

CHAPTER 62S

QUALIFIED LONG-TERM CARE
INSURANCE POLICIES62S.22 Minimum standards for home health and
community care benefits.

62S.34 Regulatory flexibility.

**62S.22 MINIMUM STANDARDS FOR HOME HEALTH AND COMMUNITY CARE
BENEFITS:**

Subdivision 1. **Prohibited limitations.** A long-term care insurance policy or certificate shall not, if it provides benefits for home health care or community care services, limit or exclude benefits by:

- (1) requiring that the insured would need care in a skilled nursing facility if home health care services were not provided;
- (2) requiring that the insured first or simultaneously receive nursing or therapeutic services in a home, community, or institutional setting before home health care services are covered;
- (3) limiting eligible services to services provided by a registered nurse or licensed practical nurse;
- (4) requiring that a nurse or therapist provide services covered by the policy that can be provided by a home health aide or other licensed or certified home care worker acting within the scope of licensure or certification;
- (5) excluding coverage for personal care services provided by a home health aide;
- (6) requiring that the provision of home health care services be at a level of certification or licensure greater than that required by the eligible service;
- (7) requiring that the insured have an acute condition before home health care services are covered;
- (8) limiting benefits to services provided by Medicare-certified agencies or providers;
- (9) excluding coverage for adult day care services; or
- (10) excluding coverage based upon location or type of residence in which the home health care services would be provided.

[For text of subs 2 and 3, see M.S.2002]

History: 1Sp2003 c 14 art 2 s 5

62S.34 REGULATORY FLEXIBILITY.

The commissioner may, upon written request, issue an order to modify or suspend a specific provision or provisions of this chapter with respect to a specific long-term care insurance policy or certificate upon a written finding that:

- (1) the modification or suspension is in the best interest of the insureds;
- (2) the purpose to be achieved could not be effectively or efficiently achieved without the modification or suspension; and
- (3)(i) the modification or suspension is necessary to the development of an innovative and reasonable approach for insuring long-term care;
- (ii) the policy or certificate is to be issued to residents of a life care or continuing care retirement community or some other residential community for the elderly and the modification or suspension is reasonably related to the special needs or nature of such a community; or
- (iii) the modification or suspension is necessary to permit long-term care insurance to be sold as part of, or in conjunction with, another insurance product.

History: 1Sp2003 c 14 art 2 s 6