9.2.24 NMAC – The Administration of the Continuing Care Act

Aging and Long-Term Services Department

Public Hearing Date: Thursday, May 19, 2022 from 9:00 a.m. to 12:00 p.m.

Hearing to be held via Zoom:

https://altsd.zoom.us/j/85026024411

EXHIBIT LIST

1.	9.2.24 NMAC – Proposed Repeal and Replacement
2.	ALTSD Request to Name Part 24 of Title 9, Chapter 2, "The Administration
	of the Continuing Care Act"
3.	SRCA Approval of ALTSD Request for New Part Name
4.	SRCA Pre-Approval of Repeal
5.	Hearing Officer Appointment Letter Dated 3.28.22
6.	Hearing Officer Encumbrance Letter Dated 3.28.22
7.	ALTSD Notice of Rulemaking and Public Hearing Published in NM Register
	and Posted on NM Sunshine Portal
8.	ALTSD Billing Information Sheet
9.	ALTSD Purchase Order for Publication in NM Register
10.	NM Commission of Public Records Invoice and Affidavit of Publication in
	NM Register
11.	ALTSD Purchase Order for Publication in Albuquerque Journal
12.	Albuquerque Journal Ad Proof/Order Confirmation
13.	Albuquerque Journal Publication
14.	NM Press Association Publication

15.	Screenshots of Notices
16.	Email Notice Sent to Stakeholders
17.	Zoom Hearing Attendance List
18.	Public Comments

TITLE 9 HUMAN RIGHTS

CHAPTER 2 AGE

PART 24 THE ADMINISTRATION OF THE CONTINUING CARE ACT

9.2.24.1 ISSUING AGENCY: Aging and Long-Term Services Department. [9.2.24.1 NMAC - Rp, 9.2.24.1 NMAC, 07/01/2022]

9.2.24.2 SCOPE: This rule applies to for-profit and nonprofit continuing care communities, and the general public.

[9.2.24.2 NMAC - Rp, 9.2.24.2 NMAC, 07/01/2022]

- **9.2.24.3 STATUTORY AUTHORITY:** This rule is adopted by authority of the secretary pursuant to Subsection E of Section 9-23-6 NMSA 1978, by authority of the Continuing Care Act, Sections 24-17-1 through 24-17-18 NMSA 1978, and by authority of the department pursuant to Subsection B of Section 28-4-6 NMSA 1978. [9.2.24.3 NMAC Rp, 9.2.24.3 NMAC, 07/01/2022]
- **9.2.24.4 DURATION:** Permanent.

[9.2.24.4 NMAC - Rp, 9.2.24.4 NMAC, 07/01/2022]

9.2.24.5 EFFECTIVE DATE: July 1, 2022, unless a later date is cited in the history note at the end of a section.

[9.2.24.5 NMAC - Rp, 9.2.24.5 NMAC, 07/01/2022]

9.2.24.6 OBJECTIVE: This rule is promulgated for the purpose of administering certain provisions of the Continuing Care Act, Sections 24-17-1 through 24-17-18 NMSA 1978, and for establishing the terms and conditions under which continuing care communities may increase the rates and fees they charge residents pursuant to Paragraph (11) of Subsection B of Section 24-17-5 NMSA 1978.

[9.2.24.6 NMAC - Rp, 9.2.24.6 NMAC, 07/01/2022]

- **9.2.24.7 DEFINITIONS:** The following terms are used in this rule:
- **A.** "affiliate" means a person (which is defined by the Continuing Care Act as an individual, corporation, partnership, trust, association or other legal entity) having a five percent or greater interest in a provider;
 - **B.** "ALTSD" means the aging and long-term services department;
- **C.** "community" means a retirement home, retirement community, home for the aged or other place that undertakes to provide continuing care, such as a life plan community;
- **D.** "continuing care" means furnishing, pursuant to a contract that requires entrance or advance fees and service or periodic fees, independent-living and health or health-related services. Entrance or advanced fees do not include security or damage deposit fees that amount to less than three months' service or periodic fees. These services may be provided in the community, in the resident's independent living unit or in another setting, designated by the continuing care contract, to an individual not related by consanguinity or affinity to the provider furnishing the care. The services include, at a minimum, priority access to a nursing facility or hospital either on site or at a site designated by the continuing care contract;
- **E.** "cost of care" means the direct cost of providing medical care or health-related supportive services to residents;
- **F.** "cost of operating the continuing care community" means the indirect cost of providing care to residents; it includes administrative costs, depreciation expenses, recurring and nonrecurring costs, ordinary and extraordinary costs, capital improvement and replacement costs, and all other costs associated with running a continuing care community, other than cost of care;
- **G.** "economic necessity" means insolvency or circumstances where funds are lacking to maintain a reasonable level of service and care for residents, including the inability to meet loan or bond requirements, or having insufficient funds to comply with master trust indenture or a future service obligation, where, under GAAP accounting, the expenses are greater than future revenue;
 - **H.** "expenses" mean cost of care plus cost of operating the continuing care community;
- **I.** "fees" or "assessments" mean entrance fees, deposits, monthly service fees and any other sum of money which a resident must pay to a provider;

- J. "GAAP" means generally accepted accounting principles; it refers to a set of widely accepted accounting standards, set by the financial accounting standards board, and used to standardize financial accounting of public companies;
- **K.** "gift income" means income from any gift or grant, or portion thereof, that is used to pay for or offset an expense;
- **L.** "income" means all income received by a continuing care community during a reporting period; income includes operating income, investment income, gift income, and all other forms of income;
- **M.** "investment income" means income received by a continuing care community on investments. Investment income does not include income on resident trust accounts;
- N. "liquid reserves" means cash or other assets that are available within 60 days to satisfy a community's expenses and that do not include real property or interests in real property;
 - **O.** "net income" means income minus expenses;
- **P.** "net operating expenses" means the total costs of operating a community, including taxes and insurance but not including amortization, depreciation or long-term debt service;
 - **Q.** "person" means an individual, corporation, partnership, trust, association or other legal entity;
- **R.** "policy" is a deliberate system of guidelines to guide decisions and achieve rational outcomes. It is a statement of intent and is implemented as a procedure or protocol;
- **S. "provider"** means the owner or manager of a community that provides, or offers to provide, continuing care:
- T. "reserves" means capital set aside for future expenses and includes liquid reserves and other reserves;
- U. "resident" means an actual or prospective purchaser of, nominee of or subscriber to a continuing care contract;
- **V.** "return on investment" for a for-profit corporation means net income divided by the sum of common stock equity, preferred stock equity and long-term debt; for any other form of business enterprise, it means a ratio that is statistically equivalent to the return on investment for a for-profit corporation;
- W. "type A agreement" means, as defined in Subsection K of Section 24-17-3 NMSA 1978, an extensive entrance-fee contract that includes housing, residential services, amenities and unlimited specific health-related services with little or no substantial increase in monthly payments, except to cover normal operating costs and inflation adjustments; and
- X. "type B agreement" means, as defined in Subsection L of Section 24-17-3 NMSA 1978, a modified entrance-fee contract that includes housing, residential services, amenities and a specific amount of health care with no substantial increase in monthly payments, except to cover normal operating costs and inflation adjustments. After the specified amount of health care is used, persons served pay either a discounted rate or the full per diem rates for required health care services.

[9.2.24.7 NMAC - Rp, 9.2.24.7 NMAC, 07/01/2022]

9.2.24.8 RATE AND FEE INCREASES:

NMAC;

- **A.** A continuing care contract shall state, in clear and understandable language, when rates and fees will be subject to periodic increases and what the policy for increases will be. The contract shall include the policy for increases and shall clearly indicate which of the four factors referenced in Subsection C of 9.2.24.8 NMAC it will utilize for rate and fee increases.
- **B.** A continuing care community shall give residents at least 30 days advance written notice of any rate or fee increase.
- **C.** A continuing care community shall base rate and fee increases on one or more of the following four factors referenced in its contract and policy, and no others:
 - (1) economic necessity as defined in Subsection G of 9.2.24.7 NMAC;
 - (2) the reasonable cost of operating the continuing care community as referenced in 9.2.24.9
 - (3) the cost of care as referenced in 9.2.24.10 NMAC; and
 - (4) a reasonable return on investment as referenced in 9.2.24.12 NMAC.
- **D.** Any publicly available documentation used by a continuing care community to support a rate or fee increase shall conform to applicable GAAP standards and shall be included in the notice provided to residents referenced in Subsection B of 9.2.24.8 NMAC. Any non-public documentation shall be aggregated into summarized budgets or pro forma financials.

E. A continuing care community may contractually base rate and fee increases on published federal economic data used for the purpose of cost of living and inflation adjustments provided that such increases do not exceed what would otherwise be allowable under this rule.

[9.2.24.8 NMAC - Rp, 9.2.24.8 NMAC, 07/01/2022]

9.2.24.9 COST OF OPERATING THE CONTINUING CARE COMMUNITY:

- **A.** A continuing care community shall identify with reasonable specificity all costs of operating the continuing care community, including any fees paid to affiliated persons or entities.
- **B.** Any unreasonable cost of operating the continuing care community shall be charged against the common stock equity of a for-profit corporation, or against a comparable measure of the assets less liabilities for any other type of business enterprise.

[9.2.24.9 NMAC - Rp, 9.2.24.9 NMAC, 07/01/2022]

9.2.24.10 COST OF CARE INCREASES:

- A. Rate and fee increases based on cost of care increases for providing medical care or health-related supportive services to an individual resident shall be governed by any applicable terms of the continuing care contract. If there are no applicable terms, such rate and fee increases shall be considered general cost of care increases.
- **B.** General cost of care increases shall be treated as an expense item by a continuing care community. [9.2.24.10 NMAC Rp, 9.2.24.10 NMAC, 07/01/2022]

9.2.24.11 HISTORICAL AND CURRENT DATA:

- **A.** A continuing care community shall base rate or fee increases on four years of historical data plus current fiscal year projections. However, the community may consider a deviation from historical data when exigent circumstances exist making the historical data inapplicable to the circumstances surrounding the need for the present increase.
- **B.** A continuing care community that has been in operation for less than four years shall base rate or fee increases on historical data for the entire period it has been in operation plus current fiscal year projections.
- C. A continuing care community shall make available to residents copies of any publicly available data used to support a rate or fee increase. Non-public data will be aggregated when permissible. The data shall be made available at the time the continuing care community gives notice of a rate or fee increase, and it shall be made available at no cost to the residents.

[9.2.24.11 NMAC - Rp, 9.2.24.12 NMAC, 07/01/2022]

9.2.24.12 REASONABLE RETURN ON INVESTMENT AS IT PERTAINS TO RATE AND FEE INCREASES:

- **A.** A reasonable return on investment shall be determined by comparing the continuing care community's historical and current return on investment data to secondary market interest rate data published by the federal reserve board for 90-day United States treasury bills.
- **B.** A return on investment consistently greater than six percentage points higher than the annual average secondary market interest rate on 90-day United States treasury bills shall be presumed to be unreasonable. The presumption is rebuttable.

[9.2.24.12 NMAC - Rp, 9.2.24.13 NMAC, 07/01/2022]

9.2.24.13 ACCOUNTING DATA FOR RATE AND FEE INCREASES SHALL BE SPECIFIC TO THE CONTINUING CARE COMMUNITY: A continuing care community shall base rate or fee increases on accounting data that is specific to the community. A continuing care community shall not base rate or fee increases on companywide data, statewide data, nationwide data, or any other accounting data that is not community specific. [9.2.24.13 NMAC - Rp, 9.2.24.14 NMAC, 07/01/2022]

9.2.24.14 EXISTING CONTRACTUAL PROVISIONS NOT ABROGATED: This rule shall not abrogate any provision relating to rate and fee increases in a continuing care contract that is entered into prior to the effective date of this rule.

[9.2.24.14 NMAC - Rp, 9.2.24.15 NMAC, 07/01/2022]

9.2.24.15 FINANCIAL RESERVES

A. Liquid Reserves:

- (1) A community must maintain liquid reserves and the provider must disclose this information to ALTSD, and actual and prospective residents in its annual disclosure statement.
- (2) The liquid reserves shall be sufficient to assure payment of debt obligations and an ongoing ability to provide services to residents.
- (3) A community that provides a type A agreement shall, at all times, maintain liquid reserves equal to the principal and interest payments due for a twelve-month period on all accounts of any mortgage loan and other long-term debt, as well as three months' worth of net operating expenses.

B. Other Reserves:

- (1) Deposits or entrance fees paid by or for a resident constitute reserves which shall be held in trust for the benefit of the resident in a federally insured New Mexico bank, separate from the community's operating accounts, until
 - (a) the resident has occupied the resident's unit; or
 - (b) the resident's contract cancellation period has ended, whichever occurs later.
- (2) A community that provides type B agreements shall calculate required reserves on a prorated basis for residents who fall under type B agreements.

C. Certification of Compliance Regarding Financial Reserves:

- (1) A provider shall make available to the certified public accountant who is responsible for the community's annual audited financial statement and audit report, a copy of this rule and a copy of the Continuing Care Act, specifically the requirements for financial reserves referenced in Section 24-17-6 NMSA 1978.
- (2) The certified public accountant shall certify whether, based upon the audit, the community meets the financial reserve requirements delineated in this rule and in the Continuing Care Act. If the certified public accountant finds that the community does not meet the financial reserve requirements delineated in this rule and in the Continuing Care Act, then the certified public accountant shall state the reason(s) for the community's deficiencies.

D. Corrective Action Plan:

If the certified public accountant is unable to attest that the community meets the financial reserve requirements delineated in this rule and in the Continuing Care Act, then the provider shall submit a proposed Corrective Action Plan to ALTSD.

[9.2.24.15 NMAC - N, 07/01/2022]

9.2.24.16 DISCLOSURE STATEMENT AND PROVIDER CERTIFICATION:

A. Annual Disclosure Statement to ALTSD:

- (1) No later than July 1, 2022, and each year thereafter, within 180 days after the end of a community's fiscal year, a provider shall submit a disclosure statement, any amendments to that statement, and any proposed corrective action plan to ALTSD. The annual disclosure statement shall include, at a minimum, all information delineated in Subsection B of Section 24-17-4 NMSA 1978. Submittal is completed electronically to ALTSD by emailing ALTSD.CCRC@state.nm.us.
- (2) Pursuant to Paragraph (13) of Subsection B of Section 24-17-4 NMSA 1978, the disclosure statement shall include a sample copy of the contract used by the provider. The sample contract shall include all the minimum requirements of a continuing care contract as prescribed by Subsection B of Section 24-17-5 NMSA 1978.

B. Provider Certification of Compliance with the Continuing Care Act

- (1) Pursuant to Section 24-17-17 NMSA 1978, in conjunction with its submission of the Annual Disclosure Statement, the provider shall certify to ALTSD:
- (a) that the disclosure was provided to each actual resident or the residents' association within 180 days after the end of the community's fiscal year;
- (b) that the disclosure statement was provided to each prospective resident at least seven days before the provider entered into a continuing care contract with the prospective resident, or prior to the prospective resident's first payment, whichever occurred first;
- (c) that the disclosure includes all the information delineated in Subsection B of Section 24-17-4 NMSA 1978;
 - (d) whether it is a community that provides type A or type B agreements;

- (e) that it adopted and follows a written policy establishing the procedure and criteria that are applicable when deciding to transfer residents from one level of care to another as required by Section 24-17-12 NMSA 1978; and
- (f) that it has taken appropriate steps to encourage and facilitate the establishment of a resident association in each facility, and that the provider complies with all of the requirements of Section 24-17-13 NMSA 1978.
 - (2) The provider shall further certify whether in the past five years:
 - (a) it has been issued a notice of violation by ALTSD, pursuant to Section 24-17-16

NMSA 1978;

- **(b)** the attorney general filed an action against the provider in a court of competent jurisdiction pursuant to Section 24-17-18 NMSA 1978;
- (c) the attorney general has brought a legal action in district court against the provider in order to restrain or prevent violations of the Continuing Care Act or these regulations pursuant to Section 24-17-10 NMSA 1978; and
- (d) if the attorney general has filed an action against the provider pursuant to Subparagraph (b) or (c) of Paragraph (2) of Subsection B of 9.2.24.16 NMAC. If a legal action was filed then the provider shall indicate the status of that matter, as well as whether any civil penalties or injunctive relief were imposed upon the provider. Specifically, if civil penalties or injunctive relief were imposed then the provider shall indicate the amount of the penalty, or the nature of the temporary or permanent injunctive relief. However, no confidential information that is subject to a settlement agreement with the attorney general shall be disclosed. [9.2.24.16 NMAC N, 07/01/2022]

9.2.24.17 ACTUARIAL STUDIES

- A. Continuing care communities that provide type A or type B agreements shall include in their annual disclosure to ALTSD, as well as to actual and prospective residents, a summary of a comprehensive actuarial analysis within the last five years and an annual future-service obligation calculation by an actuary who is a member of the American academy of actuaries and who is experienced in analyzing continuing care communities.
- **B.** The provider shall include with the actuarial analysis and annual future-service obligation calculation, as required by Subsection A of 9.2.24.17 NMAC and the Continuing Care Act, a certification signed by the actuary that they are a member of the American academy of actuaries and that they are experienced in analyzing continuing care communities.
- C. A provider shall make available to the actuary, who is responsible for the comprehensive actuarial analysis and future service obligation, a copy of this rule and a copy of the Continuing Care Act, specifically Paragraph (11) of Subsection B of Section 24-17-4 NMSA 1978.

 [9.2.24.17 NMAC N, 07/01/2022]

9.2.24.18 NOTICE OF VIOLATIONS

- A. ALTSD shall review disclosure statements and corrective action plans filed pursuant to the Continuing Care Act for compliance with the Act and with these rules. After its initial review, if ALTSD has any questions regarding the submissions, then it may contact the provider to gather clarification and informally discuss its questions.
- **B.** If ALTSD determines that a person or an organization has engaged in, or is about to engage in, an act or practice constituting a violation of the Continuing Care Act or any rule adopted pursuant to the Act, then ALTSD shall issue a notice of violation in writing to that person or organization and send copies to the resident association of any facility affected by the notice.
 - **C.** The notice of violation shall state the following:
 - (1) a description of the violation at issue:
- (2) the action that, in the judgment of ALTSD, the provider should take to conform to the law or the assurances that ALTSD requires to establish that no violation is about to occur;
- (3) the compliance date by which the provider shall correct any violation or submit assurances;
 - (4) the requirements for filing a report of compliance; and
- (5) the applicable sanctions for failure to correct the violation or failure to file the report of compliance according to the terms of the notice of violation.
- **D.** At any time after receipt of a notice of violation, the person or organization to which the notice is addressed, or ALTSD, may request a conference. ALTSD shall schedule a conference within 30 days of ALTSD's

receipt of a request for a conference. Requests for a conference may be submitted to ALTSD via email at ALTSD.CCRC@state.nm.us.

