



Ohio Administrative Code

Rule 5160:1-6-02.2 Medicaid: treatment of qualified long-term care insurance policies.

Effective: November 1, 2017

(A) This rule describes the qualified long-term care partnership (QLTCP) program.

(B) Definitions.

(1) "Estate recovery" means the program set forth in rule 5160:1-2-07 of the Administrative Code.

(2) "Qualified long-term care partnership" (QLTCP) means the program established under section 5164.86 of the Revised Code, under which an individual's assets or resources are disregarded in eligibility determinations and at estate recovery in the amount of insurance benefit payments made to or on behalf of the individual who is a beneficiary of a QLTCP policy.

(C) A QLTCP policy is one that meets all of the following requirements:

(1) On the date the policy was issued, the state in which the insured resided had in place an approved state plan amendment which provides, pursuant to 42 U.S.C. 1396p(b) (as in effect on October 1, 2016), for the disregard of assets or resources in an amount equal to the insurance benefit payments made to or on behalf of an individual who is a beneficiary of a QLTCP policy; and

(2) The policy is a qualified long-term care insurance policy, as defined in 26 U.S.C. 7702B(b) (as in effect October 1, 2016); and

(3) The policy meets the requirements set forth by the Ohio department of insurance in section 3923.41 of the Revised Code, or, if purchased outside Ohio, meets the requirements of an approved state plan amendment, as described in paragraph (C)(1) of this rule, in the state of purchase.

(D) Upon the request for, or renewal of, a determination of eligibility for medicaid payment of long-term care (LTC) services, an individual's resources will be disregarded up to the dollar amount of insurance benefit payments made to or on behalf of the individual who is a beneficiary of a QLTCP



policy.

(1) The administrative agency shall determine eligibility for medical assistance in accordance with the rules contained in Chapters 5160:1-1 to 5160:1-6 of the Administrative Code.

(2) An individual may request a determination of eligibility for medicaid payment of LTC services before exhausting the benefits of a QLTC policy. If an individual requests and is determined eligible for medicaid payment of LTC services before the QLTC policy is exhausted, the QLTC insurer must make payment for medical care to the maximum extent of its liability before medicaid funds may be used to pay providers for covered LTC services.

(3) If an individual has requested and been determined eligible for medicaid payment of LTC services, then he or she accumulates additional resources, the individual continues to be eligible for medicaid payment of LTC services to the extent that the total value of all disregarded resources does not exceed the individual's QLTC disregard plus the applicable resource limit.

(4) A QLTC disregard cannot reduce patient liability or cost of care.

(E) Improper transfers of assets, as described in rule 5160:1-6-06 of the Administrative Code, are treated as follows when there is a QLTC disregard.

(1) If an individual becomes eligible for medicaid payment of LTC services through the application of a QLTC disregard, then he or she makes a transfer of disregarded assets that would otherwise be considered an improper transfer, no restricted medicaid coverage period applies. The disregarded value of the transferred asset continues to be considered part of the individual's QLTC disregard.

(2) If an individual becomes eligible for medicaid payment of LTC services through the application of a QLTC disregard after making a transfer that would otherwise be considered an improper transfer:

(a) If the value of the individual's remaining countable assets plus the value of the transferred assets is less than or equal to the individual's QLTC disregard plus the applicable resource limit, no restricted medicaid coverage period applies. The disregarded value of the transferred asset is considered part of



the individual's QLTCF disregard.

(b) If the value of the individual's remaining countable assets plus the value of the transferred assets is greater than the individual's QLTCF disregard plus the applicable resource limit:

(i) The individual's remaining QLTCF disregard is determined by adding the individual's original QLTCF disregard amount to the applicable resource limit, then subtracting the individual's current countable resources and any amounts that had previously been transferred without a restricted medicaid coverage period as a result of a QLTCF disregard.

(ii) The individual's remaining QLTCF disregard is subtracted from the amount that would otherwise have been considered improperly transferred. The difference is the amount improperly transferred; a restricted medicaid coverage period is calculated for the difference in accordance with rule 5160:1-6-06.5 of the Administrative Code.