



ADMINISTRATIVE RULES OF MONTANA



6.6.3107 MINIMUM STANDARDS FOR HOME HEALTH CARE BENEFITS IN LONG-TERM CARE INSURANCE POLICIES

- (1) A long-term care insurance policy or certificate may not, if it provides benefits for home health care services, limit or exclude benefits:
 - (a) by requiring that the insured or claimant would need skilled care in a skilled nursing facility if home health care services were not provided;
 - (b) by requiring that the insured or claimant first or simultaneously receive nursing or therapeutic services in a home, community or institutional setting before home health care services are covered;
 - (c) by limiting eligible services to services provided by registered nurses or licensed practical nurses;
 - (d) by requiring that a nurse or therapist provide services covered by the policy or certificate that can be provided by a home health aide, or other licensed or certified home care worker acting within the scope of his or her licensure of certification;
 - (e) by excluding coverage for personal care services provided by a home health aide;
 - (f) by 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;
 - (g) by requiring that the insured or claimant have an acute condition before home health care services are covered;
 - (h) by limiting benefits to services provided by Medicare-certified agencies or providers.
 - (i) by excluding coverage for adult day care services.
- (2) A long-term care insurance policy or certificate, if it provides for home health or community care services, shall provide total home health or community care coverage that is a dollar amount equivalent to at least one-half of one year's coverage available for nursing home benefits under the policy or certificate, at the time covered home health or community care services are being received. This requirement shall not apply to policies or certificates issued to residents of continuing care retirement communities.
- (3) Home Health Care coverage may be applied to the nonhome health care benefits provided in the policy or certificate when determining maximum coverage under the terms of the policy or certificate.

Authorizing statute(s): 33-1-313, 33-22-1121, MCA

Implementing statute(s): 33-22-1101, 33-22-1102, 33-22-1103, 33-22-1107, 33-22-1108, 33-22-1111, 33-22-1112, 33-22-1113, 33-22-1114, 33-22-1115, 33-22-1116, 33-22-1117, 33-22-1119, 33-22-1120, 33-22-1121, MCA

History: NEW, 1991 MAR p. 119, Eff. 2/1/91; AMD, 1998 MAR p. 3271, Eff. 12/18/98; AMD, 2008 MAR p. 615, Eff. 10/1/08.