15-403.

- (a) To be eligible for the Program, an individual must:
- (1) (i) Be covered by a long-term care policy that is approved for the Program by the Commissioner under § 15-404 of this subtitle; and
- (ii) Have exhausted all benefits available under the policy that are available for services to treat or manage the insured's condition; and
- (2) Satisfy any other requirement for eligibility established by the Department.
- (b) Program eligibility may not be denied under this section for policy benefits that are not available or appropriate for treating the insured's condition.

 15–404.
 - (a) To qualify under the Program, a long-term care policy shall:
 - (1) Satisfy the requirements of Title 18 of the Insurance Article;
- (2) Alert the purchaser to the availability of consumer information and public education provided by the Commissioner under § 15-406 of this subtitle;
- (3) Provide for the keeping of records and an explanation of benefit reports on insurance payments which count toward Medicaid resource exclusion; and
- (4) Provide the management information and reports necessary to document the extent of resource protection offered and to evaluate the Program.
- (b) The Department may not approve a long-term care policy if the policy requires prior hospitalization or a prior stay in a nursing home as a condition of providing benefits.

15-405.

- (a) When the benefits payable under the long-term care policy approved under § 15-404 of this subtitle are exhausted, determination of eligibility for medical assistance shall be made in accordance with subsection (b) of this section.
- (b) In determining eligibility for medical assistance, an amount of resources equal to the amount of benefits paid under the long—term care policy shall be excluded from the Department's calculation of the individual's resources, to the extent the payments:
- (1) Are for services that medical assistance approves or covers for recipients;
- (2) Are for the lower of the actual charge and the amount paid by the insurance company; and
- (3) Are for nursing home care or approved home care and community-based services.