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CALIFORNIA LONG TERM CARE – CTQ 2004

1. A chronically ill individual is defined as someone unable to perform at least two activities of daily living for a period of at least _____.
 - A. One year
 - B. 90 Days
 - C. One Month
 - D. 63 Days
2. Medical necessity means that a doctor or other independent source has certified that an insured's medical condition will _____ if he does not receive nursing home or home care.
 - A. Level off
 - B. Improve
 - C. Deteriorate
 - D. Turn around
3. Indemnity style LTC policies cover _____ versus reimbursement plans which repay actual costs up to a predetermined maximum.
 - A. A per diem cost of care
 - B. Unlimited claims
 - C. The exact amount of the claim
 - D. "Pool of money" benefits
4. The purpose of the long term care personal worksheet is to gather sufficient information to determine if the client has _____.
 - A. A family support network
 - B. A rich uncle
 - C. Sufficient income and assets to afford LTC
 - D. Other monies to invest
5. Impairment of cognitive ability means deterioration or loss of intellectual capacity due to _____.
 - A. An accident
 - B. Chronic illness
 - C. Organic mental disease
 - D. Genetic orientation
6. Rate stability and client suitability standards go hand in hand because knowing an LTC plan is right for a consumer is knowing he can _____.
 - A. Understand them
 - B. Appreciate them
 - C. Use them
 - D. Afford them today and in the future.
7. Medicare's Prospective Payment System bases hospital payments on the patient's _____ at the time of admission.
 - A. Diagnosis
 - B. Condition
 - C. Age
 - D. Ability to pay
8. The long term care continuum is defined as the ever-expanding _____ needed by the LTC market.
 - A. Range of Services
 - B. Medical direction
 - C. Financial alternatives
 - D. Legislative help
9. Adult day care emphasizes _____ to retain an enhance independence.
 - A. Physical therapy
 - B. Low cost
 - C. Achievement and continued effort
 - D. Mental activities
10. Medical necessity for benefit eligibility is _____ for tax qualified LTC contracts
 - A. The basis
 - B. Not permitted
 - C. Encouraged
 - D. Somewhat discouraged
11. Unnecessary replacement of a consumers LTC policy is presumed by the California Code when any third or greater policy is sold to a policyholder in any _____ period.
 - A. 60 Day
 - B. 12 Month
 - C. 2 Year
 - D. 9 Month
12. Case management is provided by a third party to _____ an insured's care and report regularly on the effectiveness of the care provided.
 - A. Improve
 - B. Manage
 - C. Underwrite
 - D. Supplement
13. Inflation protection as an option must be offered to California LTC applicants with increases compounded annually at the rate of not less than _____.
 - A. 10%
 - B. 8%
 - C. 6%
 - D. 5%
14. Which of the following are examples of a *material change* that could void the pre-1997 tax qualified status of a policy?
 - A. The timing of benefits
 - B. A substitution of the insured
 - C. Change in eligibility in a group contract
 - D. All of the above

CALIFORNIA LONG TERM CARE – CTQ 2004

15. Increased coverage for an extra premium is an option that California LTC policies must offer the insured no less frequently than _____ after the policy is issued.
- Each anniversary date
 - Quarterly
 - Every six months
 - Twice in 5 years
16. Impairment in activities of daily living means the insured needs _____ either in the form of hands on assistance or standby assistance.
- Help
 - Assistance
 - Substantial assistance
 - Medical attention
17. Family caregivers are considered to be _____ of the long term care system in the United States.
- A small part
 - The backbone
 - A growing segment
 - A somewhat popular element
18. Aggressive Medigap plans can extend coverage to "at-home recovery" and assistance with ADLs, but once the health progress stops the condition is termed _____ and no longer covered.
- Chronic
 - Skilled
 - Inoperable
 - Unworkable
19. Medi-Cal eligibility is based on an individual being _____ and being unable to pay for health care services.
- Reasonably healthy
 - Chronically ill
 - In financial need
 - Responsible for his own care
20. Acute care is given to a patient to _____. Once progress stops, however, care is termed chronic.
- Get better
 - Save his live
 - Stabilize his condition
 - Save time
21. Hands on assistance means the need for _____ from another person without which, the individual would be unable to perform the ADL.
- Indirect help
 - Standby help
 - Physical assistance
 - Medical attention
22. An Outline of Coverage must be provided a prospective application for LTC _____.
- In duplicate
 - At the time of initial solicitation
 - When the policy is issued
 - Within 30 days of purchasing
23. Preexisting conditions disclosed on an application must be covered no later than _____ following the effective date of coverage subject to the insured's established underwriting standards.
- Three months
 - Six months
 - Nine months
 - One year
24. Reimbursement LTC plans repay the insured for the _____ up to a predetermined maximum. Rates for these plans tend to be lower than indemnity plans.
- Actual cost of care
 - Per diem rate of care
 - Co-pay portion of care
 - Skilled care portion of care
25. Assisted living benefits must be provided in LTC policies at no less than _____ of the maximum benefit for institutional care.
- Half
 - 25%
 - One-third
 - 70%
26. Medical necessity is a common trigger of LTC benefits for _____.
- Non-tax qualified plans
 - Tax qualified plans
 - Both non-tax and tax qualified plans
 - Neither tax or non-tax qualified plans
27. Converted policy premiums must be calculated (based) on _____.
- The insured's age at the time of certificate issue
 - Attained age
 - A 30-day month
 - Gross premiums, less tax
28. Which of the following are *benefit triggers* of eligibility for non-tax qualified policies:
- Impairment of two of seven ADLs
 - Impairment of cognitive ability
 - Medical necessity
 - Any of the above
29. Accelerated death or living benefits policies _____ long term care insurance.
- Can be marketed as
 - Should not be sold as
 - Are considered to be the same as
 - Pay the same benefits as

CALIFORNIA LONG TERM CARE – CTQ 2004

30. Knowing the local HICAP name, address and phone number is a responsibility of California _____.
- A. Insurance companies
 - B. Agents
 - C. Insureds
 - D. Consumers
31. Medi-Cal estate recovery laws require California to recover from _____ to help pay covered expenses
- A. Insurance companies
 - B. Insurance agents
 - C. Medi-Cal recipients
 - D. The Medi-Cal Trust Fund
32. The evolution of long term care services might see a patient's condition go from acute to _____.
- A. Skilled
 - B. Chronic
 - C. Emergent
 - D. Diagnostic
33. Standby assistance means the presence of another person _____ is necessary to prevent injury to the individual while he is performing an ADL
- A. Within arm's reach
 - B. Nearby
 - C. In the same room
 - D. In the building
34. Specimen policies are important for agents to obtain because _____ products, policies and definitions.
- A. We see an increase in
 - B. There is a rapid evolution of
 - C. Insurers want agents to know their
 - D. The authorities want agents to know about
35. The daily benefit for *caregiver training* (informal care) is _____.
- A. Not covered by any insurer
 - B. Typically 1/2 the home care benefit per diem
 - C. Equal to home care benefit amounts
 - D. About 20% less than skilled care benefits

---END EXAM---



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