following 120 factors: 121 (a) Debt service coverage ratios. 122 (b) Current ratios. 123 (c) Adjusted current ratios. 124 (d) Cash flows. 125 (e) Occupancy rates. 126 (f) Other measures, ratios, or trends. 127 (q) Other factors as may be appropriate. Section 2. Section 651.0261, Florida Statutes, is amended 128 129 to read: 130 651.0261 Quarterly statements. -- If the office finds, pursuant to rules of the commission, that such information is 131 needed to properly monitor the financial condition of a provider 132 133 or facility or is otherwise needed to protect the interests of 134 the facility's residents or the public interest, the office shall 135 may require the provider to file, within 45 days after the end of 136 each fiscal quarter, a quarterly unaudited financial statement of 137 the provider or of the facility in the form prescribed by the 138 commission by rule. The commission may by rule require all or 139 part of the statements or filings required under this section to 140 be submitted by electronic means in a computer-readable form 141 compatible with the electronic data format specified by the 142 commission. The provider shall deliver to the president or chair of the residents' organization a complete copy of each such 143

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144 quarterly statement within 10 days after the statement is filed 145 with the office. 146 Section 3. Section 651.051, Florida Statutes, is amended to 147 read: 651.051 Maintenance of assets and records in state. -- No 148 149 records or assets may be removed from this state by a provider 150 unless the office consents to such removal in writing before such 151 removal. Such consent shall be based upon the provider's 152 submitting satisfactory evidence that the removal will facilitate

153 and make more economical the operations of the provider and will 154 not diminish the service or protection thereafter to be given the 155 provider's residents in this state. Prior to such removal, the 156 provider shall give notice to the president or chair of the 157 facility's residents' council. If such removal is part of a cash 158 management system which has been approved by the office, 159 disclosure of the system to the residents' council shall meet the 160 notification requirements.

Section 4. Subsection (2) of section 651.081, Florida
Statutes, is renumbered as subsection (3), and a new subsection
(2) is added to that section to read:

164 651.081 Continuing care facilities residents' 165 organizations.--

166 (2) Residents have the right, exercisable through a 167 residents' organization, to full accountability by the provider 168 and operator for the finances of the facility, including all uses 169 of residents' monthly maintenance fees. If the facility has a 170 residents' organization, the provider and operator shall provide 171 the residents' organization with the following:

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172 (a) At least quarterly, an accounting of receipts, 173 expenses, and other uses of funds, by department cost center, as 174 required under s. 651.085(4). 175 (b) Any accounting or financial information and an 176 explanation thereof requested by the residents' organization for 177 a specified account or item. 178 (C) The accounts and records of the facility, for 179 examination by the residents' organization or by such individuals 180 or firms as the residents' organization may choose to make such 181 examinations on its behalf. 182 Section 5. Paragraph (c) of subsection (1) of section 183 651.083, Florida Statutes, is amended, and paragraphs (h) and (i) 184 are added to subsection (1) of that section, to read: 185 651.083 Residents' rights.--186 (1) No resident of any facility shall be deprived of any 187 civil or legal rights, benefits, or privileges guaranteed by law, 188 by the State Constitution, or by the United States Constitution 189 solely by reason of status as a resident of a facility. Each resident of a facility has the right to: 190 191 (c) Unrestricted private communication, including receiving 192 and sending unopened correspondence by electronic and all other 193 means. 194 (h) Full accountability for the finances of the facility, recognizing that monthly maintenance fees are resident funds to 195 196 be used only for the benefit of residents and accounted for as 197 such in a consistent format that allows residents to make periodto-period comparisons. 198

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199 (i) Receive advance notice of all proposed changes in fees,
 200 services, procedures, and policies that may affect the finances
 201 or welfare of residents.

202 Section 6. Section 651.085, Florida Statutes, is amended to 203 read:

204 651.085 Quarterly meetings between residents and the 205 governing body of the provider; resident representation before 206 the governing body of the provider.--

207 The governing body of a provider, or the designated (1)representative of the provider, shall hold quarterly meetings 208 with the residents of the continuing care facility for the 209 210 purpose of free discussion of subjects including, but not limited 211 to, income, expenditures, and financial trends and problems as 212 they apply to the facility, as well as disclosure and a 213 discussion of all on proposed changes in policies, programs, and 214 services. Upon request of the residents' organization, a member 215 of the governing body of the provider, such as a board member, a 216 general partner, or a principal owner shall attend such meetings. 217 Residents shall be entitled to at least 7 days' advance notice of 218 each quarterly meeting. During the advance notice period, the An 219 agenda and any materials that will be distributed by the 220 governing body or representative of the provider shall be posted 221 in a conspicuous place at the facility and shall be available 222 upon request to residents of the facility. The office shall 223 request verification from a facility that quarterly meetings are 224 held and open to all residents when it receives a complaint from 225 the residents' council that a facility is not in compliance with 226 the provisions of this subsection. In addition, a facility shall 227 report to the office in the annual report required under s.