- **E.** The purpose of the conference is to discuss the contents of the notice of violation and to assist the provider in complying with the requirements of the Continuing Care Act. In certain situations, if both the provider and ALTSD concur, then ALTSD may request that the provider undergo special audit procedures by a certified public accountant to help resolve the alleged violation. A representative of the resident association at any facility affected by the notice shall have a right to attend the conference.
- **F.** A person receiving a notice of violation shall submit a signed report of compliance as provided by the notice. ALTSD shall send a copy to the resident association of any facility affected by the notice.
- **G.** Upon receipt of the report of compliance, ALTSD may take steps to determine that compliance has been achieved.
- **H.** Any time after ALTSD issues a notice of violation, it may send the attorney general a written report alleging a possible violation of the Continuing Care Act or any rule adopted pursuant to the Act. [9.2.24.18 NMAC N, 07/01/2022]

History of 9.2.24 NMAC: [RESERVED]

History of Repealed Material:

9.2.24 NMAC, Rate and Fee Increases by Continuing Care Communities (filed 01/31/2006) Repealed effective 07/01/2022.

Other: 9.2.24 NMAC, Rate and Fee Increases by Continuing Care Communities (filed 01/31/2006) Replaced by 9.2.24 NMAC, The Administration of the Continuing Care Act, effective 07/01/2022.



Michelle Lujan Grisham, Governor Katrina Hotrum-Lopez, Cabinet Secretary

March 31, 2022

Pamela Lujan, Management Analyst New Mexico State Records Center and Archives 1205 Camino Carlos Rey Santa Fe, NM 87507

Dear Ms. Lujan:

The Aging and Long-Term Services Department proposes to repeal and replace 9.2.24 NMAC. In doing so, the Department respectfully requests that Part 24 of Title 9, Chapter 2, be named THE ADMINISTRATION OF THE CONTINUING CARE ACT.

New:

TITLE 9 HUMAN RIGHTS

CHAPTER 2 AGE

Katrina Hotrum-Lopez, ALTSD Secretary

PART 24 THE ADMINISTRATION OF THE CONTINUING CARE ACT

Sincerely,

Cc: Carmen Bliss, Long-Term Care Ombudsman

Michal Hayes, Deputy General Counsel Jennifer Scott, Assistant General Counsel 04/01/2022

Date



COMMISSION OF PUBLIC RECORDS

Your Access to Public Information

April 4, 2022

Katrina Hotrum-Lopez, ALTSD Secretary New Mexico Aging & Long Term Services Department 2550 Cerrillos Road Santa Fe, New Mexico 87505

Dear Ms. Hotrum-Lopez:

I am in receipt of your letter dated March 31, 2022, with regard to the request for the approval of new Chapter and Part names. Your request is approved and this information has been recorded in the Administrative Law Division's master listing as:

TITLE 9 HUMAN RIGHTS

CHAPTER 2 AGE

PART 24 THE ADMINISTRATION OF THE CONTINUING CARE ACT

If you have any questions, please contact Pamela Lujan y Vigil, Senior Management Anaylst at (505) 476-7990.

Sincerely,

Pamela Lujan y Vigil

Pamela Lujan y Vigil Senior Management Analyst 1205 Camino Carlos Rey Santa Fe, NM 87507 (505) 476-7990

cc: File

1205 Camino Carlos Rey | Santa Fe, NM 87507 | www.srca.nm.gov

The Aging and Long-Term Services Department reviewed at its 05/19/2022 hearing, to repeal its rule 9.2.24 NMAC, Age - Rate and Fee Increases by Continuing Care Communities (filed 01/09/2006) and replace it with 9.2.24 NMAC, Age - The Administration of the Continuing Care Act, adopted 06/xx/2022 and effective 07/01/2022.



Michelle Lujan Grisham, Governor Katrina Hotrum-Lopez, Cabinet Secretary

Craig T. Erickson, Esq. Utton & Kery, P.A. 500 Tijeras Ave., NW Albuquerque, NM 87102

Re: Hearing Officer Appointment "9.2.24 NMAC, The Administration of the Continuing Care Act."

Dear Mr. Erickson:

Pursuant to the authority of NMSA 1978, § 9-23-6(E), I hereby appoint you to serve as the hearing officer to preside at the Aging & Long-Term Services Department's public hearing on May 19, 2022. This rulemaking hearing is scheduled for 9:00 a.m. via Zoom.

The purpose of the proposed repeal and replacement of 9.2.24 NMAC is to comply with amendments made to the Continuing Care Act, Sections 24-17-1 through 24-17-18 NMSA 1978. The proposed rule will provide guidance on the administration of the Continuing Care Act in accordance with New Mexico law. The proposed rule will no longer only address rate and fee increases by Continuing Care Communities. The rule will now be entitled-*The Administration of the Continuing Care Act*.

I am enclosing a copy of the proposed rule, 9.2.24 NMAC. We will also have an exhibit binder for your use, which the Office of the Secretary will deliver to you just prior to the hearing.

Thank you for accepting this appointment.

Sincerely,

Katrina Hotrum-Lopez
Katrina Hotrum-Lopez, ALTSD Secretary

03/28/2022

Date

Enclosures: Proposed 9.2.24 NMAC

Cc: Carmen Bliss, Long-Term Care Ombudsman (w/out enclosure)
Michal Hayes, Deputy General Counsel (w/out enclosure)

Jennifer Scott, Assistant General Counsel (w/out enclosure)



Michelle Lujan Grisham, Governor Katrina Hotrum-Lopez, Cabinet Secretary

Craig T. Erickson, Esq. Utton & Kery, P.A. 500 Tijeras Ave., NW Albuquerque, NM 87102

Re: 9.2.24 NMAC, The Administration of the Continuing Care Act Rules Hearing on May 19, 2022

Dear Mr. Erickson:

Enclosed please find the Purchase Order ("PO") associated with the above-referenced matter to serve as the Administrative Hearing Officer. The amount of this encumbrance for this assignment is Seven Thousand Dollars (\$7,000.00), which is an estimate of the total attorney fees and expenses you may incur in completing this assignment. The Aging & Long-Term Services Department ("ALTSD") believes that the amount should be sufficient to complete this matter. However, should your charges seem likely to exceed this amount, an increase request must be submitted to the Office of General Counsel ("OGC") and approved prior to performing work for which the total billed amount would exceed the approved budget. Work performed in excess of an approved budget amount will not be paid.

The ALTSD OGC contact for this appointment is Michal Hayes, Deputy General Counsel. Ms. Hayes can be reached at (505) 469-4140 or by email, Michal. Hayes@state.nm.us.

Thank you for accepting this appointment.

Sincerely,

03/28/2022

Katrina Hotrum-Lopez, Katrina Hotrum-Lopez, ALTSD Secretary Date

Cc: Carmen Bliss, Long-Term Care Ombudsman (w/out enclosure)

> Michal Hayes, Deputy General Counsel (w/out enclosure) Jennifer Scott, Assistant General Counsel (w/out enclosure)

NOTICE OF RULEMAKING AND PUBLIC HEARING

The Aging & Long-Term Services Department (Department) is proposing to repeal and replace New Mexico Administrative Code (NMAC) Rule 9.2.24 NMAC - Rate and Fee Increases by Continuing Care Communities.

Authority for the proposed rule's repeal and replacement is provided by Subsection E of Section 9-23-6 NMSA 1978, which states the following: "The secretary may make and adopt such reasonable procedural rules as may be necessary to carry out the duties of the department and its divisions."

The Department will hold a public hearing via Zoom link on Thursday May 19, 2022, from 9:00 a.m. to 12:00 p.m. to take comments regarding the proposed amendments to 9.2.24 NMAC.

Notice Date: April 5, 2022

Hearing Date and Time: May 19, 2022, from 9:00 a.m. to 12:00 p.m.

Adoption Date: Proposed as July 1, 2022

Statutory Authority: The Continuing Care Act, sections 24-17-1 through 24-17-18 NMSA 1978.

The Zoom link for the public hearing: https://altsd.zoom.us/j/85026024411

Passcode: 287846

To attend the hearing by telephone please dial: (877) 853-5257 (Toll Free)

Meeting ID: 850 2602 4411

Passcode: 287846

Copies of the notice of rulemaking and proposed rule are available on the New Mexico Sunshine Portal at https://ssp.nm.gov/ and on the ALTSD website at https://nmaging.state.nm.us/news-events/ccrc-rule-making.

Background

The purpose of the proposed repeal and replacement of the rule is to comply with amendments made to the Continuing Care Act, Sections 24-17-1 through 24-17-18 NMSA 1978. The proposed rule will provide guidance on the administration of the Continuing Care Act in accordance with New Mexico law. The rule will no longer only address rate and fee increases by Continuing Care Communities. The rule will now be entitled "*The Administration of the Continuing Care Act*."

The Department is proposing to repeal and replace the rule, and is proposing the following substantive changes:

9.2.24.7 NMAC

Some definitions from the repealed rule are being maintained, including "expenses," "GAAP," "gift income," "income," "resident," and "return on investment." Some definitions are being maintained but amended, including "cost of care," "cost of operating the continuing care community," "economic necessity," and "investment income." New definitions include "affiliate," "ALTSD," "community," "continuing care," "fees," "liquid reserves," "net operating expenses," "person," "policy," "provider," "reserves," "type A agreement," and "type B agreement."

9.2.24.8 NMAC

This section clarifies that the continuing care contract shall clearly indicate which of the four factors referenced in this rule it will utilize for rate and fee increases.

9.2.24.9 NMAC

This section from the repealed rule is being maintained, except that Subsection B now refers to "assets less liabilities" instead of "owners' investment."

9.2.24.10 NMAC

This section from the repealed rule is being maintained, except that Subsection A now clarifies that rate and fee increases based on cost of care increases for providing medical care or health-related supportive services are governed by the continuing care contract.

9.2.24.11 NMAC

This section on historical and current data from the repealed rule is being maintained and renumbered, except that Subsection A now allows for a deviation from historical data when exigent circumstances exist, and Subsection C now differentiates between publicly available data and non-public data.

9.2.24.12 NMAC

This section from the repealed rule is being maintained and renumbered, except that it now clarifies that reasonable return on investment pertains to rate and fee increases.

9.2.24.13 NMAC

This section from the repealed rule is being maintained and renumbered.

9.2.24.14 NMAC

This section from the repealed rule is being maintained and renumbered.

9.2.24.15 NMAC

This section discusses liquid reserves and other reserves and delineates the requirements for a certificate of compliance and a corrective action plan. The prior section on reserves in the repealed rule is not being maintained in the new rule.

9.2.24.16 NMAC

This section outlines the requirements for a Continuing Care Community's annual disclosure statement.

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This section outlines the requirements for actuarial studies.

9.2.24.18 NMAC

This section outlines the process for the issuance of a notice of violation to a Continuing Care Community.

Throughout the proposed rule, changes have been made to address formatting requirements.

The register for the proposed repeal and replacement of this rule will be available April 5, 2022, on the ALTSD web site at https://nmaging.state.nm.us/news-events/ccrc-rule-making. If you do not have internet access, a copy of the proposed rule may be requested by contacting ALTSD in Santa Fe at (505) 670-5141.

Interested parties may submit written comments directly to: Aging & Long-Term Services Department, Office of the Secretary, ATT: Continuing Care Act Rules Public Comments, 2550 Cerrillos Rd., Santa Fe, New Mexico 87505.

Interested persons may also send comments via e-mail to: <u>ALTSD-CCRC.Comments@state.nm.us</u>. Written mail and electronic mail must be received no later than 5:00 p.m. MT on May 19, 2022. Written comments will be given the same consideration as oral comments made at the public hearing. All written comments received will be posted as they are received on the ALTSD website at https://nmaging.state.nm.us/news-events/ccrc-rule-making along with the applicable register and rule. The public posting will include the name and any contact information provided by the commenter.

If you are a person with a disability and you require this information in an alternative format or require a special accommodation to participate in the public hearing, please contact ALTSD in Santa Fe at (505) 670-5141. The Department requests at least ten (10) days advance notice to provide requested alternative formats and special accommodations.

Copies of all comments will be made available by ALTSD upon request by providing copies directly to a requestor or by making them available on the ALTSD website or at an ALTSD location nearest to the county of the requestor.

Billing Information Sheet



Your agency must complete the following:

CPR - ALD 3/1/2021

Publish in the New Mexico Register	Your Access to Public Information
Volume: Issue:	Publication date:
Agency's 3-digit DFA code:	
Purchase order 15-digit number:	
Agency & Division name: Billing Address & Your Accts Payable Contact Person's e-mail address & phone number:	
Rule Filer's name & Contact Information, e-mail address & phone number:	
Notice name (if submitting a notice Example: Notice of Proposed Ruler	
Or Rule NMAC number and rule na Example: 19.31.3 NMAC, Hunting a	ame (if filing an amendment, repeal & replace, repeal, new rule etc.
Electronic file name(s): (ALD Use Only)	
Analyst's initials: (ALD Use Only)	



State of New Mexico Purchase Order

PO Number to be on all Invoices and Correspondence

Page: 1

Aging and Long Term Services

2550 Cerrillos Rd. Santa Fe NM 87505 United States

Approved		Dispatch Via Print
Purchase Order	Date	Revision
62400-0000020895	03-23-2022	
Payment Terms	Freight Terms	Ship Via
Pay Now	FOB Destination	Best Way
Buyer	Phone	Currency
MARLENE.ACOSTA		USD

Total PO Amount

Supplier: 0000000729 STATE RECORDS CENTER & ARCHIVES COMMISSION OF PUBLIC RECORDS 1205 CAMINO CARLOS REY SANTA FE NM 87507 United States Ship To: 2550 Cerrillos Rd. Santa Fe NM 87505 United States Bill To: 2550 Cerrillos Road Santa Fe NM 87505 United States

\$180.00

Origin: Line-	EXE Exc\Exc\#: 13-1-98-A Item/Description	Quantity	UOM	PO Price	Extended Amt	Due Date
Sch						
1 - 1	Notice of proposed rulemaking and public hearing 9.2.24 NMAC-Rate and Fee increases by Continuing Care Communities published in the New Mexico Register April 5, 2022.	1.00	EA	\$180.00	\$180.00	03/23/2022
	62400-04900-1110000000-546900122-F0000			Schedule Total	\$180.00	
				Item Total	\$180.00	
	3/23/22 Approved POR and back up attached.					

Agency Approval - I certify that the proposed purchase represented by this document is authorized by and is made in accordance with all State (and if applicable Federal) legislation rules and regulation. I further certify that adequate unencumbered cash and budget expenditure authority exists for this proposed purchase and all other outstanding purchase commitments and accounts payable.

Invoice should be Emailed to Alyssa.Gutierrez1@state.nm.us

Authorized Signature

Hatrina dofre 5

STATE OF NEW MEXICO GENERAL SERVICES DEPARTMENT- PURCHASING DIVISION TERMS AND CONDITIONS UNLESS OTHERWISE SPECIFIED

- 1. GENERAL: When the State Purchasing Agent issues a purchase document in response to the Vendors bid, a binding contract is created.
- 2. VARIATION IN QUANTITY: No variation in the quantity of any item called for by this order will be accepted unless such variation has been caused by conditions of loading, shipping, packing or allowances in manufacturing process, and then only to the extent, if any, specified elsewhere in this order.
- 3. ASSIGNMENT:
 - A: Neither the order, nor any interest therein, nor claim thereunder, shall be assigned or transferred by the Vendor, except as set forth in subparagraph 3B below or as expressly authorized in writing by the STATE PURCHASASING AGENTS OFFICE. No such assignment or transfer shall relieve the Vendor from the obligations and liabilities under this order.
 - B: Vendor agrees that any and all claims for overcharge resulting from antitrust violations which are borne by the State as to goods, services, and materials purchased in connection with this bid are hereby assigned to the State.
- 4. STATE FURNISHED PROPERTY: State furnished property shall be returned to the state upon request in the same condition as received except for ordinary wear, tear, and modifications ordered hereunder.
- 5. DISCOUNTS: Prompt payment discounts will not be considered in computing the low bid. Discounts for payment within 20 days will be considered after the award of the contract. Discounted time will be computed from the date of receipt of the merchandise or invoice, whichever is later.
- 6. INSPECTION: Final inspection and acceptance will be made at the destination. Supplies rejected at the destination for non-conformance with specifications shall be removed, at the Vendors risk and expense, promptly after notice of rejection.
- 7. INSPECTION OF PLANT: The State Purchasing Agent may inspect, at any reasonable time, the part of the contractors, or any subcontractors plant or place of business, which is related to the performance of this contract.
- 8. COMMERCIAL WARARANTY: The Vendor agrees that the supplies or services furnished under this order shall be covered by the most favorable commercial warranties the Vendor gives to any customer for such supplies or services, and that the rights and remedies provided herein shall extend to the State and are in addition to and do not limit any rights afforded to the State by any other cause of this order. Vendor agrees not to disclaim warranties of fitness for a particular purpose or merchantability.
- 9. TAXES: The unit price shall exclude all State taxes.
- 10. PACKING, SHIPPING AND INVOICING:
 - A: The States purchase document number and the Vendors name, users name and location shall be shown on each packing and delivery ticket, package, bill of lading and other correspondence in connection with the shipment. The users count will be accepted by the Vendor as final and conclusive on all shipments not accompanied by a packing ticket.
 - B: The Vendors invoice shall be submitted in triplicate, duly certified and shall contain the following information: order number, description of supplies or services, quantities, unit prices and extended totals. Separate invoices shall be rendered for each and every complete shipment.
- C: Invoices must be submitted to the using agency and NOT THE STATE PURCHASING AGENT.
- 11. DEFAULT: The State reserves the right to cancel all or any part of this order without cost to the State, if the Vendor fails to meet the provisions of this order and, except as otherwise provided herein, to hold the Vendor liable for any excess cost occasioned by the State due to the Vendors default. The Vendor shall not be liable for any excess costs if failure to perform the order arises out of causes beyond the control and without the fault or negligence of the Vendor, such causes include, but are not restricted to, acts of God or of the public enemy, acts of the State or of the Federal Government, fires, floods, epidemics, quarantine restrictions, strikes, freight embargos, unusually severe weather and defaults of subcontractors due to any of the above, unless the State shall determine that the supplies or services to be furnished by the subcontractor where obtainable from other sources in sufficient time to permit the Vendor to meet the required delivery scheduled. The rights and remedies of the State provided in this paragraph shall not be exclusive and are in addition to any other rights now being provided by law or under this order.
- 12. NON-COLLUSION: In signing this bid, the Vendor certifies he/she has not, either directly or indirectly, entered into action in restraint of free competitive bidding in connection with this proposal submitted to the State Purchasing Agent.
- 13. NON-DISCRIMINATION: Vendors doing business with the State of New Mexico must be in compliance with the Federal Civil Rights Act of 1964 and Title VII of that Act, Rev., 1979.
- 14. THE PROCUREMENT CODE: Sections 13-1-28 through 13-1-199 NMSA 1978 imposes civil and criminal penalties for its violation. In addition, the New Mexico criminal statutes impose felony penalties for bribes, gratuities and kickbacks.
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- 17. WORKERS COMPENSATION: The Contractor agrees to comply with state laws and rules pertaining to workers compensation benefits for its employees. If the Contractor fails to comply with Workers Compensation Act and applicable rules when required to do so, this (Agreement) may be terminated by the contracting agency.
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NM Commission of Public Records

Invoice

1205 Camino Carlos Rey Santa Fe, NM 87507 +505 4767912

BILL TO

Aging and Long-Term Services 2550 Cerrillos Road Santa Fe, NM 87505

INVOICE#	DATE	TOTAL DUE	DUE DATE	ENCLOSED
6114	04/06/2022	\$111.00	04/06/2022	

VOLUME

ISSUE

P.O. NUMBER

XXXIII

7

62400-0000020895

DATE	DESCRIPTION	QTY	RATE	AMOUNT
04/05/2022	NM Register - 431902 Notice Of Proposed Rulemaking and Public Hearing, hearing date: 5/19/2022	37	3.00	111.00

Thank you for your business!

