MAINE STATE LEGISLATURE

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118th MAINE LEGISLATURE

SECOND REGULAR SESSION-1998

Legislative Document

No. 2032

S.P. 754

In Senate, January 15, 1998

An Act to Permit the Department of Mental Health, Mental Retardation and Substance Abuse Services to Exercise Emergency Receivership Authority for Protection of Individuals Receiving Services.

Submitted by the Department of Mental Health, Mental Retardation and Substance Abuse Services pursuant to Joint Rule 204.

Reference to the Committee on Health and Human Services suggested and ordered printed.

JOY J. O'BRIEN Secretary of the Senate

Presented by Senator MITCHELL of Penobscot. Cosponsored by Representative FISHER of Brewer and Senator PARADIS of Aroostook, Representatives: BRAGDON of Bangor, BROOKS of Winterport, JOYNER of Hollis, KANE of Saco, SNOWE-MELLO of Poland.

	Be it enacted by the People of the State of Maine as follows:								
2:	Sec. 1. 34-B MRSA c. 13 is enacted to read:								
4	Challed 1.3								
6	CHAPTER 13								
U	APPOINTMENT OF RECEIVERS								
8	WELOTHIENT OF WECDIADED								
O	\$13001. Definitions								
10	313001. Delinicions								
10	As used in this chapter, unless the context otherwise								
12	indicates, the following terms have the following meanings.								
14	1. Client. "Client" means a person who receives services								
~ *	from a home health care provider.								
16	210.11 0 110.110 11002.01 002.0 9207.2002.								
	2. Emergency. "Emergency" means a situation, physical								
18	condition, financial condition or one or more practices, methods								
	or operations that present imminent danger of death or serious								
20	physical or mental harm to individuals served or funded by the								
	department, including, but not limited to, imminent or actual								
22	abandonment of an occupied facility or program.								
24	3. Facility. "Facility" means any residential facility								
	funded in whole or in part by the department.								
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	4. Habitual violation. "Habitual violation" means a								
28	violation of state or federal law that, due to its repetition,								
	presents a reasonable likelihood of serious physical or mental								
30	harm to residents.								
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32	5. Home health care provider. "Home health care provider"								
0.4	means any business entity or subdivision of a business entity,								
34	whether public or private, proprietary or nonprofit, that is								
2.6	engaged in providing acute, restorative, rehabilitative,								
36	maintenance, preventive or health promotion services through								
2.0	professional nursing or another therapeutic service, such								
38	services or personal care services, either directly or through								
40	contractual agreement, in a client's place of residence. This								
40	term does not apply to any sole practitioner providing private								
42	duty nursing service or other restorative, rehabilitative,								
44	maintenance, preventive or health promotion services in a client's place of residence or to municipal entities providing								
44	health promotion services in a client's place of residence. This								
11	term does not apply to a federally qualified health center or a								
46	rural health clinic as defined in 42 United States Code, Section								
≭ ∪	1395x, subsection (aa) (1993) that is delivering case management								
48	services or health education in a client's place of residence.								
10	"Home health care provider" also includes any business entity or								
50	subdivision of a business entity, whether public or private,								

	proprietary or nonprofit, that is engaged in providing speech
2	pathology services.
4	6. Licensee. "Licensee" means any person or any other legal
	entity, other than a receiver appointed under section 13002, who
6	is licensed or required to be licensed to operate a facility or
U	
0	home health care provider.
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	7. Owner. "Owner" means the holder of the title to the real
0	estate in which the facility is maintained.
2	8. Program. "Program" means an agency-operated formal
	program designed to meet the habilitative, vocational or
4	therapeutic needs of an individual served or funded by the
	department as prescribed by the individual's service plan.
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,	9. Resident. "Resident" means any person who lives in and
3	receives services or care in a long-term care facility.
	receives services or care in a long-term care ractificy.
	10. Substantial violation. "Substantial violation" means a
	violation of state or federal law that presents a reasonable
	likelihood of serious physical or mental harm to residents.
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	11. Transfer trauma. "Transfer trauma" means the
	combination of medical and psychological reactions to abrupt
	physical transfer that may increase the risk of grave illness or
	death.
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•	\$13002. Appointment of receiver
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	1. Grounds for appointment. The following circumstances are
	grounds for the appointment of a receiver to operate a long-term
	care facility or home health care provider.
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	A. A facility or home health care provider intends to close
	but has not arranged at least 30 days prior to closure for
	the orderly transfer of its residents or clients.
	B. An emergency exists in a facility or home health care
	provider that threatens the health, security or welfare of
	residents or clients.
	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
	rules 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 Title 5, chapter 375.

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2. Who may bring action. The commissioner or acting commissioner may bring an action in Superior Court requesting the appointment of a receiver.

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- 3. Procedure for hearing. The procedure for a hearing is as follows.
- A. The court shall hold a hearing not later than 10 days 12 after the action is filed, unless all parties agree to a later date. Notice of the hearing must be served on both 14 the owner and the licensee not less than 5 days before the hearing. If either the owner or the licensee can not be 16 served, the court shall specify the alternative notice to be provided. The department shall post notice, in a form 18 approved by the court, in a conspicuous place in the facility or home health care provider, for not less than 3 20 days before the hearing. After the hearing, the court may appoint a receiver if it finds that any one of the grounds 22 for appointment set forth is satisfied.

