

Long Term Care Certification Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. The National Clearinghouse for long-term care information is funded through which federal act?**
 - A. The Affordable Care Act of 2010**
 - B. The Deficit Reduction Act of 2005**
 - C. The Older Americans Act**
 - D. The Health Insurance Portability and Accountability Act**
- 2. For which of the following would a long-term care policy deny coverage?**
 - A. Diabetes**
 - B. Alcoholism**
 - C. Heart disease**
 - D. Arthritis**
- 3. What is a common consequence for a lapsed long-term care insurance policy?**
 - A. Immediate cancellation without notice**
 - B. A required waiting period for new coverage**
 - C. Denial of all claims filed beforehand**
 - D. Restoration contingent on certain conditions**
- 4. Which advantage of nonqualified long-term care plans is NOT considered beneficial when compared to tax-qualified plans?**
 - A. Tax deductibility**
 - B. Flexibility in benefit payouts**
 - C. Premiums are not subject to taxation**
 - D. Less stringent eligibility requirements**
- 5. How is custodial care best described?**
 - A. Care to assist with medical treatments**
 - B. Care aimed at rehabilitation**
 - C. Care to assist a person with the basics of everyday living**
 - D. Care provided in a nursing facility**

6. Which term describes a period before benefits begin in a long-term care policy?

- A. Grace period**
- B. Elimination period**
- C. Benefit trigger**
- D. Coverage start date**

7. What is the information that insurers selling long-term care insurance do NOT need to report annually to the Commissioner?

- A. Policyholder claims**
- B. Medical reports of each policy applicant**
- C. Number of active policies**
- D. Premium collections**

8. Which of the following is an example of post claims underwriting?

- A. An insurer notifies the insured a claim is denied based on incomplete information on the application**
- B. An insurer reviews the application while a claim is still open**
- C. An insured fails to disclose prior medical conditions**
- D. An insurer cancels a policy after the first claim is made**

9. An elderly person is experiencing a deficiency in his/her ability to think or reason. This person is most likely suffering from which of the following?

- A. Dementia**
- B. Alzheimer's Disease**
- C. Parkinson's Disease**
- D. Stroke**

10. Individual long-term care policies are protected through the guaranteed renewable or noncancellation clause. How are group long-term care policies protected?

- A. By conversion rights and the continuation of coverage clause**
- B. Through government subsidies**
- C. With mandatory coverage stipulations**
- D. Via plan renewals upon reaching a certain age**

Answers

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1. B
2. B
3. D
4. A
5. C
6. B
7. B
8. A
9. A
10. A

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Explanations

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- 1. The National Clearinghouse for long-term care information is funded through which federal act?**
 - A. The Affordable Care Act of 2010**
 - B. The Deficit Reduction Act of 2005**
 - C. The Older Americans Act**
 - D. The Health Insurance Portability and Accountability Act**

The National Clearinghouse for long-term care information is funded through the Deficit Reduction Act of 2005. This act, among other things, aimed to provide for the analysis of long-term care options available to the population, which led to the establishment of resources such as the Clearinghouse. It serves as an essential resource for individuals, families, and professionals looking for information about long-term care services, funding options, and related supports. The specific focus of the Deficit Reduction Act on healthcare financing and the need to improve information accessibility for long-term care needs directly connects it to the establishment and funding of the Clearinghouse, making it a foundational piece in the framework of long-term care policy initiatives.

- 2. For which of the following would a long-term care policy deny coverage?**
 - A. Diabetes**
 - B. Alcoholism**
 - C. Heart disease**
 - D. Arthritis**

Long-term care insurance policies often have specific exclusions and limitations regarding coverage for certain conditions. Alcoholism, classified as a substance use disorder, is frequently excluded from many long-term care insurance policies. This exclusion is based on the understanding that treatment for alcoholism sometimes involves lifestyle changes and rehabilitation rather than traditional long-term care services. Therefore, a policy may deny coverage for long-term care related to complications or care due to alcoholism. In contrast, conditions such as diabetes, heart disease, and arthritis are typically covered, as they can lead to the need for long-term care services. These conditions can result in disabilities or other complications that necessitate assisted living or nursing care, making them more aligned with the purpose of long-term care insurance.

3. What is a common consequence for a lapsed long-term care insurance policy?

- A. Immediate cancellation without notice**
- B. A required waiting period for new coverage**
- C. Denial of all claims filed beforehand**
- D. Restoration contingent on certain conditions**

A common consequence for a lapsed long-term care insurance policy is that restoration may be contingent on certain conditions. This means that if a policyholder has missed premium payments and the policy has lapsed, they may have options to reinstate their coverage. However, reinstatement often comes with specific requirements or conditions that must be met, such as paying any overdue premiums, demonstrating that the insured person is still insurable, and possibly undergoing a medical underwriting process. Understanding this is crucial for policyholders as it emphasizes the importance of maintaining timely premium payments and being aware of the terms surrounding the reinstatement of coverage. After all, long-term care insurance is designed to protect financial well-being in the event of health-related needs, and lapses can complicate access to benefits that were once available.

4. Which advantage of nonqualified long-term care plans is NOT considered beneficial when compared to tax-qualified plans?

- A. Tax deductibility**
- B. Flexibility in benefit payouts**
- C. Premiums are not subject to taxation**
- D. Less stringent eligibility requirements**

The advantage of nonqualified long-term care plans that is not considered beneficial when compared to tax-qualified plans is related to tax deductibility. Tax-qualified long-term care insurance policies offer tax deductibility for premiums paid, providing a financial benefit for policyholders. In contrast, nonqualified plans do not provide the same level of tax deductibility, meaning that the premiums paid are made with after-tax dollars and cannot be deducted from taxable income. While nonqualified plans may offer flexibility in benefit payouts, premiums that are not subject to taxation, and potentially less stringent eligibility requirements, these aspects do not counterbalance the lack of tax deductibility. The inability to deduct premiums from taxable income stands out as a significant difference that makes nonqualified plans less advantageous in this specific financial context.