BALANCE DUE

\$111.00



Your Access to Public Information

Affidavit of Publication in New Mexico Register

I, Matthew Ortiz, certify that the agency noted on Invoice # 6114 has published legal notice of rulemaking or rules in the NEW MEXICO REGISTER, VOLUME XXXII, that payment has been assessed for said legal notice of rulemaking or rules, which appears on the publication date and in the issue number noted on Invoice # 6114, and that Invoice # 6114 has been sent electronically to the person(s) listed on the Billing Information Sheet provided by the agency.

Affiant:

Matthew Ortiz

Subscribed, sworn and acknowledged before me this

day of April, 2022.

Notary Public:

My Commission Expires:

STATE OF NEW MEXICO NOTARY PUBLIC

Pamela Anne Lujan Y Vigil Commission No. 1056580

February 19, 2024

1205 Camino Carlos Rey | Santa Fe, NM 87507 |

www.srca.nm.gov

Hon. Hector Balderas

Attorney General

Hon. Brian S. Colón Chairman/State Auditor

Hon. Maggie Toulouse Oliver Secretary of State

Debra Garcia y Griego Department of Cultural Affairs

Stephanie Wilson Acting Director, Supreme Court Law Library



State of New Mexico Purchase Order

PO Number to be on all Invoices and Correspondence

Page: 1

Aging and Long Term Services

2550 Cerrillos Rd. Santa Fe NM 87505 United States

Approved		Dispatch Via Print
Purchase Order	Date	Revision
62400-0000020912	03-31-2022	
Payment Terms	Freight Terms	Ship Via
Pay Now	FOB Destination	Best Way
Buyer	Phone	Currency
SUSIE VIALPANDO		USD

Supplier: 0000049778 ALBUQUERQUE PUBLISHING

COMPANY

7777 JEFFERSON NE

ALBUQUERQUE NM 87109-0000

United States

Ship To: 2550 Cerrillos Rd.

Santa Fe NM 87505 United States Bill To:

2550 Cerrillos Road

Santa Fe NM 87505 United States

Origin: Line- Sch	Item/Description	Quantity	UOM	PO Price	Extended Amt	Due Date
1 - 1	Advertisement: Notice of Proposed Rulemaking and Public Hearing 9.2.24 NMAC - Rate and Fee Increases by Continuing Care Communities published in the Albuquerque Journal April 1, 2022. \$418.92 + \$32.99 Tax = \$451.91	1.00	EA	\$451.91	\$451.91	03/31/2022
	62400-04900-1110000000-546900122-F0000			Schedule Total	\$451.91	
	INVOICING CONTACT INFORAMTION: alyssa.gutierrez1@sta 505-670-2738	te.nm.us - Ph	none:	Item Total _	\$451.91	
	3/31/22 - Supporting documents attached. SV					
				Total PO Amount	\$451.91	

Agency Approval - I certify that the proposed purchase represented by this document is authorized by and is made in accordance with all State (and if applicable Federal) legislation rules and regulation. I further certify that adequate unencumbered cash and budget expenditure authority exists for this proposed purchase and all other outstanding purchase commitments and accounts payable.

Authorized Signature

Hatrina dofre 5

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ALBUQUERQUE PUBLISHING COMPANY

7777 Jefferson St. NE, Albuquerque, NM 87109

Ad Proof/Order Confirmation

Account Number 1010615

<u>Ad Order Number</u> 0001542517

N M DEPT AGING & LONG TERM SER 2550 CERILLOS RD SANTA FE, NM 87505 USA

Ordered By	Alyssa Gutierrez	Customer Phone	5054764767	Joint Ad#
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Payment Amount

Customer EMail		PO Number	QUOTE
Ad Cost	\$418.92	Sales Rep	erodriguez
Tax Amount	\$32.99	Order Taker	erodriguez
Total Amount	\$451.91	Payment Method	Credit Card

\$451.91

Affidavits 0

Pick Up #	0001540136
PICK UD#	0001340130

\$0.00

<u>Product</u>	Albuquerque Journal	<u>Placement</u>	0Legal Notices
Ad Number	0001542517-01	<u>Classification</u>	0Government
Ad Type	0 Legals Multi Col	Sort Text	NOTICEOFRULEMAKINGANDPUBLIC

HEARINGTHEAGINGLONGTERMSER VICESDEPARTMENTDEPARTMENTIS PROPOSINGTOREPEALANDREPLAC ENEWMEXICOADMINISTRATIVECO

Ad Size 2 X 16.75"

Color

Amount Due

Run Date 04/01/2022 04/01/2022 04/01/2022

WYSIWYG Content



NOTICE OF RULEMAKING AND PUBLIC HEARING

The Aging & Long-Term Services Department (Department) is proposing to repeal and replace New Mexico Administrative Code (NMAC) Rule 9.2.24 NMAC - Rate and Fee Increases by Continuing Care Communities.

Authority for the proposed rule's repeal and replacement is provided by Subsection E of Section 9-23-6 NMSA 1978, which states the following: "The secretary may make and adopt such reasonable procedural rules as may be necessary to carry out the duties of the department and its divisions.

The Department will hold a public hearing via Zoom link on Thursday May 19, 2022, from 9:00 a.m. to 12:00 p.m. to take comments regarding the proposed amendments to 9.2.24 NMAC.

Notice Date: April 5, 2022 Hearing Date and Time: May 19, 2022, from 9:00 a.m. to 12:00

p.m. Adoption Date: Proposed as July 1, 2022 Statutory Authority: The Continuing Care Act, sections 24-17-1 through 24-17-18 NMSA 1978.

The Zoom link for the public hearing: https://altsd.zoom.us/j/85026024411 Passcode: 287846

To attend the hearing by telephone please dial: (877) 853-5257

(Toll Free) Meeting ID: 850 2602 4411 Passcode: 287846

Copies of the notice of rulemaking and proposed rule are avail-able on the New Mexico Sunshine Portal at https://ssp.nm.gov/ and on the ALTSD website at https://nmaging.state.nm. us/news-events/ccrc-rule-making.

Background

Background
The purpose of the proposed repeal and replacement of the rule is to comply with amendments made to the Continuing Care Act, Sections 24-17-1 through 24-17-18 NMSA 1978. The proposed rule will provide guidance on the administration of the Continuing Care Act in accordance with New Mexico law. The rule will no longer only address rate and fee increases by Continuing Care Communities. The rule will now be entitled "The Administration of the Continuing Care Act."

The Department is proposing to repeal and replace the rule, and is proposing the following substantive changes:

Some definitions from the repealed rule are being maintained, including "expenses," "GAAP," "gift income," "income," "net income," "resident," and "return on investment." Some definiincome," "resident," and "return on investment." Some definitions are being maintained but amended, including "cost of care," "cost of operating the continuing care community," "economic necessity," and "investment income." New definitions include "affiliate," "ALTSD." "community," "continuing care," "fees," "liquid reserves," "net operating expenses," "person," "policy," "provider," "reserves," "type A agreement," and "type B agreement."

9.2.24.8 NMAC

This section clarifies that the continuing care contract shall clearly indicate which of the four factors referenced in this rule it will utilize for rate and fee increases.

9.2.24.9 NMAC

This section from the repealed rule is being maintained, except that Subsection B now refers to "assets less liabilities" instead of "owners' investment."

This section from the repealed rule is being maintained, except that Subsection A now clarifies that rate and fee increases based on cost of care increases for providing medical care or health-related supportive services are governed by the continuing care contract.

9.2.24.11 NMAC

This section on historical and current data from the repealed rule is being maintained and renumbered, except that Subsec-tion A now allows for a deviation from historical data when exi-gent circumstances exist, and Subsection C now differentiates between publicly available data and non-public data.

9.2.24.12 NMAC

This section from the repealed rule is being maintained and renumbered, except that if now clarifies that reasonable return on investment pertains to rate and fee increases.

9.2.24.13 NMAC

This section from the repealed rule is being maintained and renumbered.

This section from the repealed rule is being maintained and re-

This section discusses liquid reserves and other reserves and delineates the requirements for a certificate of compliance and a corrective action plan. The prior section on reserves in the repealed rule is not being maintained in the new rule.

9.2.24.16 NMAC

This section outlines the requirements for a Continuing Care Community's annual disclosure statement.

9.2.24.17 NMAC

This section outlines the requirements for actuarial studies.

9.2.24.18 NMAC This section outlines the process for the issuance of a notice of violation to a Continuing Care Community.

Throughout the proposed rule, changes have been made to ad-dress formatting requirements.

The register for the proposed repeal and replacement of this rule will be available April 5, 2022, on the ALTSD web site at htt ps://nmaging.state.nm.us/news-events/ccrc-rule-making. If you do not have internet access, a copy of the proposed rule may be requested by contacting ALTSD in Santa Fe at (505) 670-5141.

Interested parties may submit written comments directly to: Aging & Long-Term Services Department, Office of the Secretary, ATT: Continuing Care Act Rules Public Comments, 2550 Cernllos Rd., Santa Fe, New Mexico 87505.

Interested persons may also send comments via e-mail to: AL TSD-CCRC.Comments@state.nm.us. Written mail and electronic mail must be received no later than 5:00 p.m. MT on May tronic mail must be received no later than 5:00 p.m. MT on May 19, 2022. Written comments will be given the same consideration as oral comments made at the public hearing. All written comments received will be posted as they are received on the ALTSD website at https://nmaging.state.nm.us/news-events/corc-rule-making along with the applicable register and rule. The public posting will include the name and any contact information provided by the commenter.

If you are a person with a disability and you require this infor-mation in an alternative format or require a special accommo-dation to participate in the public hearing, please contact ALTSD in Santa Fe at (505) 670-5141. The Department re-quests at least ten (10) days advance notice to provide request-ed alternative formats and special accommodations.

Copies of all comments will be made available by ALTSD upon request by providing copies directly to a requestor or by making them available on the ALTSD website or at an ALTSD location nearest to the county of the requestor.

Journal: April 1, 2022

AFFIDAVIT OF PUBLICATION

STATE OF NEW MEXICO

County of Bernalillo

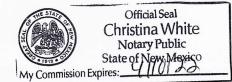
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NOTICEOFRULEMAKI NGANDPUBLICHEARI NGTHEAGINGLONGT ERMSERVICESDEPAR TMENTDEPARTMENTI SPROPOSINGTOREP EALANDREPLACENE WMEXICOADMINISTR ATIVECO

David Montoya, the undersigned, authorized Representative of the Albuquerque Journal, on oath states that this newspaper is duly qualified to publish legal notices or advertisements within the meaning of Section 3, Chapter 167, Session Laws of 1937, that payment therefore has been made of assessed as court cost; and that the notice, copy of which is hereto attached, was published in said paper in the regular daily edition, for 1 time(s) on the following date(s):

04/01/2022

David Montoya							
Sworn and subscribed before me, a Notary Public, in and for the County of Bernalillo and State of New Mexico this 1 day of April of 2022							
PRICE\$451.91							
Statement to come at the end of month.							
ACCOUNT NUMBER 1010615							





WMEXICOADMINISTR EALANDREPLACENE

DAVIT OF PUBLICATION

OF NEW MEXICO

The Aging & Long-Term Services Department (Department) is Composed to repeal and replace New Mexico Administrative Code (NIMAC) Rule 92.24 NIMAC. Flate and Fee Increases by toya, the undersigned, authorized Representative of the Albuquerque Journal, on oath Continuing Care Communities. Authority for the proposed rule's repeal and replacement is provided by Subsection E of Section 9-23-6 NMSA 1978, which is section 9-23-6 NMSA 1978, which is court cost; and that the notice, copy of which is hereto attached, was published in SPROPOSINGTOREP said paper in the regular daily edition. for 1 time(s) on the following rate(s): this newspaper is duly qualified to publish legal notices or advertisements within the

04/01/2022

Sworn and subscribed before me, a Notary Public, in and or the County of Bernalillo and State of New Mexico this

April day of

\$451.91 PRICE 1010615

State of New, Mexico Notary Public My Commission Expires:_

Christina White

Official Seal

Statement to come at the end of month.

ACCOUNT NUMBER



Published in the Albuquerque Journal on Friday April 01, 2022

NOTICE OF RULEMAKING AND PUBLIC HEARING The Aging & Long-Term Services Department (Department) is proposing to repeal and replace New Mexico Administrative Code (NMAC) Rule 9.2.24 NMAC - Rate and Fee Increases by Continuing Care Communities. Authority for the proposed rule's repeal and replacement is provided by Subsection E of Section 9-23-6 NMSA 1978, which states the following: "The secretary may make and adopt such reasonable procedural rules as may be necessary to carry out the duties of the department and its divisions." The Department will hold a public hearing via Zoom link on Thursday May 19, 2022, from 9:00 a.m. to 12:00 p.m. to take comments regarding the proposed amendments to 9.2.24 NMAC. Notice Date: April 5, 2022 Hearing Date and Time: May 19, 2022, from 9:00 a.m. to 12:00 p.m. Adoption Date: Proposed as July 1, 2022 Statutory Authority: The Continuing Care Act, sections 24-17-1 through 24-17-18 NMSA 1978. The Zoom link for the public hearing: https://altsd.zoom.us/j/85026024411 Passcode: 287846 To attend the hearing by telephone please dial: (877) 853-5257 (Toll Free) Meeting ID: 850 2602 4411 Passcode: 287846 Copies of the notice of rulemaking and proposed rule are available on the New Mexico Sunshine Portal at https://ssp.nm.gov/ and on the ALTSD website at https://nmaging.state.nm.us/news-events/ccrc-rule-making. Background The purpose of the proposed repeal and replacement of the rule is to comply with amendments made to the Continuing Care Act, Sections 24-17-1 through 24-17-18 NMSA 1978. The proposed rule will provide guidance on the administration of the Continuing Care Act in accordance with New Mexico law. The rule will no longer only address rate and fee increases by Continuing Care Communities. The rule will now be entitled "The Administration of the Continuing Care Act." The Department is proposing to repeal and replace the rule, and is proposing the following substantive changes: 9.2.24.7 NMAC Some definitions from the repealed rule are being maintained, including "expenses," "GAAP," "gift income," "income," "net income," "resident," and "return on investment." Some definitions are being maintained but amended, including "cost of care," "cost of operating the continuing care community," "economic necessity," and "investment income." New definitions include "affiliate," "ALTSD," "community," "continuing care," "fees," "liquid reserves," "net operating expenses," "person," "policy," "provider," "reserves," "type A agreement," and "type B agreement." 9.2.24.8 NMAC This section clarifies that the continuing care contract shall clearly indicate which of the four factors referenced in this rule it will utilize for rate and fee increases. 9.2.24.9 NMAC This section from the repealed rule is being maintained, except that Subsection B now refers to "assets less liabilities" instead of "owners' investment." 9.2.24.10 NMAC This section from the repealed rule is being maintained, except that Subsection A now clarifies that rate and fee increases based on cost of care increases for providing medical care or health-related supportive services are governed by the continuing care contract. 9.2.24.11 NMAC This section on historical and current data from the repealed rule is being maintained and renumbered, except that Subsection A now allows for a deviation from historical data when exigent circumstances exist, and Subsection C now differentiates between publicly available data and non-public data. 9.2.24.12 NMAC This section from the repealed rule is being maintained and renumbered, except that it now clarifies that reasonable return on investment pertains to rate and fee increases. 9.2.24.13 NMAC This section from the repealed rule is being maintained and renumbered. 9.2.24.14 NMAC This section from the repealed rule is being maintained and renumbered. 9.2.24.15 NMAC This section discusses liquid reserves and other reserves and delineates the requirements for a certificate of compliance and a corrective action plan. The prior section on reserves in the repealed rule is not being maintained in the new rule. 9.2.24.16 NMAC This section outlines the requirements for a Continuing Care Community's annual disclosure statement. 9.2.24.17 NMAC This section outlines the requirements for actuarial studies. 9.2.24.18 NMAC This section outlines the process for the issuance of a notice of violation to a Continuing Care Community. Throughout the proposed rule, changes have been made to address formatting requirements. The register for the proposed repeal and replacement of this rule will be available April 5, 2022, on the ALTSD web site at https://nmaging.state.nm.us/news-events/ccrc-rule-making.

If you do not have internet access, a copy of the proposed rule may be requested by contacting ALTSD in Santa Fe at (505) 670-5141. Interested parties may submit written comments directly to: Aging & Long-Term Services Department, Office of the Secretary, ATT: Continuing Care Act Rules Public Comments, 2550 Cerrillos Rd., Santa Fe, New Mexico 87505. Interested persons may also send comments via e-mail to: ALTSD-CCRC.Comments@state.nm.us. Written mail and electronic mail must be received no later than 5:00 p.m. MT on May 19, 2022. Written comments will be given the same consideration as oral comments made at the public hearing. All written comments received will be posted as they are received on the ALTSD website at https://nmaging.state.nm.us/news-events/ccrc-rule-making along with the applicable register and rule. The public posting will include the name and any contact information provided by the commenter. If you are a person with a disability and you require this information in an alternative format or require a special accommodation to participate in the public hearing, please contact ALTSD in Santa Fe at (505) 670-5141. The Department requests at least ten (10) days advance notice to provide requested alternative formats and special accommodations. Copies of all comments will be made available by ALTSD upon request by providing copies directly to a requestor or by making them available on the ALTSD website or at an ALTSD location nearest to the county of the requestor. Journal: April 1, 2022

Notice of Hearing

Published in Albuquerque Journal on April 1, 2022

Location

Bernalillo County, New Mexico

Notice Text

NOTICE OF RULEMAKING AND PUBLIC HEARING The Aging & Long-Term Services Department (Department) is proposing to repeal and replace New Mexico Administrative Code (NMAC) Rule 9.2.24 NMAC - Rate and Fee Increases by Continuing Care Communities. Authority for the proposed rule's repeal and replacement is provided by Subsection E of Section 9-23-6 NMSA 1978, which states the following: "The secretary may make and adopt such reasonable procedural rules as may be necessary to carry out the duties of the department and its divisions." The Department will hold a public hearing via Zoom link on Thursday May 19, 2022, from 9:00 a.m. to 12:00 p.m. to take comments regarding the proposed amendments to 9.2.24 NMAC. Notice Date: April 5, 2022 Hearing Date and Time: May 19, 2022, from 9:00 a.m. to 12:00 p.m. Adoption Date: Proposed as July 1, 2022 Statutory Authority: The Continuing Care Act, sections 24-17-1 through 24-17-18 NMSA 1978. 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Interested parties may submit written comments directly to: Aging & Long-Term Services Department, Office of the Secretary, ATT: Continuing Care Act Rules Public Comments, 2550 Cerrillos Rd., Santa Fe,

New Mexico 87505. Interested persons may also send comments via e-mail to: ALTSD-CCRC.Comments@state.nm.us. Written mail and electronic mail must be received no later than 5:00 p.m. MT on May 19, 2022. Written comments will be given the same consideration as oral comments made at the public hearing. All written comments received will be posted as they are received on the ALTSD website at https://nmaging.state.nm.us/news-events/ccrc-rule-making along with the applicable register and rule. The public posting will include the name and any contact information provided by the commenter. If you are a person with a disability and you require this information in an alternative format or require a special accommodation to participate in the public hearing, please contact ALTSD in Santa Fe at (505) 670-5141. The Department requests at least ten (10) days advance notice to provide requested alternative formats and special accommodations. Copies of all comments will be made available by ALTSD upon request by providing copies directly to a requestor or by making them available on the ALTSD website or at an ALTSD location nearest to the county of the requestor. Journal: April 1, 2022

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April 5, 2022

Aging and Long Term Services Department

Notice of Proposed Rulemaking and Public Hearing — pdf version

Agriculture, Department of

Notice of Public Meeting and Public Hearing - pdf version



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Information

CCRC Rule Making

Rulemaking and Public Hearing Documents:

- Notice of Rulemaking and Public Hearing
- ■ 9.2.24 Proposed Rule

The Aging & Long-Term Services Department (Department) is proposing to repeal and replace New Mexico Administrative Code (NMAC) Rule 9.2.24 NMAC - Rate and Fee Increases by Continuing Care Communities.

