

(5) A statement of the obligations of the provider and the subscriber or the subscriber's agent as to handling the finances of the subscriber;

(6) A statement of the obligations of the provider and the subscriber or the subscriber's agent as to disposition of the subscriber's property upon discharge or death of the subscriber; and

(7) The applicable rate structure and payment provisions covering:

(i) All rates to be charged to the subscriber, including:

1. Service packages;
2. Fee-for-service rates; and
3. Any other nonservice-related charges;

(ii) Criteria to be used for imposing additional charges for the provision of additional services, if the subscriber's service and care needs change;

(iii) Payment arrangements and fees, if known, for third-party services not covered by the continuing care agreement, but arranged for by either the subscriber, the subscriber's agent, or the assisted living program;

(iv) Identification of the persons responsible for payment of all fees and charges and a clear indication of whether the person's responsibility is or is not limited to the extent of the subscriber's funds;

(v) A provision for at least 45 days' notice of any rate increase, except if necessitated by a change in the subscriber's medical condition; and

(vi) Fair and reasonable billing and payment policies.

(e) (1) If a provider's feasibility study has been approved under § 10 of this subheading, the Department shall decide whether to approve a continuing care agreement within 180 days of receipt of a complete agreement.

(2) If the Department takes no action within 180 days, the agreement is deemed approved.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2004.

Approved May 11, 2004.

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