

**Kansas Administrative Regulations
Agency 40. Insurance Department
Article 4. Accident and Health Insurance**

40-4-37e Long-term care insurance; prohibitions.

Each long-term care policy shall be prohibited from the following:

- (a) Containing more than one elimination period periods of confinement in a nursing home that are due to the same or related causes and separated from each other by less than six months;
- (b) excluding coverage for confinement to an intermediate nursing facility if benefits for nursing care are provided;
- (c) providing coverage for skilled nursing care only or providing significantly more coverage for skilled care in a facility than coverage for lower levels of care;
- (d) being delivered or issued for delivery to any person in this state, unless every printed portion of the text of the policy is plainly printed in not less than 10-point type;
- (e) requiring prior confinement to a hospital or prior confinement for a greater level of nursing care as a condition for paying inpatient benefits;
- (f) being delivered in this state, unless the following notice is attached to the policy:

"IMPORTANT NOTICE"

Please read the copy of the application attached to this policy. Carefully check the application and write to the company within 30 days if any information shown is incorrect or incomplete or if any past medical history has been left out of the application. This application is a part of the policy and the policy was issued on the basis that answers to all questions and the information shown on the application are correct and complete."

This statement, preferably in the form of a sticker to be placed on the policy, shall be printed in a prominent manner on paper or in ink of a contrasting color. The insurer may, with the approval of the commissioner of insurance, substitute wording of similar import if equal results are obtained. This requirement shall not apply if the application for insurance is not attached to and made a part of the contract. ;

- (g) being cancelled, nonrenewed, or otherwise terminated on the grounds of the age or the deterioration of the mental or physical health of the insured individual or certificate holder; and
- (h) if the policy provides benefits for home health care or community care services, limiting or excluding benefits by any of the following means:
 - (1) Requiring that the insured or claimant would need care in a skilled nursing facility if home health care services were not provided;
 - (2) 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;

(3) limiting eligible services to services provided by registered nurses or licensed practical nurses;

(4) requiring that a nurse or therapist provide services covered by the policy if the services can be provided instead by a home health aide or other licensed or certified home care worker acting within the scope of the home care worker's 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 or claimant have an acute condition before home health care services are covered;

(8) limiting benefits to only those services provided by medicare-certified agencies or providers;
or

(9) excluding coverage for adult day care services.

(Authorized by K.S.A. 40-103, K.S.A. 2013 Supp. 40-2228; implementing K.S.A. 2013 Supp. 40-2228; effective Jan. 4, 1993; amended Feb. 27, 2015.)