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B. A receiver may be appointed with or without notice to the owner or licensee if it appears by verified complaint or affidavit that an emergency exists in the facility or home health care provider that must be remedied immediately to ensure the health, safety and welfare of the clients or residents. The appointment of a receiver without notice to the owner or licensee may be made only if the court is satisfied that the petitioner has made a diligent attempt to provide reasonable notice under the circumstances. Upon appointment of a receiver, the department shall proceed to make service as provided in paragraph A, and a hearing must be held within 10 days, unless all parties agree to a later date. If the department does not proceed with the petition, the court shall dissolve the receivership. On 2 days' notice to the receiver, all parties and the department, or on such shorter notice as the court may prescribe, the owner or licensee may appear and move the dissolution or modification of an order appointing a receiver that has been entered without notice, and in that event the court shall proceed to hear and determine the motion as expeditiously as possible.

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4. Who may be appointed receiver. The court may appoint any person considered appropriate by the court to act as receiver.

5. Compensation of receiver. The court shall set a reasonable compensation for the receiver and may require the 2. receiver to furnish a bond with any surety the court requires. Any expenditures are paid from the revenues of the facility or 4 home health care provider. 6 \$13003. Powers and duties of receiver 8 1. Powers and duties. A receiver appointed pursuant to this chapter has such powers as the court may direct to operate the 10 facility or home health care provider and to remedy the 12 conditions 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 14 or clients, the owner and the licensee. On notice and hearing, the court may issue a writ of possession in behalf of the 16 receiver, for specified facility or home health care provider 1.8 property. The receiver shall make reasonable efforts to notify residents or clients and family that the facility or home health 20 care provider is placed in receivership. The owner and licensee are divested of possession and control of the facility or home health care provider during the period of receivership under 22 conditions as the court specifies. With the court's approval, the receiver has specific authority to: 24 26 A. Remedy violations of state rules and federal regulations governing the operation of the facility or home health care 28 provider; 30 B. Hire, direct, manage and discharge any employees, including the administrator of the facility or home health 32 care provider: C. Receive and expend in a reasonable and prudent manner 34 the revenues of the facility or home health care provider 36 due during the 30-day period preceding the date of appointment and becoming due after the appointment; 3.8 Continue the business of the facility or home health 40 care provider and the care of residents or clients; 42 E. Correct or eliminate any deficiency of the facility or home health care provider that endangers the safety or 44 health of the residents or clients, if the total cost of the

application from the receiver; and

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correction does not exceed \$3,000. The court may order expenditures for this purpose in excess of \$3,000 on

F. Exercise additional powers and perform additional duties, including regular accountings, the court considers appropriate.

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2. Revenues of facility or home health care provider. Revenues of the facility or home health care provider must be handled as follows.

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- A. 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 when those debts appear extraordinary, of questionable validity, unrelated to the normal and expected maintenance and operation of the facility or home health care provider or when payment of the debts will interfere with the purposes of the receivership. Priority 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 or home health care provider are exempt from attachment and trustee process, including process served prior to the institution of receivership proceedings.
- B. The receiver may correct or eliminate any deficiency of the facility or home health care provider that endangers the safety or health of the residents or clients, if the total 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.
- 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 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 court 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 2 of this provision is to protect residents or clients and to prevent the closure of facilities or home health care providers that, under proper management, are likely to be 4 viable operations. This section may not be construed as a 6 method of financing major repair or capital improvements to facilities that have been allowed to deteriorate because the 8 owner or licensee has been unable or unwilling to secure financing by conventional means. 3. Avoidance of preexisting leases, mortgages and 12 contracts. A receiver may not be required to honor a lease, mortgage, secured transaction or other contract entered into by 14

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the owner or licensee of the facility or home health care provider if the court finds that:

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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, the facility or the home health care provider by a significant degree of common ownership or control at the time the agreement was made; or

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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.

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If the receiver is in possession of real estate or goods subject to a lease, mortgage or security interest 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 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 an action against the receiver for payment or for the possession of the subject goods or real estate by a person who received that notice.

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Notwithstanding this subsection, there may not be a foreclosure or eviction during the receivership by any person if the foreclosure or eviction would, in the view of the court, serve to defeat the purpose of the receivership.

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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:

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§13007. Rule-making authority to implement receivership law

The department may adopt rules as necessary to implement this chapter. Rules adopted pursuant to this chapter are routine technical rules as defined in Title 5, chapter 375, subchapter II-A.

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SUMMARY

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This bill establishes a mechanism similar to what exists for the Department of Human Services that would enable the Department of Mental Health, Mental Retardation and Substance Abuse Services to apply to Superior Court for appointment as a receiver. The bill specifies the grounds for appointment as well as the conditions governing the exercise of the authority of the receiver. The receivership remedy should be one of the last resort, used when all reasonable alternatives have failed or would be futile in the department's judgment.