Title 24-A, Chapter 73 Continuing Care Retirement Communities
§6206 Required provisions of a continuing care agreement Checklist

Applicant:

	REQUIREMENT	STATUS	REFERENCE
1.	**General provisions.** In addition to such other provisions as may be prescribed by rules promulgated under this chapter, each continuing care agreement executed between a subscriber and provider shall:		
A.	State the name and business address of the provider;		
B.	State the name and address of the facility;		
C.	Show the total; consideration paid by the subscriber for continuing care, including the value of all property transferred, donations, entrance fees, subscriptions, maintenance fees and any other fees paid or payable by or on behalf of a subscriber;		
D.	Specify all health care or supportive services which are to be provided by the provider or by a 3rd party to each subscriber, including in detail all items which each subscriber will receive and whether the items will be provided for a designated time period or for life;		
E.	State whether the provider requires the subscriber to purchase or maintain supplemental insurance;		
F.	Provide in clear and understandable language, in print no smaller than the largest type used in the body of the agreement, the terms governing the refund of any portion of the entrance fee in the event of rescission or termination of the agreement by the provider or by the subscriber;		
G.	State the terms under which an agreement is canceled by the death of the subscriber;		
H.	Provide in clear and understandable language in print no smaller than the largest type used in the agreement whether or not periodic fees, if charged, will be subject to periodic increases;		
I.	State the extent of funeral and burial services which will be provided by the provider;		
J.	Provide a description of the unit which the subscriber will occupy;		
K.	State the conditions, if any, under which a unit may be assigned to use of another by the subscriber;		
L.	State the subscriber's and provider's respective rights and obligations as to the use of the facility and as to real and personal property of the subscriber placed in the custody of the provider;		
M.	State that the subscribers shall have the right to organize and operate a subscriber organization at the facility and to meet privately to conduct business;		
N.	State what, if any, fee adjustments will be made if the subscriber is voluntarily absent from the facility for an extended period of time;		
O.	Contain in capital letters in print no smaller than the largest type used in the agreement and underlined: "A preliminary or final certificate of authority is not an endorsement or guarantee of this facility by the State of Maine. The Superintendent of Insurance urges you to consult with an attorney and a suitable financial advisor before signing any documents.";		
P.	State that the subscriber will annually receive a financial and organizational disclosure statement; and		
Q.	Provide that the provider shall make available to the subscriber, upon request, any certified financial statement transmitted to the superintendent.		

Title 24-A, Chapter 73 Continuing Care Retirement Communities
§6206 Required provisions of a continuing care agreement Checklist

Applicant:

REQUIREMENT	STATUS	REFERENCE
2. **Additional specific provisions.** Each continuing care agreement shall contain the following provisions:		
A. A description of the procedures to be followed by the provider when the provider temporarily or permanently changes the subscriber's accommodation within the facility, transfers the subscriber pursuant to section 6228 or transfers the subscriber to another health facility. A subscriber's accommodations may be changed only for the protection of the health or safety of the subscriber or the general welfare of the residents;		
B. A description of the policies that will be implemented if the subscriber becomes unable to meet the fees;		
C. A policy statement of the provider with regard to changes in accommodations and the procedure to be followed to implement that policy in the event of an increase or decrease in the number of persons occupying an individual unit, including a reasonable grievance procedure and a description of the circumstances whereby the provider may cancel the agreement prior to occupancy;		
D. Specifications of the circumstances, if any, under which the subscriber will be required to apply for Medicare, Social Security or any other state or federal insurance or pension benefits; and		
E. A statement of the rights of residents of continuing care retirement communities granted by section 6227.		
3. **Filing and approval.** Continuing care agreements must be submitted in duplicate to the superintendent, who shall immediately forward one copy to the department. The department shall review the continuing care agreement for compliance with the requirements of subsection 2. The superintendent shall review the continuing care agreement for compliance with the requirements of subsection 1. No contract, or amendment to a contract, may be issued or delivered to any person in this State until a copy of the contract, or amendment to the contract, has been filed with and approved by the superintendent. A contract shall contain no provisions or statements which are untrue, unjust, unfair, inequitable, misleading, deceptive or which encourage misrepresentation. The contract, or amendment to the contract, shall be deemed approved by the superintendent 30 days following the date filed with the superintendent unless, prior to that date, it has been affirmatively approved or disapproved by the superintendent or unless the superintendent has not issued a final certificate of authority. The superintendent may not extend the period upon which he may affirmatively approve or disapprove any contract or amendment more than an additional 30 days.		