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228 651.026 the dates on which quarterly meetings were held during 229 the reporting period.

230 (2) A residents' organization formed pursuant to s. 231 651.081, members of which are elected by the residents, may 232 designate a resident to represent them before the governing body 233 of the provider or organize a meeting or ballot election of the 234 residents of the facility to determine whether to elect a 235 resident to represent them before the governing body of the 236 provider. If a residents' organization as described in s. 651.081 237 does not exist, any resident may organize a meeting or ballot 238 election of the residents of the facility to determine whether to elect a resident to represent them before the governing body and, 239 240 if applicable, elect the representative. The residents' organization, or the resident that organizes a meeting or ballot 241 242 election to elect a representative, shall give all residents of 243 the facility notice at least 10 business days before the meeting 244 or election. Notice may be given through internal mailboxes, 245 communitywide newsletters, bulletin boards, in-house television 246 stations, and other similar means of communication. An election 247 of the representative is valid if at least 40 percent of the 248 total resident population participates in the election and a 249 majority of the participants vote affirmatively for the 250 representative. The initial designated representative elected 251 under this section shall be elected to serve for a period of at 252 least 12 months.

(3) If the provider holding the certificate of authority
for a facility and the operator of the facility are different
individuals or entities, the residents' organization is entitled,
upon request, to designate a majority of the voting members of

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257 the governing body of the operator. The designated voting members 258 representative shall be notified at least 14 days in advance of 259 all meetings any meeting of the full governing body and at which 260 proposed changes in resident fees or services will be discussed. 261 The representative shall be entitled invited to attend the entire 262 meeting and participate in discussions of all matters considered 263 during the meeting that portion of the meeting designated for the 264 discussion of such changes. Minutes of all meetings of the 265 operator of the facility shall be available to the residents for 266 inspection in the facility's office and copies shall be furnished 267 to residents upon request and payment of a reasonable charge to 268 cover copying costs.

269 At a quarterly meeting prior to the implementation of (4) 270 any increase in the monthly maintenance fee, the designated 271 representative of the provider must provide the reasons, by 272 department cost centers, for any increase in the fee that exceeds 273 the most recently published Consumer Price Index for all Urban 274 Consumers, all items, Class A Areas of the Southern Region. Nothing in this subsection shall be construed as placing a cap or 275 276 limitation on the amount of any increase in the monthly 277 maintenance fee, establishing a presumption of the 278 appropriateness of the Consumer Price Index as the basis for any 279 increase in the monthly maintenance fee, or limiting or 280 restricting the right of a provider to establish or set monthly 281 maintenance fee increases, provided the proposed increases and 282 the reasons for the increases are fully and accurately disclosed 283 to the residents in advance.

284 Section 7. Section 651.091, Florida Statutes, is amended to 285 read:

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286 651.091 Availability, distribution, and posting of reports
287 and records; requirement of full disclosure.--

288 (1) Each continuing care facility shall maintain as public 289 information, available upon request, records of all cost and 290 inspection reports pertaining to that facility that have been 291 filed with or issued by any governmental agency. A copy of each 292 such report shall be retained in such records for not less than 5 293 years from the date the provider notifies the residents' 294 organization in writing that the report has been is filed or 295 issued. Each facility shall also maintain as public information, 296 available upon request, all annual reports statements that have 297 been filed with the office.

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(2) Every continuing care facility shall:

(a) Display the certificate of authority in a conspicuousplace inside the facility.

301 Post in a prominent position in the facility so as to (b) 302 be accessible to all residents and to the general public a 303 concise summary of the last examination report issued by the 304 office, with references to the page numbers of the full report 305 noting any deficiencies found by the office, and the actions 306 taken by the provider to rectify such deficiencies, indicating in 307 such summary where the full report may be inspected in the 308 facility.

309 (c) Post in a prominent position in the facility so as to
310 be accessible to all residents and to the general public a
311 summary of the latest annual <u>report</u> statement, indicating in the
312 summary where the full annual <u>report</u> statement may be inspected
313 in the facility. <u>Listings, with summaries, A listing</u> of any

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314 proposed changes in policies, programs, and services shall also 315 be posted <u>at least 30 days before the changes are effective</u>.

(d) Distribute a copy of the full annual <u>report</u> statement to the president or chair of the residents' council within <u>10</u> 30 days after the filing of the annual report with the office, and designate a staff person to provide explanation thereof.

320 (e) Notify the residents' council of any plans filed with the office to obtain new financing, additional financing, or 321 322 refinancing for the facility and of any applications to the office for any expansion of the facility. If the new financing, 323 324 additional financing, or refinancing will or may increase 325 residents' financial obligations or otherwise be detrimental to 326 their interests, the provider shall also deliver to the 327 residents' council, within 10 days after submitting any 328 information to the office pursuant to s. 651.019, a full and 329 accurate summary of the information submitted.