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Public Comment

Public Comments will be posted in this location.









Rule Hearing Search

Hearing Date:

Comments
Deadline Date:

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Proposed Rule Name:

THE ADMINISTRATION OF THE CONTINUING CARE ACT

Agency:

Aging and Long-Term Services Department

Purpose:

The proposed rule will not only address rate and fee increases by Continuing Care Communities. The rule will now be entitled electronic mail must be received no later than 5:00 p.m. MT on May 19, 2022. Written comments will be given the same "The Administration of the Continuing Care Act."

Summary:

The proposed rule will provide guidance on the administration of the Continuing Care Act in accordance with New Mexico law.

Administratives Codes:

9.2.24

Rule Complete Copy:

The proposed rule that is the subject of the public hearing is available for viewing on the the Aging & Long-Term Services Department's website by clicking on the links below.

Corrections:

Click Here to access Rule Corrections

Rule Explanatory Statement:

Click Here to access the Rule Explanatory Statement

Related New Mexico Register Publications:

How to submit Comments:

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When are comments due:

5/19/2022 5:00 PM

Hearing Date:

5/19/2022 9:00 AM

Public Hearing Location:

The hearing will be held via Zoom link. 5/19/2022 (9:00 AM -12:00 PM)

How to participate:

Interested parties are invited to comment on the proposal at the public hearing via Zoom link. The Zoom link is as follows: https://altsd.zoom.us/ij/85026024411

Proposed Rule Name:

THE ADMINISTRATION OF THE CONTINUING CARE ACT

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Aging and Long-Term Services Department

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Related New Mexico Register Publications:

Click Here to access Related New Mexico Publications

For any additional information or questions concerning this rule making or posting please contact:

Alyssa Gutierrez

altsd-ccrc.comments@state.nm.us

(505) 670-5141

Last Updated Date

3/31/2022 11:18 AM

How to submit Comments:

Interested parties may submit written comments directly to: Aging & Long-Term Services Department, Office of the Secretary, ATT: Continuing Care Act Rules Public Comments, 2550 Cerrillos Rd., Santa Fe, New Mexico 87505.

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Passcode: 287846

If you prefer to attend the hearing by telephone please dial: (877) 853-5257 (Toll Free)

Meeting ID: 850 2602 4411

Passcode: 287846

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Alyssa Gutierrez	If you prefer to attend the hearing by telephone please dial: (877) 853-5257 (Toll Free)
altsd-ccrc.comments@state.nm.us	Meeting ID: 850 2602 4411
(505) 670-5141	Passcode: 287846
Last Updated Date	
3/31/2022 11:18 AM	If you are a person with a disability and you require this information in an alternative format or require a special
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File	File Name	File Type	Description
View Document	ALTSD Notice approved 3.25.22	PDF	
View Document	9.2.24 Proposed Rule	PDF	



SERVICES V

CAREGIVER RESOURCES V

PROTECTING ADULTS V

Public Comment

Public Comment 1

NEWS & EVENTS V

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NEWS & EVENTS Overview Latest News **Upcoming Events Emergency Resources** Senior Citizen Constituent Forums Conference on Aging Conference on Aging Archive **CCRC Rule Making** COVID-19 Resources and Information COVID-19 LTC Resources Create & Connect Press & Media Resources Senior Social Hour **Caregiver Cooperatives** Workshops

CCRC Rule Making

Rulemaking and Public Hearing Documents:

- Notice of Rulemaking and Public Hearing
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Authority for the proposed rule's repeal and replacement is provided by Subsection E of Section 9-23-6 NMSA 1978, which states the following: "The secretary may make and adopt such reasonable procedural rules as may be necessary to carry out the duties of the department and its divisions."

The Department will hold a public hearing via Zoom link on Thursday May 19, 2022, from 9:00 a.m. to 12:00 p.m. to take comments regarding the proposed amendments to 9.2.24 NMAC.

Notice Date: April 5, 2022 Hearing Date and Time: May 19, 2022, from 9:00 a.m. to

Have a question? LIVE CHAT







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CAREGIVER RESOURCES V

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NEWS & EVENTS V

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CCRC Rule Making

Rulemaking and Public Hearing Documents:

- Motice of Rulemaking and Public Hearing
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Notice Date: April 5, 2022 Hearing Date and Time: May 19, 2022, from 9:00 a.m. to Public Comment

Public Comment 1

Public Comment 2







From: <u>Gutierrez, Alyssa, ALTSD</u>
To: <u>Scott, Jennifer, ALTSD</u>

Subject: FW: 9.2.24 NMAC Proposed Repeal and Replacement - ALTSD"s "The Administration of the Continuing Care Act"

Date: Tuesday, May 3, 2022 10:33:38 AM

Attachments: 9.2.24 Proposed Rule.pdf

ALTSD Notice approved 3.25.22.pdf

From: Gutierrez, Alyssa, ALTSD **Sent:** Friday, April 1, 2022 4:28 PM

To: Martin, Anastasia, ALTSD <Anastasia.Martin@state.nm.us>; Hotrum-Lopez, Katrina, ALTSD

<Katrina.Hotrum-Lopez@state.nm.us>

Subject: FW: 9.2.24 NMAC Proposed Repeal and Replacement - ALTSD's "The Administration of the

Continuing Care Act"

Good Afternoon,

Below is the email sent out to stakeholders. The people this was sent to are listed below..

Elizabeth Dwyer: othelloetd@gmail.com

Zoe Rae: ZHRae@aol.com

Vicente Vargas: v.vargas@nmhca.org

Senator Bill Tallman: bill.tallman@nmlegis.gov
Representative Liz Thomson: leonliz@comcast.net
Legislative Council Service: leonliz@comcast.net

Thank you,

Alyssa Gutierrez
Administrative Assistant
Records Custodian
Office of the Secretary
Aging and Long-Term Services Department
505-670-2738

From: Comments, ALTSD-CCRC, ALTSD **Sent:** Friday, April 1, 2022 4:26 PM

To: Comments, ALTSD-CCRC, ALTSD < <u>ALTSD-CCRC.Comments@state.nm.us</u>>

Subject: 9.2.24 NMAC Proposed Repeal and Replacement - ALTSD's "The Administration of the

Continuing Care Act"

Greetings.

The Aging and Long-Term Services Department is proposing to repeal and replace 9.2.24 NMAC, pertaining to Rate and Fee Increases by Continuing Care Communities. The purpose of the proposed repeal and replacement is to comply with amendments to the Continuing Care Act, Sections 24-17-1 through 24-17-18 NMSA 1978. The proposed rule will not only address rate and fee increases by Continuing Care Communities. It will now be entitled, "The Administration of the Continuing Care Act." Authority for the proposed rule's repeal and replacement is provided by Section 9-23-6(E) NMSA 1978. The Department will hold a **public hearing** via **Zoom link** on **Thursday, May 19, 2022, from 9:00 a.m. to 12:00 p.m.** to take comments regarding the proposed repeal and replacement of 9.2.24 NMAC. Information for attending the public hearing is below:

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The published rulemaking notice is attached, along with a copy of the proposed rule. The notice and proposed rule are also available on the ALTSD website. Questions may be directed to the phone number provided above. Thank you for your interest in this proposed rule. The Department appreciates any comments you may wish to provide.

Aging and Long-Term Services Department

Rule 9.2.24 NMAC

Exhibit 17

Zoom Hearing Attendance List

May 19, 2022

Carmen Bliss

Michal Hayes

Archie Wyman

Jennifer Scott

Craig Erickson

Bruce Malott

Stephanie Macek

Flori Martinez

Jared Sanchez

Anastasia Martin

Elizabeth Dwyer

From: Elizabeth Dwyer < othelloetd@gmail.com>

Sent: Saturday, May 7, 2022 7:56 AM

To: Comments, ALTSD-CCRC, ALTSD < ALTSD-CCRC.Comments@state.nm.us>

Cc: Dwyer Elizabeth < othelloetd@gmail.com>

Subject: [EXTERNAL] Comments re: 9.2.24 NMAC Proposed Repeal and Replacement - ALTSD's "The

Administration of the Continuing Care Act"

CAUTION: This email originated outside of our organization. Exercise caution prior to clicking on links or opening attachments.

Comments re: 9.2.24 NMAC Proposed Repeal and Replacement ALTSD's "The Administration of the Continuing Care Act"

I am communicating the following comments in response to an email sent on Friday, April 1, 2022, titled: 9.2.24 NMAC Proposed Repeal and Replacement – ALTSD's "The Administration of the Continuing Care Act". I serve as Chair of the Legislative and NaCCRA (L&N) Committee of The Neighborhood in Rio Rancho (NIRR) Residents' Council and serve on the Board of the New Mexico Regional Chapter of the National Continuing Care Residents' Association (NaCCRA). The following comments are collected from NIRR residents and members of the NaCCRA Board.

Speaking on behalf of both the L&N Committee and the Regional Chapter of the NaCCRA Board, I want to thank Secretary Hotrum-Lopez and her staff for working with us to get SB 152 passed, and then listening to our concerns and comments during the initial process of beginning to draft new rules. We are encouraged to see many of our recommendations included in these final proposed rules.

Here are our specific comments:

1. 9.2.24.8 - Rate and Fee Increases

A. Monthly fees should be changed no more frequently than on an annual basis. Interim fee increases are disruptive to resident budgeting and can mislead prospective residents who would be assuming only an annual change to monthly fees.

If fee increases are to be assessed more often than annually, the administrative rule should require that such policy, or possibility, be clearly and specifically spelled out in residents' contracts.

C. (1) "economic necessity" as defined in Subsection G of 9.2.24.7 NMAC reads as follows:

"economic necessity" means insolvency or circumstances where funds are lacking to maintain a reasonable level of service and care for residents, including the inability to meet loan or bond requirements, or having insufficient funds to comply with master trust indenture or a future service obligation, where, under GAAP accounting, the expenses are greater than the future revenue.

Here is our question: What if funds are lacking because our sole member owner has invested in other properties and made La Vida Llena and NIRR part of the Obligated Group of non-profits that are responsible to cover any of the subsidiary losses? This situation currently exists in that one of the entities owned by our sole member continues to be downgraded by Fitch and may become insolvent. Please revisit your definition of "economic necessity" to protect our CCRC's if this should occur.

C. (4) Is a reasonable return on investment as referenced in 9.9.24.12 NMAC appropriate for a non-profit organization?

See comments in #2 in response to language at 9.2.24.12.

D. Fee increases at La Vida Llena and The Neighborhood in Rio Rancho have been assessed down to one-hundredth of a percent. Such an accurate calculation certainly involves mathematics.

Suggested Rule:

Please require that the mathematical computations that support rate increases accurate to one-hundredth of a percent be provided to residents. Vague explanations supporting rate increases are subjective and defy accurate evaluation, but mathematical calculations can be checked.

2. 9.2.24.12 – Reasonable Return on Investment as It Pertains to Rate and Fee Increases Comments:

- A. The 90-day US Treasury bill rate is a low (but positive) measurement.
- B. The six-percentage point return on investment would be excessive for a non-profit.

Suggested Rule:

There should be a separate "reasonable" return standard for non-profit versus for-profit organizations.

3. 9.2.24.16 – Disclosure Statement and Provider Certification

A. Annual Disclosure Statement to ALTSD:

Suggested Rule:

Require a standard financial reporting form in the Annual Disclosure Statement for all CCRC's so that financial information is presented in a way that persons without degrees in accounting can understand. This will provide important information to current and prospective CCRC residents.

I am attaching a copy of the Florida Office of Insurance Regulation's Annual Financial Report as an example. This reporting form addresses some of our concerns regarding minimum liquid reserves, escrow statements, and both La Vida Llena and The Neighborhood in Rio Rancho's vulnerabilities that result from being part of the Obligated Group that could potentially be responsible for losses in a property in another state that is owned by our sole member.

https://www.floir.com/siteDocuments/OIR-A3-470.pdf

4. 9.2.24.17 – Actuarial Studies

Each of the three paragraphs in this section are extremely important to residents and potential residents of CCRC's, as well as the future of the CCRC industry, in general. The new requirement that the actuarial analysis and the annual future-service obligation calculation must be performed by an actuary who certifies that they are a member of the American academy of actuaries is critical to the substance of the results of those calculations.

Residents in Type-A Continuing Care Communities often invest their life savings to pay the buyin fees to such Communities. Many, perhaps most, senior citizens who invest in these Communities do so on blind faith since they are not qualified to assess the long-term future viability of such Communities. Unfortunately, Type-A Communities do sometimes go bankrupt. This has happened in New Mexico. When a Community goes bankrupt, it can render residents destitute.

Suggested Rule:

Require that actuaries who do a Community's comprehensive actuarial analysis provide their best judgment of the Community's chances of remaining viable for the next 5 to 10 years. Require that actuaries' rate the probability of a Community's 5 year and 10 year future viability on a scale of poor, average, or good. For comparison, require that residents and prospective residents be provided the ratings that have been assigned to every Type A Community in the state.

Speaking personally, from experiences in my life, parts of which were working as a public sector professional and having parents who talked about planning for their later years, I believe CCRC's are good public policy. If, throughout our lives, we can keep a handle on what it would cost to live in a CCRC, those costs can be factored into our financial planning over our lifetimes. The saddest stories I have witnessed are watching some of my friends and colleagues work to convince their parents that they needed to rid themselves of their assets in time to have incomes low enough to qualify for Medicaid. Keeping a healthy CCRC industry is good for us and for our country's economy.

If you have questions regarding any of our comments, please contact me at othelloetd@gmail.com.

Again, thank you all for the excellent work you have done with us.

Respectfully submitted, Elizabeth Dwyer



Florida Office of Insurance Regulation

ANNUAL FINANCAL REPORT

FLORIDA COMPANY CODE:						
FLORIDA PROVIDER GROUP CODE:						
FEDERAL EMPLOYER IDENTIFICATION NUMBER:						
ANNUAL FINANCIAL REPORT OF						
(Continuing Care Provider)						
FOR						
(Continuing Care Facility)						
TO THE FLORIDA OFFICE OF INSURANCE REGULATION						
Life & Health Financial Oversight 200 East Gaines Street Tallahassee, FL 32399 - 0331						
FOR PERIOD ENDED						

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GENERAL INFORMATION AND INSTRUCTIONS

The Florida Office of Insurance Regulation ("Office") issues a Certificate of Authority to the Provider, which is the legal entity that issues contracts for continuing care for a Facility, including residency agreements, reservation agreements, and waitlist agreements. Separate Certificates of Authority are issued for each Facility, which can result in a single Provider holding multiple Certificates of Authority and, therefore, submitting multiple reports for the same period. In addition to operating multiple Facilities, it is not unusual for Providers to engage in business other than providing continuing care in Florida. As a result, the Office requires financial information at the Provider and Facility level to evaluate the financial condition.

Further, many continuing care Providers are part of holding company structures through which they are affiliated with other Florida Providers through common ownership or control. These instructions are intended to clarify reporting requirements so that the Office has a clear understanding of the participants in the Florida market, regardless of organizational structure.

- 1. Financial statements must be prepared in accordance with generally accepted accounting principles and as prescribed in the Florida Statutes.
- 2. All terms used in this report will have their general meaning except where specific statutory language applies under the applicable provisions of the Florida Insurance Code.
- 3. Submit this form electronically via the Office's system at https://www.floir.com/iportal.
- 4. All questions and portions of this form must be completed in order for the filing to be considered complete—do not leave any items blank. For the financial statements, please ensure to enter 0 for numerical values and N/A for text responses, as appropriate, rather than leaving the field blank.
- 5. If additional explanations, supporting statements, documentation, or schedules are necessary, please upload them to the filing by attaching them as a Miscellaneous Document. Please add a label to the Miscellaneous Document that describes the attachment for ease of reference. Any attachments should be in a readable electronic format (i.e. Word, Excel, PDF, etc.).
- 6. <u>Attestation</u>. After completing this form, at least two individuals must attest to the filing, as explained on the Attestation. Signatures affixed to the Attestation must be under seal of a notary public. After the Attestation(s) are physically signed and notarized, upload PDFs of them into filing. Please review the Attestation(s) to ensure that the name of the notary public, commission number, commission expiration date, and any required seal or stamp are visible on the form before submitting the filing.
- 7. <u>Financial Statements</u>. Provide a Balance Sheet, Statement of Operations, and Statement of Cash Flows (collectively "Financial Statements") for both the Facility and the Provider. If operating the Facility is the Provider's only business, we would expect the Financial Statements for the Provider and Facility to be identical. If the Provider has more than one Facility or is engaged in other business in addition to operating the Facility, we would expect the Facility's Financial Statements to reflect the financial position and operations of the Facility as a sub-unit of the Provider and the Provider's Financial Statements to reflect the financial position of the Provider and all of its operations.
- 8. <u>Minimum Liquid Reserves</u>. Section 651.035, Florida Statutes, establishes minimum liquid reserve requirements that must be maintained by a Provider for each Facility. Minimum liquid reserve ("MLR") funds must be maintained in escrow or on deposit with the Department of Financial Services, Bureau of Collateral Management. MLR funds are recorded in Lines 6a and 11a of the Balance Sheet.
 - In addition, Providers shall submit a schedule detailing MLR funding and accounts. Providers with financing on the Facility should complete SCHEDULE A and <u>not</u> SCHEDULE B. Providers without financing on the Facility should complete SCHEDULE B and not SCHEDULE A.
- Escrow Statements. To document compliance with the Minimum Liquid Reserve Requirement, please
 upload escrow statements as a component of this filing. For the purpose of SCHEDULE A and SCHEDULE
 B, If a Provider uses a single MLR account for one or more of the Facility's MLR reserves, the Provider

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should evenly apportion the funds between the appropriate reserve types for the purpose of completing the MLR schedule.

