

(ii) State medical assistance; AND

(3) COMPLY WITH THE REQUIREMENTS OF § 1917(B) OF THE SOCIAL SECURITY ACT AND ANY APPLICABLE FEDERAL GUIDELINES.

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 § 1917(B) OF THE SOCIAL SECURITY ACT AND ANY APPLICABLE FEDERAL GUIDELINES;**

(2) Satisfy the requirements of Title 18 of the Insurance Article; AND

[(2)] (3) Alert the purchaser to the availability of consumer information and public education provided by the Commissioner under § 15-406 of this subtitle **IN ACCORDANCE WITH ANY APPLICABLE FEDERAL GUIDELINES**;

(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].