(3) Before entering into a contract to furnish continuing
care, the provider undertaking to furnish the care, or the agent
of the provider, shall make full disclosure, and provide copies
of <u>all the</u> disclosure documents to the prospective resident or
his or her legal representative, <u>including, but not limited to,</u>
<u>the then-current versions</u> of the following information:

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(a) The contract to furnish continuing care.

(b) The summary listed in paragraph (2)(b).

(c) All ownership interests, and lease agreements, and every other agreement between the provider and a person or entity related to the provider pursuant to s. 651.1151(1), including information specified in s. 651.022(2)(b)8.

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In keeping with the intent of this subsection relating 342 (d) 343 to disclosure, the provider shall make available for review, 344 master plans approved by the provider's governing board and any 345 plans for expansion or phased development, to the extent that the 346 availability of such plans will not put at risk real estate, 347 financing, acquisition, negotiations, or other implementation of 348 operational plans and thus jeopardize the success of 349 negotiations, operations, and development.

350 (e) Copies of the rules and regulations of the facility and351 an explanation of the responsibilities of the resident.

(f) The policy of the facility with respect to admission to and discharge from the various levels of health care offered by the facility.

(g) The amount and location of any reserve funds required by this chapter, and the name of the person or entity having a claim to such funds in the event of a bankruptcy, foreclosure, or rehabilitation proceeding.

359 (h) A copy of the resident's rights as described in s.360 651.083.

362 A true and complete copy of the full initial, revised, or amended 363 disclosure document to be used shall be filed with and reviewed 364 by the office prior to its use. Within 45 days after receipt of 365 the disclosure document, the office shall notify the provider in 366 writing of its acceptance of the disclosure document or notify 367 the provider in writing of its objections to the document. A 368 resident or prospective resident or his or her legal 369 representative shall be permitted to inspect the full reports 370 referred to in paragraph (2) (b); the charter or other agreement

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371 or instrument required to be filed with the office pursuant to s.
372 651.022(2), together with all amendments thereto; and the bylaws
373 of the corporation or association, if any. Upon request, copies
374 of the reports and information shall be provided to the
375 individual requesting them if the individual agrees to pay a
376 reasonable charge to cover copying costs.

377 Section 8. Subsection (1) of section 651.105, Florida
378 Statutes, is amended, subsections (2) through (4) are renumbered
379 as subsections (3) through (5), respectively, and a new
380 subsection (2) is added to that section, to read:

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651.105 Examination and inspections.--

382 (1) The office may at any time, and shall at least once 383 every 3 years, examine the business of any applicant for a 384 certificate of authority and any provider engaged in the 385 execution of care contracts or engaged in the performance of 386 obligations under such contracts, in the same manner as is 387 provided for examination of insurance companies pursuant to s. 388 624.316. Such examinations shall be made by a representative or examiner designated by the office, whose compensation will be 389 390 fixed by the office pursuant to s. 624.320. Routine examinations 391 may be made by having the necessary documents submitted to the 392 office; and, for this purpose, financial documents and records 393 conforming to generally commonly accepted accounting principles 394 and practices, as required under s. 651.026, will be deemed 395 adequate. The final written report of each such examination shall 396 be filed with the office and, when so filed, will constitute a 397 public record. Any provider being examined shall, upon request, 398 give reasonable and timely access to all of its records. The 399 representative or examiner designated by the office may at any

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400 time examine the records and affairs and inspect the physical 401 property of any provider, whether in connection with a formal 402 examination or not.

403 (2) The office shall issue and require examiners to follow 404 a comprehensive checklist to use when evaluating continuing care 405 retirement communities. The checklist shall include, but not be 406 limited to, a statement verifying that the provider has made all 407 required disclosures and that all required documents have been 408 submitted to the office.

409 Section 9. Section 651.106, Florida Statutes, is amended to 410 read:

411 651.106 Grounds for discretionary refusal, suspension, or 412 revocation of certificate of authority.--The office, in its 413 discretion, <u>after giving notice</u>, may deny, suspend, or revoke the 414 provisional certificate of authority or the certificate of 415 authority of any applicant or provider if it finds that any one 416 or more of the following grounds applicable to the applicant or 417 provider exist:

418 (1) Failure by the provider to continue to meet the419 requirements for the authority originally granted.

420 (2) Failure by the provider to meet one or more of the421 qualifications for the authority specified by this chapter.

422 (3) Material misstatement, misrepresentation, or fraud in
423 obtaining the authority, or in attempting to obtain the same.

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(4) Demonstrated lack of fitness or trustworthiness.

