

(II) STATE MEDICAL ASSISTANCE.

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) THE COMMISSIONER, IN CONSULTATION WITH THE DEPARTMENT, SHALL APPROVE STANDARDS FOR A LONG-TERM CARE POLICY THAT QUALIFIES FOR THE PROGRAM.~~

~~(B)~~ (A) TO QUALIFY UNDER THE PROGRAM, A LONG-TERM CARE POLICY SHALL:

(1) SATISFY THE REQUIREMENTS OF ARTICLE 48A, SUBTITLE 48 OF THE CODE;

~~(2) COVER 5 UP TO 3 YEARS OF NURSING HOME CARE AND 6 YEARS OR UP TO 3 YEARS OF HOME CARE OR COMMUNITY-BASED SERVICES;~~

~~(3) PROVIDE FOR CASE MANAGEMENT SERVICES WHICH SHALL INCLUDE PREAUTHORIZED ASSESSMENT AND REFERRAL PROGRAMS, UTILIZATION CONTROLS, AND THE USE OF APPROVED HEALTH CARE PROVIDERS;~~

~~(4) PROVIDE FOR A MINIMUM DAILY INDEMNITY AMOUNT OF UP TO \$100;~~

~~(5)~~ (2) ALERT THE PURCHASER TO THE AVAILABILITY OF CONSUMER INFORMATION AND PUBLIC EDUCATION PROVIDED BY THE COMMISSIONER UNDER § 15-406 OF THIS SUBTITLE;

~~(6) PROVIDE INFLATION PROTECTION;~~

~~(7)~~ (3) PROVIDE FOR THE KEEPING OF RECORDS AND AN EXPLANATION OF BENEFIT REPORTS ON INSURANCE PAYMENTS WHICH COUNT TOWARD MEDICAID RESOURCE EXCLUSION; AND