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**"LONG TERM CARE PARTNERSHIP INSURANCE REQUIRED TRAINING"**

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# "LONG TERM CARE PARTNERSHIP INSURANCE REQUIRED TRAINING"

## 40 Question Nonsupervised Exam

**Directions:** Each question is followed by four suggested answers labeled A), (B), (C) and D). In each case, select the BEST single answer that satisfies the question or statement. Transfer all answers to the answer sheet AND have your exam scored by the method of your choice as indicated on page 2 of this document.

**DO NOT COMPLETE THIS COURSE UNLESS YOU CURRENT AND IN-FORCE PRODUCER LICENSE; IT IS YOUR REponsibility TO MAKE CERTAIN OF THIS REQUIREMENT!**

**Questions 1-10 refer to material contained in Section 1) Partnership Long-Term Care**

- 1) The main difference between a traditional long term care and partnership policy is
  - A) Only a partnership policy can be tax qualified.
  - B) In a traditional LTC policy, the purchase of inflation protection is mandatory.
  - C) Traditional LTC policies do not offer asset disregard.
  - D) People under the age of 60 are not allowed to purchase a partnership LTC policy.
  
- 2) When purchasing a partnership long term care policy Consumers should make certain they are aware that
  - A) They must still meet Medicaid eligibility requirements.
  - B) There is no reciprocity between states.
  - C) They may purchase the plan from any agent even if the agent has had no special Partnership Program training.
  - D) May purchase any long term care policy even if it has not been certified as a partnership policy by their state officials.
  
- 3) The main goal in the design of the Partnership Program was to
  - A) Increase the Medicaid grant blocks to states who participate.
  - B) Convince California to join n the program.
  - C) Make the Robert Wood Johnson Foundation pay the costs of creating the program.
  - D) Entice consumers to buy a long term care policy who otherwise may not have made such a purchase.
  
- 4) A May 2007 study by the Government Accounting Office concluded that
  - A) No elderly consumers can afford to self-finance long term care costs.
  - B) Partnership Programs are not likely to result in Medicaid savings but instead may even cause Medicaid to increase spending.
  - C) People who purchased a policy tended to have incomes under \$4,000 per month.
  - D) People who purchased a policy had average assets that were less than \$50,000
  
- 5) According to the Deficit Reduction Act (DRA) of 2005, the "look- back" period for asset transfers is which of the following number of months in length?
  - A) 36
  - B) 48
  - C) 60
  - D) 72

- 6) According to the Illinois Long-Term Care Partnership Program Act of 2007, which of the following statements is not accurate?
- The legislature thinks that currently there is too great a burden on individuals and families to pay for long term care services.
  - Medicare is intended to cover the majority of long term care expenses.
  - Medicaid is the largest funding source for long term care costs in the United States.
  - As the American population ages, there will be an increase in the growth of spending by the federal and state governments to pay for long term care costs through Medicaid.
- 7) According to Illinois Law all of the following statements about inflation protection as part of a partnership policy are correct except:
- If a purchaser is 59 years old then inflation protection must be offered and annually compounded at the rate of no less than 3% of the benefit amount purchased.
  - A 60 year old must be offered inflation protection that compounds annually at a rate as high as 5% of the benefit amount purchased.
  - A 77 year old purchaser has no possibility to have inflation protection because he is simply too old to qualify.
  - Inflation protection must be included in the sale of a partnership policy unless excluded under the Deficit Reduction Act of 2005
- 8) Under Illinois Law a producer who sells long term care under the Partnership Program must meet all of the following license requirements: except:
- A producer must be State licensed for Health Insurance.
  - Complete a once-in-a-lifetime certified eight hour continuing education course.
  - Complete continuing education on an ongoing basis of not less than four hours every 24 months after completing required one time eight hour training.
  - There is no special training required.
- 9) Under Illinois Law the term "Asset disregard" in conjunction with the purchase of a partnership long term care policy most closely means which of the following:
- Comprehensive coverage.
  - Dollar-for-dollar coverage.
  - At least one year of nursing home coverage.
  - At least 18 months of nursing home coverage.
- 10) The state official in charge of certifying that a long term care policy qualifies under to be marketed under the Partnership Program is the
- Governor
  - Attorney General
  - Director of Health and human Services
  - Director of Insurance
- Questions 11-16 refer to material contained in Section 2) Traditional Long-Term Care Policies**
- 11) All of the following statements about "traditional" long term care insurance are correct except
- It includes contracts offered for sale prior to HIPPA.
  - It includes to policies sold after HIPPA.
  - It includes Partnership Program contracts.
  - It includes both qualified and nonqualified LTC plans.
- 12) The main difference between a traditional long term care policy that is qualified versus one that is nonqualified is that the nonqualified plan
- could possibly result in a tax liability to the policyholder for the benefits received.
  - allows the premium cost to be fully deductible to every policyholder.
  - being ambulatory is never an Assisted Daily Living activity.
  - does not allow an insured's condition to be medically necessary as a trigger for the payment of benefits.

