



**DIVISION OF INSURANCE'S RESPONSES TO QUESTIONS RECEIVED
REGARDING THE LONG-TERM CARE REGULATION PROJECT**

Q: Does this line: "3 AAC 28.583. Standards for benefit triggers. ...Eligibility for the payment of benefits may 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 ..." mean the standard requirement to trigger benefits is changing from inability to perform "2" ADL's to "3"?

A: It is saying that the most restrictive policy provision that will be allowed is a deficiency in 3 ADL's. Policies are able to be less restrictive. Typically companies have used 2 ADL's, but that was not required in Alaska.

Q: Several Section numbers are missing--was that intentional?

A: Yes, the Division wanted to leave as much space as possible in the article for future regulations relating to long-term care.

Q: Why does the Division omit NAIC Model Regulation Sections 31.D(3)(m) and (n), 31.E and 31.F, relating to certification and approval of LTCI independent review organizations.

A: The Division wanted to remain consistent with the current processes for now while analyzing possible changes and ways to improve the regulation and external review process.

Q: Whether 3 AAC 28.585(d)(8)(A) is truly the only time in the appeal process at which the Director wants to receive written notice?

A: Yes, this is consistent with the current external review process and avoids overregulation of the external review.