MAINE STATE LEGISLATURE

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117th MAINE LEGISLATURE

SECOND REGULAR SESSION-1996

Legislative Document

No. 1784

H.P. 1303

House of Representatives, February 15, 1996

An Act to Amend the Home Health Laws.

Submitted by the Department of Human Services pursuant to Joint Rule 24. Reference to the Committee on Human Resources suggested and ordered printed.

OSEPH W. MAYO, Clerk

Presented by Representative WINGLASS of Auburn. Cosponsored by Representatives: ETNIER of Harpswell, JOY of Crystal, KNEELAND of Easton.

	Sec. 1. 22 MRSA §2144, sub-§4, ¶D is enacted to read:
	, , , , , , , , , , , , , , , , , , ,
	D. The department may petition the Superior Court to
	appoint a receiver to operate a home health agency in
	accordance with chapter 1666-A.
	C
0.	Sec. 2. 22 MRSA §2146, as amended by PL 1991, c. 591, Pt. J.
93	, is further amended to read:
§2	146. Fees
	Each application for a license under this chapter must be
	companied by the fee established by the department. No-suck
	e-m ay-be -refunded <u>The fee is not refundable</u> . The-d epa rtment
	all- establish -such-f ees-on-the-basis-of-a-sliding-fee -scale
	fleeting-variations-in-sime and-scope-of-operations,-but-in-no
	ent-may-the-fee-exceed-\$300The-department-shall-charge-a
	nrefundable-fee-of-\$25-for-any-change-to-a-license-requiring
	issuance - of - the -full - license - during - the - term - of - the - license
	e-change-in-status-of-a-license-to-a-provisional-or-conditional
	eense-requires-an-additional-fee-of-\$100-payable-at-the-time-en
	suance-ofsuch-license. All fees received by the department der this chapter must be paid into the State Treasury to the
	edit of the department for the purpose of reducing the costs of
	rrying out this chapter.
-	11/11/y out only only
	Sec. 3. 22 MRSA §2150-B is enacted to read:
	·
<u>§2</u>	150-B. Staff; hiring; policy
	A home health agency must develop and implement writter
	licies and procedures that prohibit abuse, neglect or
	sappropriation of client's property. Prior to hiring a
	rtified nursing assistant or home health aid, the home health
-	ency must verify with the Maine Registry of Certified Nursing
	sistants that the individual is listed on the registry. The
<u>ag</u>	ency may not employ an individual who:
	1. Court. Has been found quilty in a court of law o
ah	use, neglect or misappropriation of the property of a
	dividual, corporation or entity in a health care setting; or
	The state of the s
	2. State survey agency. Has been found by the state survey
	ency to have abused, neglected or misappropriated the property

of an individual, corporation or entity in a health care setting.

Sec. 4. 22 MRSA §7931, as enacted by PL 1983, c. 454, is

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amended to read:

§7931. Policy

It is the purpose of this chapter to develop a mechanism whereby by which the concept of receivership can be utilized for the protection of residents in long-term care facilities and clients of home health care providers. It is the intent of the Legislature that receivership shall be a remedy of last resort when all other methods of remedy have failed or when the implementation of other remedies would be futile.

Sec. 5. 22 MRSA §7932, sub-§§1-A and 3-A are enacted to read:

1-A. Client. "Client" means a person who receives services from a home health agency.

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3-A. Home health care provider. "Home health care provider" means any business entity or subdivision of a business entity, whether public or private, proprietary or nonprofit, that is engaged in providing acute, restorative, rehabilitative, maintenance, preventive or health promotion services through professional nursing or another therapeutic service, such as physical therapy, home health aids, nurse assistants, medical social work, nutritionist services or personal care services, either directly or through contractual agreement, in a client's place of residence. This term does not apply to any sole practitioner providing private duty nursing services or other restorative, rehabilitative, maintenance, preventive or health promotion services in a client's place of residence or to municipal entities providing health promotion services in a client's place of residence. This term does not apply to a federally qualified health center or a rural health clinic as defined in 42 United States Code, Section 1395x, subsection (aa) (1993) that is delivering case management services or health education in a client's place of residence. Beginning October 1, 1991 "home health care provider" includes any business entity or subdivision of a business entity, whether public or private, proprietary or nonprofit, that is engaged in providing speech pathology services.