- 10. If a Provider owns more than one Facility, or if the Provider is affiliated through common ownership or control with additional Providers owning Facilities in Florida, please include a Provider Group Code on the cover page for the monthly, quarterly, and annual filings.
- 11. <u>Obligated Groups</u>. A Provider that is a member of an Obligated Group should complete SCHEDULE D and should <u>not</u> complete SCHEDULE C. A Provider that is not a member of an Obligated Group should complete SCHEDULE C and should <u>not</u> complete SCHEDULE D.
- 12. Before submitting this filing, please compare this report, the Minimum Liquid Reserve Calculation, and the audited financial statements to ensure that that all of the required filings are accurate and that amounts reported are consistent between documents.

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ATTESTATION

This filing will not be considered complete unless it has been attested to by the Executive Director or Facility Administrator and, depending on the Provider's business structure, at least one other individual as set forth below.

- If the Provider is an individual, the report must be attested to by that individual.
- If the Provider is a corporation or a limited liability company, the report must be attested to by one of its corporate
 officers.
- If the Provider is a partnership or unincorporated association, the report must be attested to by the managing general partner.
- If the Provider is a trust, the report must be attested to by <u>all</u> trustees and officers. Please print additional copies of this page as necessary to provide all required attestations.

The undersigned state that they are representatives of the Provider as specified above and that they are familiar with the laws of Florida relating to continuing care contracts. The undersigned acknowledge that this report is submitted for compliance with Chapter 651, Florida Statutes, and certify under penalty of filing false or misleading documents pursuant to Sections 817.2341 and 837.06, Florida Statutes, that the information provided herein is a full and true reporting of the requested information. The undersigned represent that they are authorized to file this report on behalf of the Provider and that by affixing their signatures to this document, the Provider has executed this instrument.

	(Signature)	(Title)					
	(Typed Name)	(Date)					
State of							
The foregoing was sw	orn to and subscribed before me this	day of	, 20, by				
(Name of Affiant)	, who is p	ersonally known to me o	r who has produced				
(Notary Stamp)	(Sigr	(Signature of the Notary and Date Commission Expires)					
	(Signature)	(Title)					
	(Typed Name)	(Date)					
State of County of The foregoing was sw		day of	. 20 . by				
(Name of Affiant)	, who is p	orderidity known to me o	· ······ · · · · · · · · · · · · · · ·				
(Notary Stamp)	(Sig	gnature of the Notary and Date	Commission Expires)				

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Facility Nar	ne:
Period End	ing:

PROVIDER INFORMATION

Provide	er Name:	<u> </u>		
Provide	er Street	Address:		
City:			State:	Zip:
Phone:				
Provide	er Mailing	g Address:		
City:			State:	Zip:
Contac	t Name:			
Contac	t Title:			
Email A	\ddress:			
	0 0 0 0 0 0	For-profit corporation Not-for-profit corporatio General Partnership Limited Partnership Trust Joint Venture Limited Liability Compa Other:	any	
2.	0	Yes No	sponsored by a not-for-profit on a name of the affiliated or spo	organization? onsoring organization
3.	Is the F	Provider affiliated with a Yes No If yes, please provide t	religious organization? ne name of the religious organ	nization
4.			npany Code of every CCRC in s. Please separate Florida Cor	Florida for which the Provider is licensed pursuant mpany Codes with a comma.
5.	Provide	e the following information	n regarding every CCRC own	ed or managed by the Provider.

Facility Name	Location	Owned	Managed
	(select state)	(check box if yes)	(check box if yes)

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Name: Ending:			
 Yes No 			
If yes, provide the following information: a. Name of the management company: b. Date of execution of the current management c. Expiration date of the current management d. Provide the information below regarding e	nent agreement: nt agreement:		anagement company
a. Name of the management company:b. Date of execution of the current managementc. Expiration date of the current management	nent agreement: nt agreement:		anagement company Managed (check box if yes)
 a. Name of the management company: b. Date of execution of the current management c. Expiration date of the current management d. Provide the information below regarding executions 	nent agreement: nt agreement: very CCRC owned o	r managed by the ma	Managed
 a. Name of the management company: b. Date of execution of the current management c. Expiration date of the current management d. Provide the information below regarding executions 	nent agreement: nt agreement: very CCRC owned o	r managed by the ma	Managed
 a. Name of the management company: b. Date of execution of the current management c. Expiration date of the current management d. Provide the information below regarding executions 	nent agreement: nt agreement: very CCRC owned o	r managed by the ma	Managed
 a. Name of the management company: b. Date of execution of the current management c. Expiration date of the current management d. Provide the information below regarding executions 	nent agreement: nt agreement: very CCRC owned o	r managed by the ma	Managed

7	Does the Provider nav	commission to any	v officer i	director	or salaried	employee?

- o Yes
- o No
- a. If yes, please provide the following information.

Name	Position

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Facility	Name:
Period	Ending:

- 8. Were debt service payments due for the Provider during the reporting period?
 - o Yes
 - o No
 - a. If yes, for each lender, please provide the information below regarding the debt service payments due during the reporting period.

Lender(s)	A Principal	B Interest	C Taxes	D Insurance	E	Payments Timely
Lender(s)	Fillicipal	interest	Taxes	insurance	Debt Service per Lender (Sum of A through D)	Made? (Select Yes or No)
1.					A unough b)	
2.						
3.						
4.						
5.						
6. Total Debt Service						

9.	Does the Provider have any balloon payments due on debt related to this Facility within 3 years of the period
	ended date of this filing?

- o Yes
- o No

If yes, please provide the following:

a.	ine a	mouni	t Ot	tne	balloon	payment:	
			_				

b. Name of the lender:

C.	The due of	date for the	balloon	payment:	
----	------------	--------------	---------	----------	--

10.	. Upload an audited financial report for the Provider that meets the requirements of section 651	.026(2)(b) a	and
	(c)(6), Florida Statutes.		

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FACILITY INFORMATION

y:		Zip:	
ne:	County:		
vider Mailing Address:			
	State:		
cutive Director:			
ne:	Ext:		
ail Address:			
2. What is the as of date f	market value of the Facility? _ for the estimated value provid Iformation regarding all insura I.	ed above?	
Insurer	Coverage Type	Coverage Limit	Deductible /Retention
4. Facility owned by:			
	ne Facility or any part of Facil		

Please provide the following information regarding any units that have been added to the Facility during the reporting period (a certificate of occupancy has been issued) or are currently under construction.

For Assisted Living and Memory Care Units, please report the number of Assisted Living Units that the Provider does not consider to be Memory Care Units as of the reporting date in Line 9. Report the number of units that the Provider considers to be Memory Care Units as of the reporting date in Line 10. If the Provider does not make a distinction between Assisted Living and Memory Care or if a decision regarding whether the units will be used for Memory Care has not been made, please report all units as Assisted Living in Line 9 and enter 0s for Line 10.

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	A Added	B Under Construction
8. Independent Living Units		
Assisted Living Units		
10. Memory Care Units		
11. Total Assisted Living (Line 9 + Line 10)		
12. Community Beds		
13. Sheltered Beds		
14. Total Skilled Nursing Beds (Line 12 +Line 13)		·
15. Total Units (Sum of Lines 8, 11, and 14)		·

- 16. Where any additional independent living/community common spaces constructed this year?
 - o Yes
 - o No
- 17. Was a new assisted living or memory care facility constructed during this year?
 - Yes
 - o No
- 18. Was a new skilled nursing facility constructed during this year?
 - Yes
 - o No
- 19. Did the Provider undertake a substantial renovation project for existing units?
 - o Yes
 - o No
- 20. Has the Provider remodeled or reconfigured the Facility to combine or otherwise permanently reduce the number of units?
 - a. Yes
 - b. No
- 21. Did the Provider incur any additional debt to related to construction costs?
 - Yes
 - o No
 - i. If yes, how much new debt was incurred? _____

If the Provider's plans for future construction projects at the Facility are publicly available, please provide the following information regarding any units that the Provider plans to add to the Facility in the next 3 years (3 years from the period ended date of this filing).

For Assisted Living and Memory Care Units, please report the number of Assisted Living Units that the Provider does not consider to be Memory Care Units as of the reporting date in Line 23. Report the number of units that the Provider considers to be Memory Care Units as of the reporting date in Line 24. If the Provider does not make a distinction between Assisted Living and Memory Care or if a decision regarding whether the units will be used for Memory Care has not been made, please report all units as Assisted Living in line 23 and enter zeroes for line 24.

	A Number of Units to Be Added
22. Independent Living Units	
23. Assisted Living Units	
24. Memory Care Units	
25. Total Assisted Living (Line 22 + Line	
23)	
26. Community Beds	
27. Sheltered Beds	
28. Total Skilled Nursing Beds (Line 26 + Line 27)	
29. Total Units (Sum of Lines 22, 25, and 28)	

30. Does the plan to

plan to construct any additional independent living/community common spaces to the Facility in the next three years?

Provider

o Yes

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Facility Name:	
Period Ending:	
o	No

31. Does the Provider plan to construct a new assisted living or memory care facility within the next 3 years?

YesNo

32. Does the Provider plan to construct a new skilled nursing facility within the next 3 years?

YesNo

33. Does the Provider plan to begin a substantial renovation project for existing units within the next 3 years?

Yes

o No

34. Does the Provider plan to remodel or reconfigure the Facility to combine or otherwise permanently reduce the number of units within the next 3 years?

Yes

o No

35. Does the Provider plan to incur any additional debt to related to construction costs within the next 3 years?

o Yes

o No.

a. If yes, how much new debt is estimated to be incurred? _____

36. Were debt service payments due specifically related to this Facility during the reporting period?

o Yes

o No

If yes, for each lender, please provide the following information regarding the Provider's debt service payments that were due during the reporting period.

Lender(s)	A Principal	B Interest	C Taxes	D Insurance	E Debt Service per Lender (Sum of A through D)	Payments Timely Made? (Select Yes or No)
37.						
38.						
39.						
40.						
41.						
42. Total Debt Service						

43.	Does the Provider have any	y balloon payments	s due on debt	related to this	Facility within 3	years of th	ne period
	ended date of this filing?						

Yes

o No

If yes, please provide the following:

a. The amount of the balloon payment: __

b. The name of the lender:

c. The due date for the balloon payment: ______

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RESIDENTS' COUNCIL AND MEETING INFORMATION

	, , ,	on performing a simila	r function, of the
a.	Name:		
b.	Phone:		
C.	Email Address:		
	Reside a. b.	Please provide the following information for the President, Chair, or personal Residents' Council or similar body: a. Name: b. Phone: c. Email Address:	a. Name: b. Phone:

2. Please provide the following information regarding the quarterly meetings required by section 651.085, Florida Statutes:

Date of Quarterly Meeting	Date Notice of Quarterly Meeting Was Provided	Name & Title of Provider Representative(s) in Attendance	Monthly Fee Increases Discussed? (select yes or no)	Summary of Reasons for Fee Increase Provided in Writing?
				(select yes or no)

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FEES AND CHARGES

- 1. Please upload the fee schedules in affect as-of the period ended date of this filing in as Excel file or in readable PDF format. As applicable, please provide a fee schedule for each of the following:
 - a. Entrance fees continuing care contracts;
 - b. Monthly maintenance fees continuing care contracts;
 - c. Fees charged for assisted living care;
 - d. Fees charged for memory care; and
 - e. Fees charged for skilled nursing care.

Please provide the following range of fees for continuing care contracts:

		A Lowest Fee	B Highest Fee
2.	Entrance fee		
3.	2 nd person entrance fee		
4.	Monthly maintenance fee		
5.	2 nd person maintenance		
	fee		

- 6. How does the Provider apply the proceeds of entrance fees received? Please check all that apply:
 - o To pay down long-term debt
 - To pay operating expenses
 - o To fund construction or renovation
 - To pay resident refunds
 - o Other: _____
- 7. If the entrance fee is not the same in all cases, how is the amount of the entrance fee determined? Please check all that apply:
 - Entrance fee varies by unit type
 - o Entrance fee changes based on market conditions or marketing promotions
 - o Entrance fee varies based on healthcare services provided
 - Entrance fee varies based on services provided other than healthcare benefits (number of meals, housekeeping, etc.)
 - Entrance fee varies based on whether a portion of the entrance fee is refundable regardless of the length of the resident's occupancy or if the entrance fee will amortize to 0% refundable
 - Entrance fee varies based on timing of the refund payment
 - o Entrance fees vary by the age or health of the prospective resident
 - o Other:

Regardless of whether the change involves the basic rate or only those services available at additional cost the resident, please provide the following information:

- 8. Has the Provider changed or increased fees during the reporting period?
 - Yes, fees increased, If so, by how much on average? a.
 - No, fees stayed the same
 - No, fees decreased. If so, by how much on average? b. ______%
- 9. Has the Provider changed the scope of care or services during the reporting period?
 - Yes, the provider provides a broader scope of care or services than last year
 - Yes, the provider provides a narrower scope of care or services than last year
 - o No, the scope of care or services is the same as last year
- 10. Has the Provider changed the rates for care or services during the reporting period?
 - Yes, the rates for care or services increased, If so, by how much on average? a.
 - Yes, the rates for care or services decreased. If so, by how much on average? b. _______%
 - o No, the rates for care or services stayed the same

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RESIDENT COUNT

For each category below, specify the total number of individuals at this Facility as of the end of the reporting period. Continuing care at-home residents should not be included in lines 1 through 4.

Level of Care	A Pursuant to a Continuing Care Contract	B Without a Continuing Care Contract
Independent Living		
Assisted Living and Memory Care		
3. Skilled Nursing		
4. Total (Sum of Lines 1, 2 and 3)		

5.	Please specify how many individuals have contracted with the Provider pursuant to a continuing care athome contract for this Facility:
6.	Provide the average age of the resident population:

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CONTINUING CARE CONTRACTS

Using the definitions below, please complete the following table regarding the number of continuing care contracts in force at this Facility. Please provide the number of the Provider's in force continuing care contracts that fit in each category. Choose the best fit using the definitions below.

Type A or "Extensive" or Life Care" Contracts: continuing care contracts that provide lifetime access to independent living and assisted living or skilled nursing care with little or no increase in the monthly fee as the result of moving to a higher level of care.

Type B or "Modified" Contracts: continuing care contracts that offer a less extensive health care benefit than Type A contracts, but more benefits than a fee-for-service contract. Type B contracts may provide for a slightly discounted rate for assisted living or skilled nursing care, a limited period of assisted living or skilled nursing care, or a set amount of funds to be credited toward charges for assisted living or skilled nursing care. If residents exhaust their healthcare credit or remain at a higher level of care for a greater period of time than the number of days established in their continuing care contract, they pay a stated daily rate for care.

Type C or "Fee-for-Service" Contracts: continuing care contracts that grant residents exclusive or priority access to assisted living or skilled nursing care, but do not provide any discounts for assisted living or skilled nursing care. Residents at a higher level of care are charged the stated daily rate.

Traditional Refund Clause: a clause in a Type A, Type B, or Type C continuing care contract whereby the resident's entrance fee amortizes down to a 0% refund of the entrance fee based on months of occupancy by the resident.

Refundable Clause: a clause in a Type A, Type B, or Type C continuing care contract that provides the resident with a right to a refund of a specified percentage their entrance fee regardless of the number of months of occupancy, subject to terms and conditions.

	A Traditional Refund Clause	B Refundable Clause
1. Type A		
2. Type B		
3. Type C		

Please provide the following information regarding the Provider's refund liability for this Facility.

	A Current Reporting Period	B Previous Annual Reporting Period
4. Contractual liability for refundable entrance Fees		
5. Contractual refund obligations assuming all contracts were terminated		

6.	Please provide the OIR Form Filing Numbers for the continuing care contracts that the Provider has not
	discontinued writing at this Facility. Please separate each form filing number with a comma.

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- 7. Is the estimated present value of the net cost of future services and use of facilities less than the deferred revenue from entrance fees?
 - o Yes
 - o No
 - a. If the estimated present value of the net cost of future services and use of facilities exceeds the deferred revenue from entrance fees, has the Provider recorded a liability representing the obligation to provide future services and use of facilities to residents?
 - Yes
 - o No
 - Not Applicable
 - b. If a liability was recorded, what is the amount of the liability representing the obligation to provide future services and use of facilities? ______

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ASSISTED LIVING/MEMORY CARE AND SKILLED NURSING INFORMATION

Skilled Nursing

1.	Do the Provider's continuing care contracts provide for skilled nursing services?
	o Yes
	o No
	If yes, please provide the following:
	The name of the skilled nursing provider In the skilled nursing provider on efficience of the Provider?
	Is the skilled nursing provider an affiliate of the Provider?Yes
	YesNo
	O NO
2.	Does the Provider offer continuing care at-home contracts that provide for skilled nursing services?
	Yes
	o No
3.	How are these services provided? Select all that apply.
	On site at a Facility owned by the Provider
	 On site at a facility owned by an affiliate
	 On site by an unaffiliated provider
	 Off site by at a Facility owned by the Provider
	 Off site at a facility owned by an affiliate
	 Off site by an unaffiliated provider
4.	Upload a copy of the nursing provider's most recent license renewal and nursing home rating.
16.41	ha abillad assasina faailitsiis assasad ha tha Daniidan daan kanadisinata in tha fallassina.
II U	he skilled nursing facility is owned by the Provider, does it participate in the following:
5	Medicare
0.	Yes. If yes, Annual Receipts
	• No
6.	Medicaid
0.	Yes. If yes, Annual Receipts
	o No
Assist	ed Living/Memory Care
_	
7.	Do the Provider's continuing care contracts provide for assisted living or memory care services?
	o Yes
	o No
	If yes, please provide the following:
	a. The name of the assisted living provider.
	b. Is the assisted living provider an affiliate of the Provider?
	YesNo
	o No
8.	Does the Provider offer continuing care at-home contracts that provide for assisted living or memory care services?
0.	• Yes
	o No
9.	How are these services provided? Select all that apply.
	On site at a Facility owned by the Provider
	On site at a facility owned by an affiliate
	On site by an unaffiliated provider
	Off site by at a Facility owned by the Provider
	Off site at a facility owned by an affiliate
	Off site by an unaffiliated provider

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- 10. Upload a copy of the assisted living provider's most recent license renewal.
- 11. Does this facility require long-term care insurance, Medicare supplement insurance, or similar types of insurance policies on behalf of the residents or the facility? Check all that apply.
 - o No
 - Long-term care insurance
 - o Medicare supplement insurance
 - o Other: a. _____
- 12. Does this facility arrange long-term care insurance, Medicare supplement insurance, or similar types of insurance policies on behalf of the residents or the facility? Check all that apply.
 - o No
 - o Long-term care insurance
 - Medicare supplement insurance
 - o Other: a. _____

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UNIT ANALYSIS

Please complete the table below regarding the units at the Facility. For the purposes of completing the Unit Analysis, please refer to the descriptions below.