(5) Fraudulent or dishonest practices of management in the
conduct of business, including misrepresentation of any reason
for an increase in monthly maintenance fees.

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(6) Misappropriation, conversion, or withholding of moneys.

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429 (7) Failure to comply with, or violation of, any proper
430 order or rule of the office or commission or violation of any
431 provision of this chapter.

(8) The insolvent condition of the provider or the
provider's being in such condition or using such methods and
practices in the conduct of its business as to render its further
transactions in this state hazardous or injurious to the public.

(9) Refusal by the provider to be examined or to produce
its accounts, records, and files for examination, or refusal by
any of its officers to give information with respect to its
affairs or to perform any other legal obligation under this
chapter when required by the office.

(10) Failure by the provider to comply with therequirements of s. 651.026 or s. 651.033.

(11) Failure by the provider to maintain escrow accounts orfunds as required by this chapter.

(12) Failure by the provider to meet the requirements of
this chapter for disclosure of information to residents
concerning the facility, its ownership, <u>any agreement, including</u>
<u>a lease, between the provider or operator and a person or entity</u>
<u>related to the provider pursuant to s. 651.1151(1),</u> its
management, its development, or its financial condition or
failure to honor its continuing care contracts.

(13) Any cause for which issuance of the license could havebeen refused had it then existed and been known to the office.

(14) Having been found guilty of, or having pleaded guilty
or nolo contendere to, a felony in this state or any other state,
without regard to whether a judgment or conviction has been
entered by the court having jurisdiction of such cases.

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(15) In the conduct of business under the license, engaging
in unfair methods of competition or in unfair or deceptive acts
or practices prohibited under part IX of chapter 626.

461 462 (16) A pattern of bankrupt enterprises.

463 Revocation of a certificate of authority under this section does 464 not relieve a provider from the provider's obligation to 465 residents under the terms and conditions of any continuing care 466 contract between the provider and residents or the provisions of 467 this chapter. The provider shall continue to file its annual 468 statement and pay license fees to the office as required under 469 this chapter as if the certificate of authority had continued in 470 full force, but the provider shall not issue any new continuing care contracts. The office may seek an action in the circuit 471 472 court of Leon County to enforce the office's order and the 473 provisions of this section.

474 Section 10. Section 651.1151, Florida Statutes, is amended 475 to read:

476 651.1151 Administrative, vendor, and management 477 contracts.--

478 (1)The office shall may require a provider to submit for 479 review any contract for administrative, vendor, or management 480 services if the office has information or believes that any party 481 to a contract is and belief that a provider has entered into a 482 contract with an affiliate of the provider, an entity controlled 483 by the provider, or an entity controlled by an affiliate of the 484 provider, or is otherwise related to the provider, if that 485 relationship or the contract itself, including any renewals or 486 extensions thereof, has not been disclosed to the office and to

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487 the residents of the facility. The office shall determine whether 488 or not the contract creates or fosters a conflict of interest or 489 imposes direct or indirect payment and other obligations 490 detrimental to the facility or its residents which has not been 491 disclosed to the office or which contract requires the provider 492 to pay a fee that is unreasonably high in relation to the service 493 provided.

494 (2)If the contract has not been disclosed to the office, 495 or the residents' organization confirms to the office that the 496 contract has not been disclosed to the residents After review of 497 the contract, the office shall may order the provider to cancel 498 the contract in accordance with the terms of the contract and 499 applicable law if it determines that the fees to be paid are so 500 unreasonably high as compared with similar contracts entered into 501 by other providers in similar circumstances that the contract is 502 detrimental to the facility or its residents.

503 (3) If, after reviewing a contract, the office determines 504 that the contract does not create or foster a conflict of 505 interest or impose obligations detrimental to the facility or its residents, the office shall issue an order approving the 506 contract, stating the reasons for its action, and shall promptly 507 508 notify the facility's residents' organization of its order. 509 However, if the office determines that the contract creates or 510 fosters a conflict of interest or imposes obligations detrimental 511 to the facility or its residents, the office shall order the 512 provider to cancel the contract and promptly notify the facility's residents' organization of its order. 513

514 <u>(4)(3)</u> Any contract with an affiliate, an entity controlled 515 by the provider, or an entity controlled by an affiliate of the

20082698 516 provider for administrative, vendor, or management services 517 entered into or renewed after October 1, 1991, shall contain a 518 provision that the contract shall be canceled upon issuance of an 519 order by the office pursuant to this section. A copy of the 520 current management services contract, pursuant to this section, 521 if any, must be on file in the marketing office or other 522 accessible area to residents and the appropriate resident 523 organizations. 524 (5) (4) Any action of the office under this section, 525 including failure to act when petitioned by the residents' 526 organization or a resident of the facility, is subject to review 527 pursuant to the procedures provided in chapter 120.

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Section 11. This act shall take effect July 1, 2008.