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- Sec. 6. 22 MRSA §7933, sub-§1, as enacted by PL 1983, c. 454, is amended to read:
- 1. Grounds for appointment. The following circumstances shall-be are grounds for the appointment of a receiver to operate a long-term care facility or home health care provider.
- A. A facility <u>or home health care provider</u> intends to close but has not arranged at least 30 days prior to closure for the orderly transfer of its residents <u>or clients</u>.

	В.	An	emergency	exist	s in	a	facility	or	home	health	care
2	prov	ider	which	<u>that</u>	threa	ter	ns the	heal	th,	security	or
	welf	are	of reside	nts or	clie	ats	•				

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C. A facility or home health care provider is in substantial or habitual violation of the standards of health, safety or resident care established under state or federal regulations to the detriment of the welfare of the residents or clients.

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This remedy is in addition to, and not in lieu of, the power of the department to revoke, suspend or refuse to renew a license under the Maine Administrative Procedure Act, Title 5, chapter 375.

Sec. 7. 22 MRSA §7934, as enacted by PL 1983, c. 454, is amended to read:

§7934. Powers and duties of the receiver

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1. Powers and duties. A receiver appointed pursuant to this chapter shall-have has such powers as the court may direct to operate the facility or home health care provider and to remedy the conditions which that constituted grounds for the receivership, to protect the health, safety and welfare of the residents or clients and to preserve the assets and property of the residents or clients, the owner and the licensee. On notice and hearing, the court may issue a writ of possession in behalf of the receiver, for specified facility property.

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The receiver shall make reasonable efforts to notify residents or clients and family that the facility or home health care provider is placed in receivership. The owner and licensee shall-be are divested of possession and control of the facility or home health care provider during the period of receivership under such conditions as the court shall-specify specifies. With the court's approval, the receiver shall-have has specific authority to:

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- A. Remedy violations of federal and state regulations governing the operation of the facility or home health care provider;
- B. Hire, direct, manage and discharge any employees, including the administrator of the facility or home health care provider;
- C. Receive and expend in a reasonable and prudent manner the revenues of the facility or home health care provider

due during the 30-day period preceding the date of appointment and becoming due thereafter;

D. Continue the business of the home or home health care provider and the care of residents or clients;

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- E. Correct or eliminate any deficiency of the facility which or home health care provider that endangers the safety or health of the residents or clients, provided-that if the total cost of the correction does not exceed \$3,000. The court may order expenditures for this purpose in excess of \$3,000 on application from the receiver; and
- F. Exercise such additional powers and perform such additional duties, including regular accountings, as the court deems considers appropriate.
- 2. Revenues of the facility. Revenues of the facility shall must be handled as follows.

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The receiver shall apply the revenues of the facility or home health care provider to current operating expenses and, subject to the following provisions, to debts incurred by the licensee prior to the appointment of the receiver. The receiver shall ask the court for direction in the treatment of debts incurred prior to appointment where such debts appear extraordinary, of questionable validity, or unrelated to the normal and expected maintenance and operation of the facility or home health care provider, or where payment of interfere with the purposes of the debts will receivership. Priority shall must be given by the receiver to expenditures for current direct resident or client care. Revenues held by or owing to the receiver in connection with the operation of the facility shall-be or home health care provider are exempt from attachment and trustee process, including process served prior to the institution of receivership proceedings.

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B. The receiver may correct or eliminate any deficiency of the facility which or home health care provider that endangers the safety or health of the resident or client, previded-that if the total easts cost of the correction does not exceed \$3,000. On application by the receiver, the court may order expenditures for this purpose in excess of \$3,000. The licensee or owner may apply to the court to determine the reasonableness of any expenditure over \$3,000 by the receiver.