<u>Continuing Care Units</u>: Units, other than Skilled Nursing Units, occupied by or to be occupied by at least one continuing care contract holder. Units that are *Available to Market and Unsold* or *Unavailable to Market* should be reported in this section, rather than the Rental Units section, unless the Provider has discontinued marketing all or a specific portion of the Facility to prospective continuing care contract holders.

Assisted Living and Memory Care Units: For lines 2, 7 and 15, please report the number of Assisted Living Units that the Provider does not consider to be Memory Care Units as of the reporting date. For lines 3, 8, and 16, please report the number of units that the Provider considers to be Memory Care Units as of the reporting date. If the Provider does not make a distinction between Assisted Living and Memory Care, please report all units as Assisted Living in lines 2, 7, and 15, and enter 0s for lines 3, 8, and 16.

Rental Units: Rental Units are those occupied by individuals who are not continuing care contract holders. Available to Market and Unsold and Unavailable to Market Units should be reported as Continuing Care Units unless the Provider has discontinued marketing all or a specific portion of the Facility to prospective continuing care contract holders.

<u>Skilled Nursing Units:</u> Community Beds refers to Skilled Nursing Units occupied by or available to individuals who are not continuing care contract holders. Sheltered Beds refers to Skilled Nursing Units occupied by or available only to continuing care contract holders.

Other Continuing Care Contracts: This section refers to continuing care contract holders residing at a location that is not operated by the Provider. Line 14 refers to individuals with continuing care at-home contracts that are not currently residing at the Facility. Lines 15 through 19 refer to continuing care or continuing care at-home contract holders residing at a location that is not operated by the Provider.

	Α	В	С	D	E
	Occupied or Sold	Available to Market and Unsold	Unavailable to Market	Reserved by Prospective Residents	Total (A+B+C+D)
Continuing Care Units					
1. Independent Living Units					
2. Assisted Living					
3. Memory Care					
4. Total Assisted Living (Line 2 +					
Line 3)					
5. Total Continuing Care Units					
(Line 1 + Line 4)					
Rental Units					
6. Independent Living Rental					
7. Assisted Living Rental					
8. Memory Care Rental					
9. Total Assisted Living Rental					
(Line 7 + Line 8)					
10. Total Rental Units (Line 6 +					
Line 9)					
Skilled Nursing Units					
11. Community Beds					
12. Sheltered Beds					
13. Total Skilled Nursing Beds					
(Line 11 + Line 12.)					
Other Continuing Care Contracts					
14. Independent Living					
15. Assisted Living					
16. Memory Care					

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Facility Name: Period Ending: 17. Total Assisted Living (Line 15 + Line 16) 18. Skilled Nursing

Line 16)			
18. Skilled Nursing			
19. Total Other Continuing Care Contracts (Sum of Lines 14, 17, and 18)			
20. Total of All Units (Sum of Lines 5, 10, 13, and 19)			

UNIT SALES

		Number	r
1.	Total CCRC units available beginning of this period:		
2.	Plus units returned to inventory due to cancellation of sale, death, transfer, move-out, etc. this period:		
3.	Plus units added during this period:		
4.	Less CCRC units sold this period:	()
5.	Less CCRC units removed from inventory for renovation, rental, or other purposes during this period:	()
6.	Total CCRC units available end of this period: (Sum of lines 1, 2, and 3, minus lines 4 and 5)		

WAITING LIST

Complete the table below regarding waiting list deposits. A waiting list deposit is any payment made by or on behalf of a prospective resident to a Provider in return for a preferential right to subscribe to a continuing care agreement.

		A Number	B Amount
1.	Deposits on hand beginning of this period:		
2.	Deposits received this period:		
3.	Less Deposits utilized or returned this period:	()	()

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Facility Name: Period Ending:			
4.	Net deposits on hand end of this period: (Sum of lines 1 and 2, minus line 3)		

RESERVATION DEPOSITS

A reservation deposit is a payment made by or on behalf of a prospective resident for the purpose of reserving a specific unit in a Facility.

		A Number	B Amount
1.	Deposits on hand beginning of this period:		
2.	Deposits received this period:		
3.	Less Deposits utilized or returned this period:	()	()
4.	Net deposits on hand end of this period: (Sum of lines 1 and 2, minus line 3)		

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ENTRANCE FEE CASH SUMMARY REPORT

1.	Total Entrance Fees Collected this period: (Include all initial entrance fee deposits and installments collected):			
			A mber	B Amount
2.	Beginning Refunds Due			
3.	Refunds Incurred this Period			
4.	Refunds Paid this Period	()	(
5.	Refunds Due End of Period (Sum of lines 2 and 3, minus line 4)			
Refu	nd Balances at End of Period (Aging)		A mber	B Amount
6.	Less than 30 Days			
7.	30 - 60 Days			
8.	61 - 90 Days			
9.	91 - 120 Days			
10.	* Over 120 Days			
11.	TOTAL (Must agree with Line 5 above) (Sum of lines 6 through 10)			
12.	Please provide an explanation for any refunds that are unpaid	but have beer	n due for mor	re than 120 days.
13.	For refunds paid during this reporting period for contracts term number of days from the time a resident's contract was terminated as the contract was the cont	•	•	

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their refund was issued.

PROVIDER FINANCIAL STATEMENTS BALANCE SHEET – ASSETS

CUR	RENT ASSETS		
1.	Cash and Cash Equivalents – Unrestricted		
2.	Short-Term Investments – Unrestricted		
3.	Accounts Receivable, Net		
4.	Entrance Fees Receivable		
5.	Other Receivables		
6.	Current Portion Assets Limited as to Use:		
	a. Excess of Minimum Liquid Reserve Funds		
	b. Other Assets Limited as to Use		
7.	Prepaid Expenses		
8.	Other Current Assets		
9.	TOTAL CURRENT ASSETS (Sum of Lines 1 through 8)		
NON	-CURRENT ASSETS		
10.	Investments – Restricted		
11.	Assets Limited as to Use:		
	a. Required Minimum Liquid Reserve		
	b. Debt Service Reserve – Held by Trustee		
	c. Other Funds – Held by Trustee		
	d. Other – Not Held by Trustee		
	e. Total Assets Limited as to Use (Sum of Lines 11a through 11d)		
12.	Unrestricted Investments		
13.	Property, Plant, and Equipment		
	a. Less Accumulated Depreciation	()
14.	Other		
15.	TOTAL NON-CURRENT ASSETS (Sum of Lines 10 through 14)		
16.	TOTAL ASSETS (Line 9 plus Line 15)		

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PROVIDER FINANCIAL STATEMENTS BALANCE SHEET – LIABILITIES

CURF	RENT LIABILITIES	
17.	Accounts Payable	
18.	Accrued Expenses	
19.	Accrued Interest	
20.	Current Portion of Entrance Fee Refunds Payable	
21.	Current Portion of Long-Term Debt:	
	a. On Facility	
	b. Other	
22.	Current Portion of Notes Payable	
23.	Other Short Term Liabilities	
24.	TOTAL CURRENT LIABILITIES (Sum of Lines 17 through 23)	
NON-	CURRENT LIABILITIES	
25.	Long-Term Debt:	
	a. On Facility	
	b. Other	
26.	Notes Payable	
27.	Refundable Entrance Fees	
28.	Deferred Revenue from Entrance Fees	
29.	Other Long Term Liabilities	
30.	TOTAL NON-CURRENT LIABILITIES (Sum of Lines 25 through 29)	
31.	TOTAL LIABILITIES (Line 24 plus Line 30)	
	ASSETS (DEFICIT) / EQUITY	
32.	Beginning Net Assets (Deficit) / Equity	
33.	Change in Net Assets (Deficit) / Net Income (Loss) (This must agree with Line 31 of the Statement of Operations)	
34.	Other Contributions or Adjustments	
35.	TOTAL NET ASSETS (DEFICIT) / EQUITY (Line 16 minus Line 31)	
36.	TOTAL LIABILITIES AND NET ASSETS (DEFICIT) / EQUITY (Line 31 plus Line 35)	

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PROVIDER FINANCIAL STATEMENTS PROVIDER STATEMENT OF OPERATIONS

REVE	NUES	
1.	Resident Service Fees	
2.	Healthcare Fees	
3.	Rental Revenues	
4.	Total Resident Revenues (Sum of Lines 1 through 3)	
5.	Amortization of Earned Entrance Fees	
6.	Investment Income, Net	
7.	Realized Gains (Losses) from Investments	
8.	Unrealized Gains (Losses) from Investments	
9.	Net Assets Released from Restrictions (This must agree with Line 29)	
10.	Other Income	
11.	TOTAL REVENUES (Sum of Lines 4 through 10)	
EXPE	NSES	
12.	Resident Services	
13.	Dietary Services	
14.	Housekeeping, Maintenance and Utilities	
15.	Insurance:	
	a. On Facility	
	b. Other	
16.	Interest:	
	a. Long-Term Debt on Facility	
	b. Other	
17.	Leasehold Payments	
18.	General and Administrative	
19.	Management Fees	
20.	Marketing	
21.	Healthcare Services	
22.	Taxes:	
	a. Property	
	b. Other	
23.	Other Expenses	
24.	Amortization	
25.	Depreciation	

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Other Non-Cash Operating Expenses (Including interest rate swaps and changes in future service obligation)	
TOTAL EXPENSES (Sum of Lines 12 through 26)	
NCOME (EXPENSE)	
Net Realized Gain on Investments and Assets Limited as to Use	
Net Assets Released from Restrictions (This must agree with Line 9)	
Contributions	
CHANGE IN NET ASSETS (DEFICIT) / NET INCOME (LOSS) (Line 11 minus the sum of Lines 26 through 30)	
	in future service obligation) TOTAL EXPENSES (Sum of Lines 12 through 26) INCOME (EXPENSE) Net Realized Gain on Investments and Assets Limited as to Use Net Assets Released from Restrictions (This must agree with Line 9) Contributions CHANGE IN NET ASSETS (DEFICIT) / NET INCOME (LOSS)

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PROVIDER FINANCIAL STATEMENTS PROVIDER STATEMENT OF CASH FLOWS

Α. (OPERATING ACTIVITIES		
1.	Change in Net Assets (Deficit) / Net Income (Loss)		
	(This must agree with Line 31 of the Statement of Operations)		
2.	Adjustments to Reconcile to Change in Net Assets (Deficit) / Net Income (Loss)		
3.	Cash Provided (Used) by Operations:		
	a. Entrance Fees Received		
	b. Entrance Fee Refunds Paid	()
	c. Earned Entrance Fees	()
	d. Depreciation		
	e. Amortization		
	f.		
	g.		
	h.		
	i.		
	j.		
	k.		
	I.		
	m.		
	n. Total Operations Adjustments (Sum of Lines A3a through A3m)		
4.	Net Cash Provided (Used) by Operating Activities (Sum of Lines A1 through A3)		
B. I	NVESTING ACTIVITIES		
1.	Change in Investments and Assets Limited as to Use		
2.	Purchase of Property and Equipment		
3.			
4.			
5.	Net Cash Provided (Used) by Investing Activities (Sum of Lines B1 through B4)		
		_	
	FINANCING ACTIVITIES		
1.	Repayment of Long Term Debt	()
2.	Entrance Fees Refunded		
3.			
4.			
5.			
6.	Net Cash Provided (Used) by Financing Activities (Sum of Lines C1 through C5)		

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<u>a Liidi</u>	ng.	
D.	Increase (Decrease) in Cash (Sum of Lines A4, B5, and C6)	
E.	Cash at Beginning of Period (This must agree with Line 1 of the Balance Sheet and Line F of the Statement of Cash Flows in the prior year's Financial Statements)	
F.	Cash at End of Period (Line D plus Line E) (This must agree with Line 1 of the Balance Sheet)	

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FACILITY FINANCIAL STATEMENTS BALANCE SHEET – ASSETS

CUR	RENT ASSETS		
1.	Cash and Cash Equivalents – Unrestricted		
2.	Short-Term Investments – Unrestricted		
3.	Accounts Receivable, Net		
4.	Entrance Fees Receivable		
5.	Other Receivables		
6.	Current Portion Assets Limited as to Use:		
	a. Excess of Minimum Liquid Reserve Funds		
	b. Other Assets Limited as to Use		
7.	Prepaid Expenses		
8.	Other Current Assets		
9.	TOTAL CURRENT ASSETS (Sum of Lines 1 through 8)		
NON	-CURRENT ASSETS		
10.	Investments – Restricted		
11.	Assets Limited as to Use:		
	a. Required Minimum Liquid Reserve		
	b. Debt Service Reserve – Held by Trustee		
	c. Other Funds – Held by Trustee		
	d. Other – Not Held by Trustee		
	e. Total Assets Limited as to Use (Sum of Lines 11a through 11d)		
12.	Unrestricted Investments		
13.	Property, Plant, and Equipment		
	a. Less Accumulated Depreciation	()
14.	Other		
15.	TOTAL NON-CURRENT ASSETS (Sum of Lines 10 through 14)		
16.	TOTAL ASSETS (Line 9 plus Line 15)		

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FACILITY FINANCIAL STATEMENTS BALANCE SHEET – LIABILITIES

CURI	RENT LIABILITIES	
17.	Accounts Payable	
18.	Accrued Expenses	
19.	Accrued Interest	
20.	Current Portion of Entrance Fee Refunds Payable	
21.	Current Portion of Long-Term Debt:	
	a. On Facility	
	b. Other	
22.	Current Portion of Notes Payable	
23.	Other Short Term Liabilities	
24.	TOTAL CURRENT LIABILITIES (Sum of Lines 17 through 23)	
NON-	CURRENT LIABILITIES	
25.	Long-Term Debt:	
	a. On Facility	
	b. Other	
26.	Notes Payable	
27.	Refundable Entrance Fees	
28.	Deferred Revenue from Entrance Fees	
29.	Other Long Term Liabilities	
30.	TOTAL NON-CURRENT LIABILITIES (Sum of Lines 25 through 29)	
31.	TOTAL LIABILITIES (Line 24 plus Line 30)	
NET.	ASSETS (DEFICIT) / EQUITY	
32.	Beginning Net Assets (Deficit) / Equity	
33.	Change in Net Assets (Deficit) / Net Income (Loss) (This must agree with Line 31 of the Statement of Operations)	
34.	Other Contributions or Adjustments	
35.	TOTAL NET ASSETS (DEFICIT) / EQUITY (Line 16 minus Line 31)	
36.	TOTAL LIABILITIES AND NET ASSETS (DEFICIT) / EQUITY (Line 31 plus Line 35)	

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FACILITY FINANCIAL STATEMENTS FACILITY STATEMENT OF OPERATIONS

REVE	NUES	1
1.	Resident Service Fees	
2.	Healthcare Fees	
3.	Rental Revenues	
4.	Total Resident Revenues (Sum of Lines 1 through 3)	
5.	Amortization of Earned Entrance Fees	
6.	Investment Income, Net	
7.	Realized Gains (Losses) from Investments	
8.	Unrealized Gains (Losses) from Investments	
9.	Net Assets Released from Restrictions (This must agree with Line 29)	
10.	Other Income	
11.	TOTAL REVENUES (Sum of Lines 4 through 10)	
EXPE	NSES	
12.	Resident Services	
13.	Dietary Services	
14.	Housekeeping, Maintenance and Utilities	
15.	Insurance:	
	a. On Facility	
	b. Other	
16.	Interest:	
	a. Long-Term Debt on Facility	
	b. Other	
17.	Leasehold Payments	
18.	General and Administrative	
19.	Management Fees	
20.	Marketing	
21.	Healthcare Services	
22.	Taxes:	
	a. Property	
	b. Other	
23.	Other Expenses	
24.	Amortization	
25.	Depreciation	

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	ng.	
26.	Other Non-Cash Operating Expenses (Including interest rate swaps and changes in future service obligation)	
27.	TOTAL EXPENSES (Sum of Lines 12 through 26)	
OTHE	R INCOME (EXPENSE)	
28.	Net Realized Gain on Investments and Assets Limited as to Use	
29.	Net Assets Released from Restrictions (This must agree with Line 9)	
30.	Contributions	
31.	CHANGE IN NET ASSETS (DEFICIT) / NET INCOME (LOSS) (Line 11 minus the sum of Lines 26 through 30)	

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FACILITY FINANCIAL STATEMENTS FACILITY STATEMENT OF CASH FLOWS

			_
Α. (OPERATING ACTIVITIES		
2.	Change in Net Assets (Deficit) / Net Income (Loss)		
	(This must agree with Line 31 of the Statement of Operations)		
2.	Adjustments to Reconcile to Change in Net Assets (Deficit) / Net Income (Loss)		
3.	Cash Provided (Used) by Operations:		
	a. Entrance Fees Received		
	b. Entrance Fee Refunds Paid	()
	c. Earned Entrance Fees	()
	d. Depreciation		
	e. Amortization		
	f.		
	g.		
	h.		
	i.		
	j.		
	k.		
	I.		
	m.		
	n. Total Operations Adjustments (Sum of Lines A3a through A3m)		
4.	Net Cash Provided (Used) by Operating Activities (Sum of Lines A1 through A3)		
		-	
	INVESTING ACTIVITIES		
1.	Change in Investments and Assets Limited as to Use		
2.	Purchase of Property and Equipment		
3.			
4.			
5.	Net Cash Provided (Used) by Investing Activities (Sum of Lines B1 through B4)		
C. I	FINANCING ACTIVITIES	7	
1.	Repayment of Long Term Debt	()
2.	Entrance Fees Refunded	<u> </u>	
3.			
4.			
5.			
6.	Net Cash Provided (Used) by Financing Activities (Sum of Lines C1 through C5)		
<u> </u>	Het Gash i Tovided (Gasta) by i maneing Activities (Guill of Lines of through Ga)		

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Ju Liiuii	ıg.	
D.	Increase (Decrease) in Cash (Sum of Lines A4, B5, and C6)	
E.	Cash at Beginning of Period (This must agree with Line 1 of the Balance Sheet and Line F of the Statement of Cash Flows in the prior year's Financial Statements)	
F.	Cash at End of Period (Line D plus Line E) (This must agree with Line 1 of the Balance Sheet)	

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Yes No

Yes No

0

0

EXHIBIT A - INTERROGATORIES

For any "Yes" responses, please upload and explanation and any required documentation into the filing. The supporting documentation should be uploaded as a Miscellaneous Document. Please label the documentation appropriately for ease of reference when reviewing the filing.

