

**191—39.30 (514G) Standards for benefit triggers.**

**39.30(1)** A long-term care insurance policy shall condition the payment of benefits on a determination of the insured's ability to perform activities of daily living and on cognitive impairment. Eligibility for the payment of benefits shall not be more restrictive than requiring either a deficiency in the ability to perform not more than three of the activities of daily living or the presence of cognitive impairment.

**39.30(2)** Activities of daily living.

*a.* Activities of daily living shall include at least the following as defined in rule 191—39.5(514G) and in the policy:

- (1) Bathing;
- (2) Continence;
- (3) Dressing;
- (4) Eating;
- (5) Toileting; and
- (6) Transferring.

*b.* Insurers may use other activities of daily living to trigger covered benefits as long as the activities are defined in the policy.

**39.30(3)** An insurer may use additional provisions for the determination of when benefits are payable under a policy or certificate; however, the provisions shall not restrict, and are not in lieu of, the requirements contained in subrules 39.30(1) and 39.30(2).

**39.30(4)** For purposes of this rule, the determination of a deficiency shall not be more restrictive than:

*a.* Requiring the hands-on assistance of another person to perform the prescribed activities of daily living; or

*b.* If the deficiency is due to the presence of a cognitive impairment, supervision or verbal cuing by another person is needed in order to protect the insured or others.

**39.30(5)** Assessments of activities of daily living and cognitive impairment shall be performed by licensed or certified professionals, such as physicians, nurses or social workers.

**39.30(6)** Long-term care insurance policies shall include a clear description of the process for appealing and resolving benefit determinations.

**39.30(7)** The requirements set forth in this rule shall be effective July 1, 2003, and shall apply as follows:

*a.* Except as provided in paragraph “*b*,” the provisions of this rule apply to a long-term care policy issued in this state on or after February 1, 2003.

*b.* For certificates issued on or after July 1, 2003, under a group long-term care insurance policy as defined in Iowa Code section 514G.4(4)“*a*” that was in force on February 1, 2003, the provisions of this rule shall not apply.