

**11 NCAC 12 .1008            MINIMUM STANDARDS FOR HOME HEALTH CARE BENEFITS**

- (a) A policy providing benefits for home health care services may not limit or exclude benefits by:
- (1) requiring that the insured or claimant would need skilled care in a skilled nursing facility if home health care services were not provided;
  - (2) requiring that the insured or claimant first or simultaneously receive nursing or therapeutic services in a home or community setting before home health care services are covered;
  - (3) limiting eligible services to services provided by registered nurses or licensed practical nurses;
  - (4) requiring that a nurse or therapist provide services covered by the policy that can be provided by a home health aide or by another licensed or certified home care worker acting within the scope of his or her licensure or certification.
  - (5) requiring that the insured or claimant have an acute condition before home health care services are covered;
  - (6) limiting benefits to services provided by Medicare-certified agencies or providers; or
  - (7) excluding coverage for adult day care services.
- (b) Home health care coverage may be applied to the non-home health care benefits provided in the policy when determining maximum coverage under the terms of the policy. Home health care benefits shall be offered in an amount of not less than twenty-five dollars (\$25.00) per day.

*History Note:    Authority G.S. 58-2-40(1); 58-55-30(a);  
Eff. September 1, 1990;  
Amended Eff. December 1, 1992;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. May 1, 2018.*