- 13) Under home health services coverage a caregiver can be paid for performing all of the following duties, Except:
- A) Going with the insured to a doctor's appointment.
  - B) Cooking meals for the insured.
  - C) Cleaning the inside of a client's home.
  - D) Doing the client's yard work.
- 14) The main role of a Care Coordinator is to:
- A) Evaluate and identify a person's long term care needs and to provide ongoing assistance to help manage the client's long term care needs in the most efficient manner possible.
  - B) Save insurance companies as much money as possible regarding the payment of long term care policy benefits.
  - C) Make an initial plan regarding long term care and then to pass this role to the caregiver who actually works with the client on a day to day basis.
  - D) Take the role of caregiver when required.
- 15) All of the following are typical exclusions under a traditional long term care policy, Except:
- A) Care that resulted from a declared war.
  - B) Care resulting from an injury received while working at an employer's place of business.
  - C) Care resulting from drug addiction regardless of the cause of the addiction.
  - D) Care resulting from an insured intentionally cutting off his own leg.
- 16) Which of the following statements regarding Guaranteed Renewability" is not correct?
- A) Group LTC policies usually do not require their inclusion.
  - B) A single policyholder can experience a premium increase.
  - C) Individual LTC policies usually require their inclusion.
  - D) If the policyholder pays premium on time then the carrier cannot cancel the policy.

**Questions 17-19 refer to material contained in Section 3) Partnership LTC versus Traditional LTC**

- 17) All of the following statements about the Partnership Program and traditional Long Term Care policies are correct, Except:
- A) Traditional policies do not have to offer comprehensive coverage.
  - B) Partnership Program policies are more expensive than a traditional long term care policy because they offer more benefits.
  - C) Traditional long term care contracts usually do not have to offer benefits for the services of a care coordinator.
  - D) Partnership policies are not subject to state required minimum benefit periods.
- 18) All of the following statements about Inflation Protection in the Partnership Program versus traditional Long Term Care policies are correct, Except:
- A) Inflation protection is required in Partnership policies if the insured is under the age of 76 at the time of purchase.
  - B) Traditional LTC policies have been more popular mainly because the purchaser does not have to include the extra cost of inflation protection.
  - C) A LTC policy with a 5% annual compound inflation benefit costs about twice as much as a LTC that does not include inflation protection.
  - D) If a traditional LTC policy is purchased with a 5% annual compound inflation protection benefit then this contract can also offer the same asset disregard protection found in a partnership policy.
- 19) According to TABLE 1 in the course text:
- A) Most purchasers of Traditional LTC buy inflation protection.
  - B) Partnership buyers have less average daily benefit amount compared with Traditional LTC buyers.
  - C) Traditional LTC buyers typically have greater minimum benefit periods compared with partnership buyers.
  - D) Traditional LTC buyers had a much higher percentage of greater than 90 day elimination periods compared with partnership buyers.

**Questions 20-25 refer to material contained in Section 4) Medicare and Medicaid**

- 20) Medicare
- A) Pays for some nursing home costs
  - B) Is not an entitlement
  - C) Is the same program as Medicaid
  - D) Does not pay for any skilled care at-home.
- 21) To qualify for nursing home confinement under Medicare all of the following requirements must be met, Except:
- A) Patients must need skilled care.
  - B) Prior hospitalization.
  - C) The facility does not need to be Medicare certified.
  - D) Facilities must provide skilled care.
- 22) Under Medicare, the patient being treated in a skilled nursing facility (SNF) should always ask for the bill to be submitted to Medicare because:
- A) If an appeal is denied the patient owes no money to the SNF.
  - B) A third party intermediary will review the bill, without cost, and patient may be eligible for even more coverage under Medicare.
  - C) A Patient gives up rights to appeal to an Administrative Law Judge.
  - D) The SNF does not have to submit any time consuming patient medical records.
- 23) All of the following Hospice services are 100% covered by Medicare except:
- A) Respite Care.
  - B) Physical Therapy
  - C) Physician and Nursing services
  - D) Counseling Services.

- 24) Medicaid is not considered an "Entitlement" program because
- A) No tax dollars are used.
  - B) Everyone has its benefits available to them.
  - C) Those receiving benefits must qualify for them.
  - D) It provides benefits to people without regard to assets owned.
- 25) All of the following statements about Medicaid are correct, Except:
- A) It is partly funded by the federal government.
  - B) It is partly funded by state government.
  - C) The poorer the state's population, the greater the amount of that state's federal block grant.
  - D) All Medicaid budget shortfalls experienced by a state are paid with an additional federal block grant.