1. If the Provider is a limited partnership, has the general partner changed since the last filing submission?

2. Has any individual or entity assumed ownership or possession of or control over 10% or more of the Provider, a controlling company of the Provider, or the Provider's assets, based on the balance sheet from

3. Have there been any other changes in the officers, directors, shareholders of the Provider since the last

the most recent audited financial report filed with the Office, since the last filing submission?

	filing submission? o Yes o No
4.	Have there been any changes to managers of or management company for the Facility, including the Executive Director, Facility Administrator, or equivalent position, since the last filing submission? O Yes No
5.	Have there been any changes to the Provider's organizational structure since the last filing submission? o Yes o No
6.	Have there been any changes to the Provider's organizational documents since the last filing submission? Organizational documents include but are not limited to: articles of incorporation, by-laws, partnership agreement, articles of association, trust agreement, etc. o Yes o No
7.	Have any judgments or fines been entered against the Provider since the last filing submission? o Yes o No
8.	With respect to any business operations of the Provider, have any bankruptcy, delinquency, receivership, foreclosure or loan default proceedings been initiated since the last filing submission? O Yes No
9.	Is the Provider out of compliance with any terms, conditions, or covenants established in lending agreements for long-term financing? O Yes No

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- 10. Since the last filing submission, have any administrative actions been initiated against any of the following:
 - the Provider or any of its officers, directors, or controlling persons;
 - any affiliates of the Provider;
 - the managers or management company of the Facility, including the Executive Director, Facility Administrator, or equivalent position; or
 - any entity providing shelter, nursing care, or personal services pursuant to the Provider's continuing care contracts.
 - Yes
 - o No
- 11. Since the last filing was submitted, have any of individuals described below been convicted of or pled nolo contendere to a crime, other than a minor traffic violation:
 - any officer, director, or controlling person of the Provider; or
 - any managers of the Facility, including the Executive Director, Facility Administrator, or equivalent positions; or
 - any employees or principals of the Facility's management company performing roles similar to those listed above.
 - Yes
 - o No
- 12. During the reporting period or at any time since the last filing submission, has the Provider failed to pay its obligations as they come due in the normal course of business? For the purposes of this question, "the normal course of business" is defined as the time agreed upon by the involved parties.
 - Yes
 - o No
- 13. If the answer is yes to item 12, please select all applicable creditor types that the Provider was or is unable to pay timely.
 - Residents or prospective residents (refunds)
 - o Health care providers
 - Prescription drug vendors
 - Food vendors
 - o Lenders
 - o Employees
 - Contract employees or consultants
 - o Construction, maintenance, or similar companies
 - o Insurers
 - Local, state, or federal government entities (taxes, fees)
 - Other:
- 14. Has the Provider closed on any new financing, additional financing, or refinancing since the last filing submission?
 - o Yes
 - o No

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EXHIBIT B - DETAILED LISTING OF THE ASSETS MAINTAINED IN THE MINIMUM LIQUID RESERVES

Please complete and upload the Exhibit B spreadsheet to provide the detailed listing of the assets maintained in the minimum liquid reserves, as required by Section 651.026, Florida Statutes.

EXHIBIT C - PROPERTY, PLANT, AND EQUIPMENT HAVING AN ORIGINAL COST OF \$25,000 OR GREATER

Please complete and upload the Exhibit C spreadsheet to provide the information about Property, Plant, and Equipment having an original cost of \$25,000 or greater, as required by Section 651.026, Florida Statutes. Please note that one sheet in Exhibit C must be completed for Property, Plant, and Equipment Used in Providing Continuing Care, <u>and</u> one sheet must be completed for Property, Plant, and Equipment Not Used in Providing Continuing Care.

EXHIBIT D - LIST OF OFFICERS, DIRECTORS, AND KEY PERSONNEL

Complete the following for all officers, directors, partners, members, and Facility executive director/administrators. Include shareholders and affiliates holding at least 10% interest in the operations of the Provider. State the percentage owned. If such person and/or shareholder has been appointed, elected, nominated, designated or has been added to this list during this report period, place a check in the "New" column provided. If required biographical information has not been previously submitted on those checked, please refer to the instructions provided at http://www.floir.com/siteDocuments/OfficeDirector.pdf.

Name	Title/Position	Ownership	New	Date of Change
		Percentage	(select yes	
			or no)	

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EXHIBIT E - LIST OF COMPANIES

Complete the following for all companies and affiliates holding at least 10% interest in the operations of the Provider. State the percentage owned. If such company has been added to this list during this report period, select "Yes" in the "New" column provided.

Legal Name	State of Domicile	FEIN	Ownership Percentage	New (select	Date of Change
				yes or no)	

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SCHEDULE A - MINIMUM LIQUID RESERVES FOR FACILITIES WITH FINANCING

- Providers with a mortgage loan or other long-term financing on the Facility for which this report is filed must complete this schedule and are not required to complete SCHEDULE B.
- Providers without a mortgage loan or other long-term financing on the Facility for which this report is filed must complete SCHEDULE B and are not required to complete this schedule.
- 1. In Row A, enter the Required Reserve Amounts in effect as of the period ended date of this filing. Lines 1A, 3A, 5A, and 7A must agree with the amounts in Lines 58 through 61, Schedule VI(A) of the Minimum Liquid Reserve ("MLR") Calculation, Form OIR-A3-477, ("MLR Calculation") filed for the Provider's current MLR funding year. The MLR funding year is specified in Line 4 of the MLR Calculation and begins 61 days after a Provider's Annual Report is due, which is 181 days after the end of the Provider's fiscal year. However, in event of a change to the aggregate amount of all principal and interest payments due during the fiscal year, the Office may require a recalculation of the MLR. In the event of a recalculation, the funding year beings 61 days after the recalculation of the MLR is filed and ends 60 day after the Provider's annual statement is due, which is 180 days after the last day of the Provider's fiscal year.
- 2. In Row B, record the balance as of the period ended date of this filing for the escrow accounts included in the Provider's minimum liquid reserves.
 - a. Funds on deposit the Department of Financial Services Bureau of Collateral Management (DFS) should be entered on Lines 1a, 3a, or 5c, as applicable.
 - b. For escrow accounts established pursuant to Section 651.033, Florida Statutes, enter the name of the financial institution in which the account is established and the last 4 digits of the account number in Lines 1b, 1c, 3b, 3c, 5e, or 5f, as applicable.
 - c. If the Provider comingles debt service, operating, or renewal and replacement reserves on deposit with DFS or in one or more unencumbered escrow accounts established pursuant to Section 6510.033, Florida Statutes, the Provider may allocate the balance(s) between Lines 1a, 1b, 1c, 3a, 3b, 3c, 5c, 5d, and 5e, as applicable. However, in no event may encumbered debt service reserve funds be used to offset shortfalls in the operating or renewal and replacement reserve.
 - d. If the Provider has a debt service reserve established pursuant to a trust indenture or mortgage lien on the facility, it may be included in Lines 1d and 1e if the Provider has filed the documents specified in Section 651.035(1)(b), Florida Statutes, with the Office. The sum of Lines 1dB and 1eB cannot exceed the Allowable Amount specified in Column 74, Schedule VII, number 74 of the Minimum Liquid Reserve Calculation.
- 3. Funds included in the Provider's MLR are recorded in Lines 6a and 11a of the Facility's Balance Sheet. Trustee Held Debt Service Reserve funds in excess of the Allowable Amount should be recorded in Line 11b of the Facility's Balance Sheet.

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Please provide the following information regarding the Provider's minimum liquid reserves for this Facility and its compliance with Section 651.035, Florida Statutes.

	A Required Reserve Amount	B Account Balance
1. Debt Service Reserve		
a. DFS		
Escrow Accounts:		
b.		
C.		
Total Trustee Held Debt Service Reserve Funds:		
d.		
e.		
2. Total Debt Service Reserve (Sum of Lines 1a through 1c)		
3. Operating Reserve		
a. DFS		
Escrow Accounts		
b.		
C.		
4. Total Operating Reserve (Sum of Lines 3a and 3b)		
5. Renewal & Replacement Reserve		
a. (Less any approved withdraw for which		
the Provider is making timely repayments)		
b. Current Renewal & Replacement Requirement		
c. DFS		
Escrow Accounts		
d.		
e.		
Total Renewal and Replacement Reserve (Sum of Lines 5a through 5d)		
7. Total Minimum Liquid Reserves (Sum of Lines 2, 4, and 6)		

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SCHEDULE B - MINIMUM LIQUID RESERVES FOR FACILITIES WITHOUT FINANCING

- Providers <u>without</u> a mortgage loan or other long-term financing on the Facility for which this report is filed must complete this schedule and are not required to complete SCHEDULE A.
- Providers with a mortgage loan or other long-term financing on the Facility for which this report is filed must complete SCHEDULE A and are not required to complete this schedule.
- 1. Calculating the Debt Service Reserve Tax Reserve Requirement
 - a. Annual Property Tax Liability as indicated in the most recent tax notice provided pursuant to s. 197.322(3)
 - b. 1.a /12 = Monthly Tax Reserve Deposit Amount
 - c. Date the Property Taxes were paid:
 - d. (number of months since property taxes were paid) x = 1.b = 1.b = 1.b = 1.b
- 2. In Row A, enter the Required Reserve Amounts in effect as of the period ended date of this filing. Lines 1A, 3A, 5A, and 7A must agree with the amounts in Lines 58 through 61, Schedule VI(A) of the Minimum Liquid Reserve ("MLR") Calculation, Form OIR-A3-477, ("MLR Calculation") filed for the Provider's current MLR funding year. The MLR funding year is specified in Line 4 of the MLR Calculation and begins 61 days after a Provider's Annual Report is due, which is 181 days after the end of the Provider's fiscal year. However, in event of a change to the aggregate amount of all principal and interest payments due during the fiscal year, the Office may require a recalculation of the MLR. In the event of a recalculation, the funding year beings 61 days after the recalculation of the MLR is filed and ends 60 day after the Provider's annual statement is due, which is 180 days after the last day of the Provider's fiscal year.
- 3. In Row B, record the balance as of the period ended date of this filing for the escrow accounts included in the Provider's minimum liquid reserves.
 - a. Funds on deposit the Department of Financial Services Bureau of Collateral Management (DFS) should be entered on Lines 1a, 3a, or 5c, as applicable.
 - b. For escrow accounts established pursuant to Section 651.033, Florida Statutes, enter the name of the financial institution in which the account is established and the last 4 digits of the account number in Lines 1a, 1b, 1c, 3a, 3b, 3c, 5c, 5d, and 5e, as applicable.
 - c. If the Provider comingles debt service, operating, or renewal and replacement reserves on deposit with DFS or in one or more unencumbered escrow accounts established pursuant to Section 6510.033, Florida Statutes, the Provider may allocate the balance(s) between Lines However, in no event may encumbered debt service reserve funds be used to offset shortfalls in the operating or renewal and replacement reserve.
- 4. Funds included in the Provider's MLR are recorded in Lines 6a and 11a of the Facility's Balance Sheet. Trustee Held Debt Service Reserve funds in excess of the Allowable Amount should be recorded in Line 11b of the Facility's Balance Sheet.

Form OIR-A3-470

Rule 69O-193.005

Rev.: 9/19

Please provide the following information regarding the Provider's minimum liquid reserves for this Facility and its compliance with Section 651.035, Florida Statutes.

	A Required Reserve Amount	B Account Balance
1. Debt Service Reserve		
a. DFS		
Escrow Accounts:		
b.		
C.		
2. Total Debt Service Reserve (Sum of Lines 1a through 1c)		
3. Operating Reserve		
a. DFS		
Escrow Accounts		
b.		
C.		
4. Total Operating Reserve (Sum of Lines 3a and 3b)		
5. Renewal & Replacement Reserve		
a. (Less any approved withdraw for which		
the Provider is making timely		
repayments)		
b. Current Renewal & Replacement		
Requirement		
c. DFS		
Escrow Accounts		
d.		
e.		
6. Total Renewal and Replacement Reserve (Sum of Lines 5a through 5e)		
7. Total Minimum Liquid Reserves (Sum of Lines 2, 4, and 6)		

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SCHEDULE C - ANNUAL CALCULATION OF FINANCIAL AND OPERATING RATIOS

If the Provider has long-term debt on the Facility and the structure of such debt establishes an Obligated Group, complete SCHEDULE D instead of this schedule.

1.	Ha	s the Provider reached stabilized occupancy?
	0	Yes No
2.		as the time projected to achieve stabilized occupancy, as reported in the last feasibility study required by the ffice as part of an application filing under s. 651.0215, s. 651.023, s. 651.024, or s. 651.0246, elapsed?
	0	Yes No
	a.	If yes, on what date was the Provider projected to reach stabilized occupancy?

I. Days Cash on Hand

1. Please complete the schedules below. Assets are recorded on the Facility Balance Sheet, and Expenses are recorded on the Facility Statement of Operations. Amounts reported below should match the Financial Statements' lines referenced and the amounts reported in the audited financial statements submitted by the Provider with this Annual Report. Lines 1 through 13 will prepopulate based on the Facility Financial Statements in this filing. If the Provider overwrites any of the prepopulated totals, please submit an explanation of the discrepancy.

Assets	Balance as of the Reporting Date
Unrestricted cash (Line 1)	
2. Unrestricted short-term investments (Line 2)	
Unrestricted long-term investments (Line 12)	
4. Provider restricted funds (Sum of Lines 10 and 11b-d)	
5. Minimum liquid reserve (Line 11a)	
Excess of minimum liquid reserve (Line 6a)	
7. Days Cash on Hand Numerator (Sum of 1 through 6)	

2. Please complete the schedules below. Line items should match the Annual Financial Statements and the Audited Financial Statements submitted by the Provider with this Annual Report.

Expenses	Total as of the Reporting Date				
8. Operating Expenses (Line 27)					
9. (Depreciation) (Line 25)	()			
10. (Amortization) (Line 24)	()			
11. (Other Noncash Expenses) (Line 26)	()			
12. Adjusted Expense Total (Sum of Lines 8 through 11)					
13. Days Cash on Hand Denominator (Line 12 divided by 365)					

3	Days Cash on Hand	(Line 7 above divided b	v Line 13 ahove) -	_
J.	Days Cash on Hand I	(Line / above divided b	y Lilie 13 above) -	-

- 4. Is a demand note or other parental guarantee included as a short-term or long-term investment for the calculation above?
 - Yes
 - o No

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a. If yes, please complete the following table. Please provide the Filing ID for the filing number in which the Provider requested to approval to include the demand note or parental guarantee in the days cash on hand calculation. provide the following:

Legal Name of Issuing Entity	Demand Note (select yes or no)	Parental Guarantee (select yes or no)	Amount	Filing ID

b.	Please provide the total	I amount of all demand	I notes issued by the	parent

- c. Please upload an attachment to the filing that demonstrates that the total amount of all demand notes issued by the parent do not exceed the sum of unrestricted cash and unrestricted short-term and long-term investments held by the parent. The attachment should include a certification by an officer of the parent that the documentation provided is true and correct.
- 5. Do lenders require the Provider to maintain a minimum number of Days Cash on Hand pursuant to the Provider's financing agreements?
 - Yes
 - o No
- a. If yes, what is the number of days cash on hand required. _____
- b. Pursuant to the calculation specified in the Provider's financing agreements, what is the Provider's Days Cash on Hand as of the reporting date. _____

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Facility	Name:
Period	Ending:

II. Occupancy

Occupancy means the total number of occupied independent living units, assisted living/memory care units, and skilled nursing beds in a Facility divided by the total number of units and beds in that Facility, excluding units and beds that are unavailable to market or that are reserved by prospective residents.

- 1. The Facility's occupancy averaged over the 12-month period immediately preceding the reporting date is: _____
- 2. Please select the basis on which occupancy percentage was calculated:
 - o On a daily basis—average of 365
 - o On a weekly basis—average of 52
 - On a monthly basis—average of 12

Please note that the Provider should retain all data necessary for the Office or an auditor to verify this calculation.

- 3 Do lenders require the Provider to maintain an occupancy ratio pursuant to the Provider's financing agreements?
 - Yes
 - o No
 - a. If yes, what is the required occupancy ratio? _____
 - b. Pursuant to the calculation specified in the Provider's financing agreements, what is the Provider's occupancy as of the reporting date. _____

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Facility	Name:
Period	Endina:

III. Debt Service Coverage Ratio

- 1. Does the Provider have debt on the Facility?
 - Yes
 - o No
- 2. Please complete the schedule below. Line items should match the Facility Financial Statements in this report and the audited financial statements.

Expenses	Total as of the Reporting Date
1. Total Expenses (Line 27)	
(Interest Expense on Debt Facility) (Line 16)	()
3. (Depreciation) (Line 25)	()
4. (Amortization) (Line 24)	()
5. (Other Noncash Expenses) (Line 26)	()
6. Adjusted Expense Total (Sum of Lines 1 through 5)	

3. Please complete the schedule below. Line items should match the Facility Financial Statements in this report and the audited financial statements.

Revenues	Total as of the Reporting Date
7. Total Revenues (Line 11)	
8. (Earned Entrance Fees) (Line 5)	
9. (Other Noncash Revenue) (Line 8)	
10. (Nonoperating Gains) (Sum of Lines 6, 7, and 9)	
11. Gross Entrance Fees (Line 3a)	
12. (Refunds Paid) (Sum of Lines 3b and C2)	
13. Adjusted Revenue Total (Sum of Lines 7 through12)	

4. Please complete the schedule below. Line items should match the Facility Financial Statements in this report and the audited financial statements.

Debt Service	Total for the 12-Month Period Ending on the Reporting Date
14. Principal (Line 42A, page 10)	
15. Interest (Line 42B, page 10)	
16. Debt Service Denominator (Sum of Lines 14 and 15)	

3.	Debt Service (Coverage Ratio	((Line 1	13 above minus Line	e 6 above) divided b	y Line 1	6 above) =	

- 4. Do lenders require the Provider to maintain a debt service coverage ratio pursuant to the Provider's financing agreements?
 - Yes
 - o No
 - a. If yes, what is the required debt service coverage ratio.
 - b. Pursuant to the calculation specified in the Provider's financing agreements, what is the Provider's Debt Service Coverage Ratio as of the reporting date. _____

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IV. Additional Information Regarding Financial and Operating Ratios

	Lender Requirement	Lender Calculation	Statutory Requirement	Provider's Ratio	Meets Threshold (the form will prepopulate with yes or no based on the information provided)
Days Cash on Hand	(Populate with Line 5a. Page 43 or NA)	(Populate with Line 5b, Page 41 or NA)	100	(Populate with Line 3, Page 42)	
Occupancy	(Populate with Line 3a, Page 44 or NA)	(Populate with Line 3b, Page 44 or NA)	80%	(Populate with Line 1, Page 44)	
Debt Service Coverage Ratio	(Populate with Line 6, Page 45 or NA)	(Populate with Line 6b, Page 45 or NA)	1.20:1	(Populate with Line 4, Page 45)	

- If a Provider falls below two or more of the thresholds set forth in Section 651.011(25), Florida Statutes, a Regulatory Action Level Event has occurred. Please file a Corrective Action Plan with the Office as a Periodic Filing through the iPortal within 30 days. Please see Rule 69O-193.066, Florida Administrative Code, for additional information regarding corrective action plans, and Section 651.034, Florida Statutes, for additional information regarding Regulatory Action Level Events.
- 2. Pursuant to Section 651.011(15)(b), Florida Statutes, beginning January 1, 2021, a Provider is impaired if:
 - a. The Provider has mortgage financing from a third-party lender or a public bond issue, and the Provider's debt service coverage ratio is less than 1.00:1 and the Provider's days cash on hand is less than 90; or
 - b. The Provider's days cash on hand is less than 90 if the Provider does not have mortgage financing from a third party lender or a public bond issue.