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C. In the event that the receiver does not have sufficient funds to cover expenses needed to prevent or remove jeopardy

to the residents or clients, the receiver may petition the court for permission to borrow for these purposes. Notice of the receiver's petition to the court for permission to borrow shall must be given to the owner, the licensee and the department. The court may, after hearing, authorize the receiver to borrow money upon specified terms of repayment and to pledge security, if necessary, if the determines that the facility or home health care provider should not be closed and that the loan is reasonably necessary to prevent or remove jeopardy or if it determines that the facility or home health care provider should be closed and that the expenditure is necessary to prevent or remove jeopardy to residents or clients for the limited period of time that they are awaiting transfer. The purpose of this provision is to protect residents or clients and to prevent the closure of facilities which or home health care providers that, under proper management, are likely to be viable operations. This section shall may not be construed as method of financing major repair or improvements to facilities which that have been allowed to deteriorate because the owner or licensee has been unable or unwilling to secure financing by conventional means.

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- 3. Avoidance of preexisting leases, mortgages and contracts. A receiver may not be required to honor any a lease, mortgage, secured transaction or other contract entered into by the owner or licensee of the facility or home health care provider if the court finds that:
- A. The person seeking payment under the agreement has an ownership interest in the facility or home health care provider or was related to the licensee ef, the facility or the home health care provider by any a significant degree of common ownership or control at the time the agreement was made; or
 - B. The rental, price or rate of interest required to be paid under the agreement is in excess of a reasonable rental, price or rate of interest.

If the receiver is in possession of real estate or goods subject to a lease, mortgage or security interest which that the receiver is permitted to avoid and if the real estate or goods are necessary for the continued operation of the facility or home health care provider, the receiver may apply to the court to set a reasonable rental, price or rate of interest to be paid by the receiver during the term of the receivership. The court shall hold a hearing on the application within 15 days, and the receiver shall send notice of the application to any known owners and mortgagees of the property at least 10 days before the

- hearing. Payment by the receiver of the amount determined by the court to be reasonable is a defense to any an action against the receiver for payment or for the possession of the subject goods or real estate by any a person who received such notice.
- Notwithstanding this subsection, there shall may not be no a foreclosure or eviction during the receivership by any person where if the foreclosure or eviction would, in view of the court, serve to defeat the purpose of the receivership.

4. Closing of the facility or home health care provider.

The receiver may not close the facility or home health care provider without leave of the court. In ruling on the issue of closure, the court shall consider:

- A. The rights and best interests of the residents or clients;
- B. The availability of suitable alternative placements;
- C. The rights, interest and obligations of the owner and licensee;
- D. The licensure status of the facility or home health care provider; and
- E. Any other factors which that the court deems considers relevant.
- When a facility or home health care provider is closed, the receiver shall provide for the orderly transfer of residents or clients to mitigate transfer trauma.
- Sec. 8. 22 MRSA §§7935 and 7937, as enacted by PL 1983, c. 454, are amended to read:

§7935. Termination of receivership

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The receivership shall-terminate terminates when the court certifies that the conditions which that prompted the appointment have been corrected or, in the case of a discontinuance of operation, when the residents or clients are safely relocated. The court shall review the necessity of the receivership at least semiannually.

A receivership shall may not be terminated in favor of the former or the new licensee, unless such that person assumes all obligations incurred by the receiver and provides collateral or other assurances of payment deemed considered sufficient by the court.

§7937. Court order to have effect of license

An order appointing a receiver under section 7933 shall-have has the effect of a license for the duration of the receivership. The receiver shall-be is responsible to the court for the conduct of the facility or home health care provider during the receivership, and any a violation of regulations governing the conduct of the facility or home health care provider, if not promptly corrected, shall must be reported by the department to the court.

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STATEMENT OF FACT

This bill allows the Department of Human Services to establish a receivership situation for a home health care provider similar to that which is already used for other providers, such as nursing homes. A receivership allows the department to take action against a provider who has committed a serious violation, while still allowing the service to continue to be provided to the clients of the home health care provider. This bill also requires certified nursing assistants working for a home health care provider to be listed on the certified nursing assistant's registry in order to protect the public.