**Questions 26-31 refer to material contained in Section 5) Evaluating Client Long-Term Care Needs**

- 26) In the thirty-five year period from 1990 to 2025 the United States population of people aged 65 years old and older was expected to increase by which of the following percentages?
- A) 50%
  - B) 100%
  - C) 150%
  - D) 200%

- 27) By the year 2025, according to the Old Age Dependency Ratio (OADR), the number of younger people paying into Medicare versus the number of older people dependent upon its assistance will equal approximately which of the following ratios?
- A) 10:1 (Ten people paying for every one person receiving)
  - B) 5:1 (Five people paying for every one person receiving)
  - C) 3:1 (Three people paying for every one person receiving)
  - D) 2:1 (Two people paying for every one person receiving)
- 28) Which of the following United States population age groups is the fastest growing and requires almost half of the people in its age group to need personal care assistance?
- A) 55-64 years of age
  - B) 65-74 years of age
  - C) 75-84 years of age
  - D) 85 years of age and older
- 29) All of the following are considerations relating to family circumstances that can be used to reveal a suitable long term policy need for an individual, Except:
- A) The ability of the individual to accept help from others when needed.
  - B) Many adult children willing to help the individual who live within convenient driving distance.
  - C) Having no backup plan if family is unable to help the individual.
  - D) The individual is comfortable with their current living arrangement.
- 30) Which of the following statements pertaining to demographics studies done on purchasers of LTC insurance between the years 1990-2005 is not correct?
- A) The main reason people do not buy LTC insurance is confusion and ignorance about government payment responsibility, limits and programs for long term care services.
  - B) Over the fifteen year period the most significant increase in purchasers, based on income levels, was found in those making less than \$20,000 per year of income.
  - C) In 2005 most long term care policies were bought by people under the age of 65
  - D) Average premium cost kept increasing over the fifteen year period.
- 31) Client suitability means
- A) Clients must inform insurance agents whether or not they are suitable purchasers of LTC policies.
  - B) Companies and agents bear the responsibility of assuring that a LTC purchaser has the proper need, income and asset level before selling a policy to them.
  - C) Those with small incomes and few assets should be sold a LTC policy because their need is so great for the coverage.
  - D) Prospective clients should figure out for themselves how Medicare and Medicaid work before seeking to buy a LTC policy.

**Questions 32-35 refer to material contained in 6) Long Term Care Alternatives of Care**

- 32) If the adult child of an elderly relative who needs personal care services is employed full time but wishes to continue to have the relative live with them then which of the following care alternatives are best suited to their need?
- A) Adult Day Care.
  - B) Respite Care
  - C) Assisted Daily Living Care
  - D) Home Health Care

33) Which of the following statements is not correct?

- A) Custodial care usually helps with essential activities of daily living.
- B) Home health care should provide the level of care needed by an individual in their own home as frequently as they are needed.
- C) Hospice care provides comprehensive medical assistance to individuals who are diagnosed as being terminally ill.
- D) Intermediate nursing care requires around the clock care delivered by skilled medical personnel on the orders of a licensed physician.

34) The best definition of the assisted daily living activity known as "transferring" means

- A) helping a person get into or out of a bath tub or shower.
- B) helping a person move the food from a plate to their mouth.
- C) helping a person move into or out of a bed, wheelchair or regular chair.
- D) helping a person to get on and off a toilet.

35) Probably the greatest roadblock an individual will face in attempting to enter a full service Continuing Care Retirement Community (CCRC) is

- A) their health is too good at the time of application.
- B) the large initial deposit required.
- C) they don't offer the services needed by someone who requires assistance with daily activities.
- D) they do not offer skilled nursing services.

**Questions 36-40 refer to material contained in Section 7) Partnership Long-Term Care Summary**

36) The main reasons Social Security and Medicare are financially suspect for the future is due to the fact that

- A) The original actuarial assumptions were flawed.
- B) Medicare has been expanded several times to offer greater benefits.
- C) Tens of millions of "Baby Boomers" will turn 65 years of age over the next few decades.
- D) All of the above.

37) Decreasing mortality rates in the United State will likely have of the following impacts on Medicare and Medicaid in the near future?

- A) Little or no impact.
- B) It will place huge stresses on each program and will require creative solutions to overcome the financial challenges to keep them viable.
- C) It will definitely bankrupt the United States Treasury.
- D) There should not be a problem since taxes can be easily increased to handle any possible crisis.

38) Since 1990, which of the following trend statements is the most accurate?

- A) The number of people 65 years or age and older in a nursing home has decreased drastically as a percentage of the total population in nursing homes.
- B) Overall the percent of people 65 years of age and older living in nursing homes has increased by over 20%.
- C) The percentage of people 85 years of age and older living in nursing homes versus home care has increased as a percentage.
- D) Nursing care has shifted from being mostly delivered in nursing homes to greater and greater percentages of the elderly population switching to a preference for home care services.



39) Which of the following represent the approximate 2006 percentages of long term care services that have been paid by Medicare and Medicaid, respectively?

- A) 10% and 60%
- B) 40% and 53%
- C) 14% and 50%
- D) 20% and 25%

40) When it comes to paying for long term care services in America, federal and state governments have great motivation to do which of the following?

- A) Induce consumers to buy long term care insurance and thus switch the payment burden to individuals and private insurance and away from government tax dollars.
- B) Raise taxes as necessary.
- C) Shift the burden from the federal government to each state individually.
- D) Create a greater burden for corporations to pay the costs through tax increases on corporate income.