HOUSE BILL No. 2568

By Special Committee on Medicaid Reform

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AN ACT establishing the Kansas long-term care partnership act.

Be it enacted by the Legislature of the State of Kansas:

Section 1. The director of the Kansas health policy authority shall, in conjunction with the commissioner of insurance, coordinate a long-term care insurance program whereby private insurance and medicaid funds shall be used to finance long-term care. Under such program, an individual may purchase a precertified long-term care insurance policy governed by K.S.A. 40-2225 through 40-2228e, and amendments thereto, and which meets the criteria prescribed by this act, in an amount commensurate with such individual's assets. Notwithstanding any provision of statutes, the resources of such an individual, to the extent such resources are equal to the amount of long-term care insurance benefit payments as provided in section 2, and amendments thereto, shall not be considered by the department of social and rehabilitation services in a determination of: (a) Eligibility for medicaid; (b) the amount of any medicaid payment; or (c) in any subsequent recovery by the state of a payment for medical services.

Sec. 2. The Kansas health policy authority shall count insurance benefit payments toward resource exclusion to the extent such payments: (a) Are for services medicaid approves or covers for its recipients; (b) are for the lesser of the actual charge and the amount paid by the insurance company; (c) are for nursing facility care, or formal services delivered to insureds in the community as part of a care plan approved by a coordination, assessment and monitoring policy adopted by rules and regulations of the director of the Kansas health policy authority; and (d) are for services received prior to and following the first month of medicaid eligibility for long-term care as established by the director of the Kansas health policy authority. The director of the Kansas health policy authority shall adopt rules and regulations to implement the provisions of this act relating to determining eligibility of applicants for medicaid and the coverage requirements for long-term care benefits.

- Sec. 3. (a) The commissioner of insurance shall only precertify long-term care insurance policies which:
 - (1) Are guaranteed renewable;

- (2) offer the option of home and community-based services in lieu of nursing facility care;
- (3) offer automatic inflation protection or optional periodic per diem upgrades until the insured begins to receive long-term care benefits;
- (4) do not require prior hospitalization or confinement in a nursing facility as a prerequisite to receiving long-term care benefits;
- (5) provide for minimum coverage which shall be for a dollar amount equivalent to 36 months of nursing facility care at the minimum daily benefit rate. The policy shall provide for home care benefits to be substituted for nursing facility care benefits on the basis of two home care days for one nursing facility day. The minimum daily benefits shall be \$100 for nursing facility care or \$50 for home care. These minimum daily benefit amounts shall be adjusted by the commissioner of insurance on October 1 of each year, based on the health care index used under medicaid for nursing facility rate setting. Adjusted minimum daily benefit amounts shall be rounded to the nearest whole dollar;
- (6) provide for a designated third party to receive notice if the policy is about to lapse for nonpayment of premium and an additional 30-day grace period for payment of premium following notification to such person;
- (7) provide for the keeping of records and an explanation of benefit reports on insurance payments which count toward medicaid resource exclusion; and
- (8) provide the management information and reports necessary to document the extent of medicaid resource protection offered and to evaluate the Kansas long-term care partnership act.
- (b) The commissioner of insurance may adopt rules and regulations to carry out the precertification provisions of this section.
- Sec. 4. The commissioner of insurance, in conjunction with the director of the Kansas health policy authority, shall submit a report on the progress of the long-term care insurance program to the legislature at the commencement of the regular session of the legislature held during 2007 and annually thereafter. Such report shall include: (a) The success in implementing the public and private partnership; (b) the number of policies precertified; (c) the number, age and financial circumstances of individuals purchasing precertified policies; (d) the number of individuals seeking consumer information services; (e) the extent and type of benefits paid under precertified policies that could count toward medicaid resource protection; (f) estimates of impact on present and future medicaid expenditures; (g) the cost effectiveness of the program; and (h) a determination regarding the appropriateness of continuing the program.
- Sec. 5. As used in sections 1 through 6, and amendments thereto, "nursing facility care" means care provided in a nursing facility as defined

- 1 in K.S.A. 39-923, and amendments thereto, and shall include an assisted
- 2 living facility, residential health care facility, skilled nursing home, inter-
- 3 mediate home and home plus, as such terms are defined in K.S.A. 39-
- 4 923, and amendments thereto.
- Sec. 6. This act may be cited as the Kansas long-term care partner-6 ship act.
- Sec. 7. This act shall take effect and be in force from and after its publication in the statute book.