- WAC 284-54-210 Minimum standards for community based care benefits in long-term care insurance policies. (1) No long-term care insurance contract or certificate which provides benefits for community based care services may limit or exclude benefits:
- (a) By requiring care in a skilled nursing facility before covering community based care services;
- (b) By requiring that the insured first or simultaneously receive nursing or therapeutic services in a home, community or institutional setting before community based care services are covered;
- (c) By limiting eligible services to services provided by registered nurses or licensed practical nurses;
- (d) By requiring that community based care services may be delivered only by licensed nurses or therapists when the type of services to be provided comes within the authorized scope of license of other regulated health care providers;
- (e) By excluding coverage for personal care services provided by a home health aide;
- (f) By requiring that the delivery of community based care services be at a level of certification or licensure greater than that required for the eligible service;
- (g) By requiring that the insured have an acute condition before community based care services are covered;
- (h) By limiting benefits to services provided by medicare-certified agencies or providers; or
 - (i) By excluding coverage for adult day care services.
- (2) A long-term care insurance contract or certificate, if it provides for community based care services, shall provide coverage for total community based care services in a dollar amount equivalent to at least one-half of one year's coverage available for institutional benefits under the contract or certificate at the time covered community based care services are received. This requirement does not apply to contracts or certificates issued to residents of continuing care retirement communities.
- (3) Community based care coverage may be applied to the nonhome health care benefits provided in the contract or certificate when determining maximum coverage under the terms of the contract or certificate.

[Statutory Authority: RCW 48.02.060, 48.84.030, 48.01.030. WSR 94-14-100 (Order R 94-10), § 284-54-210, filed 7/6/94, effective 8/6/94.]