If the ratios in this schedule reflect an impairment, please upload an attachment to the filing explaining if there is a reasonable expectation that the impairment may be eliminated within 180 days.

Please see Section 651.1065, Florida Statutes, regarding soliciting or accepting new continuing care contracts by impaired or insolvent Providers.

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SCHEDULE D - OBLIGATED GROUPS

ANNUAL CALCULATION OF FINANCIAL AND OPERATING RATIOS AND SUPPORTING FINANCIAL INFORMATION FOR OBLIGATED GROUPS

Use this schedule, not SCHEDULE C, if the Provider has long-term debt on the Facility and the structure of such debt establishes an Obligated Group.

1. Provide the Florida Company Code for all Facilities in the Obligated Group who hold Certificates of Authority

issued by the Office below, separated by commas.

2.	List all other entities that are members of the Obligated Group.
3.	Complete Schedules D(1) and D(2). The Provider must make available all necessary records to verify the information reported in this schedule.
4.	The first time this Schedule is completed upload financing documents evidencing the members of Obligated Group, terms and conditions of the financing, any bond covenants or other necessary lender requirements, and other documents as necessary to evidence the financing transaction as an attachment to this filing.

- 5. If any of the terms and conditions of the financing change after the initial filing, please upload any revised documents, amendments, etc. to as an attachment to the this filing.
- 6. Has the lender determined that the Obligated Group is out of compliance with any terms, conditions, or covenants of its financing agreement?
 - Yes
 - o No
 - a. If Yes, please upload a document explaining the issue and the steps the Obligated Group is taking to come into compliance.

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SCHEDULE D(1) - OBLIGATED GROUP FINANCIAL STATEMENTS BALANCE SHEET - ASSETS

CUR	RENT ASSETS		
1.	Cash and Cash Equivalents – Unrestricted		
2.	Short-Term Investments – Unrestricted		
3.	Accounts Receivable, Net		
4.	Entrance Fees Receivable		
5.	Other Receivables		
6.	Current Portion Assets Limited as to Use:		
	a. Excess of Minimum Liquid Reserve Funds		
	b. Other Assets Limited as to Use		
7.	Prepaid Expenses		
8.	Other Current Assets		
9.	TOTAL CURRENT ASSETS (Sum of Lines 1 through 8)		
		_	
NON	-CURRENT ASSETS		
10.	Investments – Restricted		
11.	Assets Limited as to Use:		
	a. Required Minimum Liquid Reserve		
	b. Debt Service Reserve – Held by Trustee		
	c. Other Funds – Held by Trustee		
	d. Other – Not Held by Trustee		
	e. Total Assets Limited as to Use (Sum of Lines 11a through 11d)		
12.	Unrestricted Investments		
13.	Property, Plant, and Equipment		
	a. Less Accumulated Depreciation	()
14.	Other		
15.	TOTAL NON-CURRENT ASSETS (Sum of Lines 10 through 14)		
16.	TOTAL ASSETS (Line 9 plus Line 15)		

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OBLIGATED GROUP FINANCIAL STATEMENTS BALANCE SHEET – LIABILITIES

CURE	RENT LIABILITIES	_
17.	Accounts Payable	
	•	
18.	Accrued Expenses	
19.	Accrued Interest	
20.	Current Portion of Entrance Fee Refunds Payable	
21.	Current Portion of Long-Term Debt:	
	a. On Facility	
	b. Other	
22.	Current Portion of Notes Payable	
23.	Other Short Term Liabilities	
24.	TOTAL CURRENT LIABILITIES (Sum of Lines 17 through 23)	
NON-	CURRENT LIABILITIES	
25.	Long-Term Debt:	
	a. On Facility	
	b. Other	
26.	Notes Payable	
27.	Refundable Entrance Fees	
28.	Deferred Revenue from Entrance Fees	
29.	Other Long Term Liabilities	
30.	TOTAL NON-CURRENT LIABILITIES (Sum of Lines 25 through 29)	
31.	TOTAL LIABILITIES (Line 24 plus Line 30)	
NET /	ASSETS (DEFICIT) / EQUITY	
32.	Beginning Net Assets (Deficit) / Equity	
33.	Change in Net Assets (Deficit) / Net Income (Loss)	
34.	(This must agree with Line 31 of the Statement of Operations) Other Contributions or Adjustments	
	,	
35.	TOTAL NET ASSETS (DEFICIT) / EQUITY (Line 16 minus Line 31)	
36.	TOTAL LIABILITIES AND NET ASSETS (DEFICIT) / EQUITY (Line 31 plus Line 35)	

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OBLIGATED GROUP FINANCIAL STATEMENTS STATEMENT OF OPERATIONS

REVE	ENUES]
1.	Resident Service Fees	
2.	Healthcare Fees	
3.	Rental Revenues	
4.	Total Resident Revenues (Sum of Lines 1 through 3)	
5.	Amortization of Earned Entrance Fees	
6.	Investment Income, Net	
7.	Realized Gains (Losses) from Investments	
8.	Unrealized Gains (Losses) from Investments	
9.	Net Assets Released from Restrictions (This must agree with Line 29)	
10.	Other Income	
11.	TOTAL REVENUES (Sum of Lines 4 through 10)	
		<u> </u>
EXPE	ENSES	
12.	Resident Services	
13.	Dietary Services	
14.	Housekeeping, Maintenance and Utilities	
15.	Insurance:	
	a. On Facility	
	b. Other	
16.	Interest:	
	a. Long-Term Debt on Facility	
	b. Other	
17.	Leasehold Payments	
18.	General and Administrative	
19.	Management Fees	
20.	Marketing	
21.	Healthcare Services	
22.	Taxes:	
	a. Property	
	b. Other	
23.	Other Expenses	
24.	Amortization	
25.	Depreciation	

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26.	Other Non-Cash Operating Expenses (Including interest rate swaps and changes in future service obligation)	
27.	TOTAL EXPENSES (Sum of Lines 12 through 26)	
OTHE	R INCOME (EXPENSE)	
28.	Net Realized Gain on Investments and Assets Limited as to Use	
29.	Net Assets Released from Restrictions (This must agree with Line 9)	
30.	Contributions	
31.	CHANGE IN NET ASSETS (DEFICIT) / NET INCOME (LOSS) (Line 11 minus the sum of Lines 26 through 30)	

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OBLIGATED GROUP FINANCIAL STATEMENTS STATEMENT OF CASH FLOWS

Α. (OPERATING ACTIVITIES		
1.	Change in Net Assets (Deficit) / Net Income (Loss)		
	(This must agree with Line 31 of the Statement of Operations)		
2.	Adjustments to Reconcile to Change in Net Assets (Deficit) / Net Income (Loss)		
3.	Cash Provided (Used) by Operations:		
	a. Entrance Fees Received		
	b. Entrance Fee Refunds Paid	()
	c. Earned Entrance Fees	()
	d. Depreciation		
	e. Amortization		
	f.		
	g.		
	h.		
	i.		
	j.		
	k.		
	I.		
	m.		
	n. Total Operations Adjustments (Sum of Lines A3a through A3m)		
4.	Net Cash Provided (Used) by Operating Activities (Sum of Lines A1 through A3)		
B. I	NVESTING ACTIVITIES		
1.	Change in Investments and Assets Limited as to Use		
2.	Purchase of Property and Equipment		
3.			
4.			
5.	Net Cash Provided (Used) by Investing Activities (Sum of Lines B1 through B4)		
		_	
	FINANCING ACTIVITIES		
1.	Repayment of Long Term Debt	()
2.	Entrance Fees Refunded		
3.			
4.			
5.			
6.	Net Cash Provided (Used) by Financing Activities (Sum of Lines C1 through C5)		

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D.	D. Increase (Decrease) in Cash (Sum of Lines A4, B5, and C6)				
E. Cash at Beginning of Period (This must agree with Line 1 of the Balance Sheet and Line F of the Statement of Cash Flows in the prior year's Financial Statements)					
F.	Cash at End of Period (Line D plus Line E) (This must agree with Line 1 of the Balance Sheet)				

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Facility	Name:
Period	Ending:

SCHEDULE D(2) - ANNUAL OBLIGATED GROUP FINANCIAL AND OCCUPANCY RATIOS

If the Provider has long-term debt on the Facility and the structure of such debt does not establish an Obligated Group, please complete SCHEDULE C instead of this schedule.

I. Days Cash on Hand

1. Please complete the schedule below. Line items should match the Obligated Group Financial Statements in this filing and any audited financial statements prepared for the Obligated Group. If such audited financial statements are completed, submit when submitting this Annual Report.

Assets		Balance as of the Reporting Date
1.	Unrestricted cash (Line 1)	
2.	Unrestricted short-term investments (Line 2)	
3.	Unrestricted long-term investments (Line 12)	
4.	Provider restricted funds (Sum of Lines 10 and 11b through 11d)	
5.	Minimum liquid reserve (Line 11a)	
6.	Excess of minimum liquid reserve (Line 6a)	
7.	Days Cash on Hand Numerator (Sum of Lines 1 through 6)	

2. Please complete the schedule below. Line items should match the Obligated Group Financial Statements in this filing and any audited financial statements prepared for the Obligated Group. If such audited financial statements are completed, submit when submitting this Annual Report.

Expenses	Total as of t	he Reporting Date
8. Operating Expenses (Line 27)		
9. (Depreciation) (Line 25)	()
10. (Amortization) (Line 24)	()
11. (Other Noncash Expenses) (Line 26)	()
12. Adjusted Expense Total (Sum of Lines 8 through 11)		
13. Days Cash on Hand Denominator (Line 12 divided by 365)		

3.	Days Cash on Hand	(Line 7 above divided	by Line 13 above) =
----	-------------------	-----------------------	---------------------

- 4. Is a demand note or other parental guarantee included as a short-term or long-term investment for the calculation above?
 - o Yes
 - o No
 - a. If yes, please complete the following table. Please provide the Filing ID for the filing number in which the Provider requested to approval to include the demand note or parental guarantee in the days cash on hand calculation. provide the following:

Legal Name of Issuing Entity	Demand Note (select yes or no)	Parental Guarantee (select yes or no)	Amount	Filing ID

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Facility Name: Period Ending:		
b.	Please provide the total amount of all demand notes issued by the parent.	

- c. Please upload an attachment to the filing that demonstrates that the total amount of all demand notes issued by the parent do not exceed the sum of unrestricted cash and unrestricted short-term and long-term investments held by the parent. The attachment should include a certification by an officer of the parent that the documentation provided is true and correct.
- 5. Do lenders require the Obligated Group to maintain a minimum number of Days Cash on Hand pursuant to its financing agreements?
 - Yes
 - o No
 - a. If yes, what is the number of days cash on hand required.
 - b. Pursuant to the calculation specified in the Obligated Group's financing agreements, what is the Obligated Group's Days Cash on Hand as of the reporting date. _____

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Facility	Name:
Period	Ending:

II. Occupancy

Occupancy means the total number of occupied independent living units, assisted living/memory care units, and skilled nursing beds in a Facility divided by the total number of units and beds in that Facility, excluding units and beds that are unavailable to market or that are reserved by prospective residents.

1.	The Facility's occupancy averaged over the 12-month period immediately preceding the reporting
	date is:

- 2. Please select the basis on which occupancy percentage was calculated:
 - On a daily basis—average of 365
 - o On a weekly basis—average of 52
 - On a monthly basis—average of 12

Please note that the Provider should retain all data necessary for the Office or an auditor to verify this calculation.

- 3 Do lenders require the Obligated Group to maintain an occupancy ratio pursuant to the Obligated Group's financing agreements?
 - o Yes
 - o No
 - a. If yes, what is the required occupancy ratio? _____
 - b. Pursuant to the calculation specified in the Obligated Group's financing agreements, what is the Obligated Group's Occupancy as of the reporting date. _____

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III. Debt Service Coverage Ratio

1. Please complete the schedule below. Line items should match the Obligated Group Financial Statements in this filing and any audited financial statements prepared for the Obligated Group. If such audited financial statements are completed, submit when submitting this Annual Report.

Expenses	Total as of the Reporting	Date
1. Total Expenses (Line 27)		
2. (Interest Expense on Debt Facility) (Line 16)	()
3. (Depreciation) (Line 25)	()
4. (Amortization) (Line 24)	()
5. (Other Noncash Expenses) (Line 26)	()
6. Adjusted Expense Total (Sum of Lines 1 through 5)		

2. Please complete the schedule below. Line items should match the Obligated Group Financial Statements in this filing and any audited financial statements prepared for the Obligated Group. If such audited financial statements are completed, submit when submitting this Annual Report.

Revenues	Total as of the	Reporting Date
7. Total Revenues (Line 11)		
8. (Earned Entrance Fees) (Line 5)	()
9. (Other Noncash Revenue) (Line 8)	()
10. (Nonoperating Gains) (Sum of Lines 6, 7, and 9)	()
11. Gross Entrance Fees (Line 3a)		
12. (Refunds Paid) (Lines 3b plus Line C2)	()
13. Adjusted Revenue Total (Sum of Lines 7 through 12)		_

3. Please complete the schedule below. Line items should match the Obligated Group Financial Statements in this filing and any audited financial statements prepared for the Obligated Group. If such audited financial statements are completed, submit when submitting this Annual Report.

Debt Service for Obligated Group	Total for the 12-Month Period Ending on the Reporting Date
14. Principal	
15. Interest	
16. Debt Service Denominator (Sum of Lines 14 and 15)	

4.	Debt Service Coverage Ratio ((Line 13 above minus Line 6 above) divided by Line 16 above)	= _	

- 5. Do lenders require the Provider to maintain a debt service coverage ratio pursuant to the Provider's financing agreements?
 - o Yes
 - o No
 - a. If yes, what is the required debt service coverage ratio. _____
- Pursuant to the calculation specified in the Provider's financing agreements, what is the Provider's Debt Service Coverage as of the reporting date.

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IV. Additional Information Regarding Financial and Operating Ratios

	Lender Requirement	Lender Calculation	Statutory Requirement	Provider's Ratio	Meets Threshold (the form will prepopulate with yes or no based on the information provided and statutory requirements)
Days Cash on Hand	(Populate with Line 5a, Page 55 or NA)	(Populate with Line 5b, Page 55 or NA)	100	(Populate with Line 3, Page 54)	
Occupancy	(Populate with Line 3a, Page 56 or NA)	(Populate with Line 3b, Page 56 or NA)	80%	(Populate with Line 1, Page 56)	
Debt Service Coverage Ratio	(Populate with Line 5a, Page 57 or NA)	(Populate with Line 5b, Page 57 or NA)	1.20:1	(Populate with Line 4, Page 57)	

- 3. If a Provider falls below two or more of the thresholds set forth in Section 651.011(25), Florida Statutes, a Regulatory Action Level Event has Occurred. Please file a Corrective Action Plan with the Office as a Periodic Filing through the iPortal within 30 days. Please see Rule 69O-193.066, Florida Administrative Code, for additional information regarding corrective action plans, and Section 651.034, Florida Statutes, for additional information regarding Regulatory Action Level Events.
- 4. Pursuant to Section 651.011(15)(b), Florida Statutes, beginning January 1, 2021, a Provider is impaired if:
 - a. The Provider has mortgage financing from a third-party lender or a public bond issue, and the Provider's debt service coverage ratio is less than 1.00:1 and the Provider's days cash on hand is less than 90; or
 - b. The Provider's days cash on hand is less than 90 if the Provider does not have mortgage financing from a third party lender or a public bond issue.

If the ratios in this schedule reflect an impairment, please upload an attachment to the filing explaining if there is a reasonable expectation that the impairment may be eliminated within 180 days.

Please see Section 651.1065, Florida Statutes, regarding soliciting or accepting new continuing care contracts by impaired or insolvent Providers.

- 1. If a Provider falls below two or more of the thresholds set forth in Section 651.011(25), Florida Statutes, a Regulatory Action Level Event has Occurred. For a Provider that is a member of an Obligated Group, the Obligated Group's days cash on hand and debt service coverage ratio will be used. Please file a Corrective Action Plan with the Office as a Periodic Filing through the iPortal within 30 days. Please see Rule 69O-193.066, Florida Administrative Code, for additional information regarding corrective action plans, and Section 651.034, Florida Statutes, for additional information regarding Regulatory Action Level Events.
- 2. Pursuant to Section 651.011(15)(b), Florida Statutes, beginning January 1, 2021, a Provider is impaired if: a. The Provider has mortgage financing from a third-party lender or a public bond issue, and the Provider's debt service coverage ratio is less than 1.00:1 and the Provider's days cash on hand is less than 90; or b. The Provider's days cash on hand is less than 90 if the Provider does not have mortgage financing from a third party lender or a public bond issue.

If the ratios in this schedule reflect an impairment, please upload an attachment to the filing explaining if there is a reasonable expectation that the impairment may be eliminated within 180 days.

Please see Section 651.1065, Florida Statutes, regarding soliciting or accepting new continuing care contracts by impaired or insolvent Providers.

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Below are my comments and suggested additions to the proposed Continuing Care Act Regulations.

Section 9.2.24.17 ACTUARIAL STUDIES:

This section is extremely important. Residents in Type-A Continuing Care communities often invest their life-savings in order to pay the buy-in fees to such communities. Many, perhaps most, senior citizens who invest in these communities do so on blind faith since they are not qualified to assess the long-term future viability of such communities. Unfortunately, Type-A communities do sometimes go bankrupt; this has happened in New Mexico. When a community goes bankrupt it can render residents destitute.

Please consider supplementing this section with an Administrative Regulation. Require that actuaries who do a community's "comprehensive actuarial analysis" provide their best judgment of community's chances of remaining viable for the next 5 to 10 years. Require that actuaries' studies rate the probability of a communities 5 year and 10 year future viability on a scale of poor, average, or good. And, for comparison, require that residents and prospective residents be provided the ratings that have been assigned to every Type A community in the state.

Suggested Addition to Section 9.2.24.8, RATE AND FEE INCREASES:

Monthly fees should be changed no more frequently than on an annual basis. Interim fee increases are disruptive to resident budgeting and can mislead prospective residents who would be assuming only an annual change to monthly fees.

If fee increases are to be assessed more often than annually require that such policy, or possibility, be clearly and specifically spelled out in residents' contracts.

Suggested Regulation:

Fee increases at La Vida Llena and The Neighborhood in Rio Ranch have been assessed down to one-hundredth of a percent. Such an accurate calculation certainly involves mathematics.

Please require that the mathematical computations that support rate increase accurate to one-hundredth of a percent be provided to residents. Vague explanations supporting rate increases are subjective and defy accurate evaluation, but mathematical calculations can be checked.

Respectfully submitted,

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