5. How is custodial care best described?

- A. Care to assist with medical treatments**
- B. Care aimed at rehabilitation**
- C. Care to assist a person with the basics of everyday living**
- D. Care provided in a nursing facility**

Custodial care is best described as care that assists an individual with the basics of everyday living, which includes activities such as bathing, dressing, eating, and mobility. This type of care focuses on helping individuals who may have chronic illnesses, disabilities, or age-related conditions that limit their ability to perform these daily tasks independently. Unlike care aimed at rehabilitation, which seeks to restore someone to their prior level of function through specific therapies and medical treatments, custodial care does not typically involve medical procedures or active treatment plans. It often takes place in various settings, including homes, assisted living facilities, and nursing homes, but is distinctly separate from professional medical care that would necessitate skilled nursing services. This type of care is vital for those who may not require extensive medical attention but need support to maintain their quality of life and independence in daily activities.

6. Which term describes a period before benefits begin in a long-term care policy?

- A. Grace period**
- B. Elimination period**
- C. Benefit trigger**
- D. Coverage start date**

The term that describes a period before benefits begin in a long-term care policy is known as the elimination period. This is a critical concept in long-term care insurance, as it refers to the time frame during which the policyholder must wait before they can start receiving benefits after they have been deemed eligible for care. During this elimination period, the insured is typically responsible for covering their own costs for care. The length of this period can vary between different policies, and it is an essential consideration for individuals when purchasing insurance, as it can directly impact their out-of-pocket expenses right after a qualifying care event occurs. Although other terms may be relevant in the context of insurance terminology, they do not specifically refer to the waiting period before benefits are activated. For example, a grace period usually refers to time allowed for the policyholder to pay premiums without losing coverage, while a benefit trigger is the event that activates the policy benefits, such as meeting certain health criteria. Similarly, a coverage start date refers to when the policy becomes effective, rather than when benefits are available after a waiting period.

7. What is the information that insurers selling long-term care insurance do NOT need to report annually to the Commissioner?

- A. Policyholder claims**
- B. Medical reports of each policy applicant**
- C. Number of active policies**
- D. Premium collections**

Insurers selling long-term care insurance are required to report various types of information to the Commissioner to ensure compliance and transparency in their operations. The reason why the information regarding medical reports of each policy applicant is not necessary to report annually is that such reports are part of the individual underwriting process and contain sensitive personal health information. Privacy regulations and the confidential nature of medical records restrict the sharing of this information on a broad scale. On the other hand, policyholder claims, the number of active policies, and premium collections are critical metrics that inform regulatory oversight and consumer protection. These data points help the Commissioner monitor the health of the insurance market, evaluate the performance of insurers, and manage risks associated with long-term care products. In contrast, the personal medical history of applicants is a private matter that does not need to be shared in this manner.

8. Which of the following is an example of post claims underwriting?

- A. An insurer notifies the insured a claim is denied based on incomplete information on the application**
- B. An insurer reviews the application while a claim is still open**
- C. An insured fails to disclose prior medical conditions**
- D. An insurer cancels a policy after the first claim is made**

The chosen answer illustrates a clear example of post-claims underwriting, which occurs when an insurer assesses the information provided on a policyholder's application after a claim has been submitted. In this case, the insurer's decision to deny the claim due to incomplete information on the application indicates that they are evaluating the risk involved only after the claim has been filed. This process is problematic because it raises questions about the policyholder's understanding of their obligations when filling out the application and the insurer's responsibilities concerning clear communication about coverage. In post-claims underwriting, the insurer often revisits the original application to determine whether the policy should have been issued or if the claim should be paid based on the information disclosed at the time of the application. This situation can lead to disputes over claims, as policyholders may not have been aware that specific information was necessary for coverage. The other options depict scenarios that fall outside the definition of post-claims underwriting. For instance, reviewing an application while a claim is still open indicates an ongoing assessment rather than a retrospective evaluation after a claim has been made. Failing to disclose prior medical conditions represents a potential issue of misrepresentation but does not specifically illustrate the process of post-claims underwriting. Additionally, canceling a policy after the

9. An elderly person is experiencing a deficiency in his/her ability to think or reason. This person is most likely suffering from which of the following?

- A. Dementia**
- B. Alzheimer's Disease**
- C. Parkinson's Disease**
- D. Stroke**

The correct answer reflects a general condition characterized by cognitive decline, which is known as dementia. Dementia encompasses a range of symptoms associated with a decline in memory, reasoning, and other cognitive functions. It is not a specific disease but rather a syndrome that impacts various cognitive abilities, leading to difficulties in thinking, reasoning, and performing everyday activities. While Alzheimer's disease is a specific type of dementia and is often mentioned in discussions about cognitive decline, it doesn't represent all cases of reasoning deficiency. Dementia can arise from numerous underlying causes, including but not limited to Alzheimer's. Parkinson's disease primarily affects motor aspects, although it can eventually lead to dementia in some cases. Stroke can result in cognitive impairments, but it is more defined by the immediate impact on brain function due to interruption of blood flow, which may also affect reasoning abilities. However, the term dementia better encapsulates a broader array of cognitive deficiencies over time compared to these other conditions.

10. Individual long-term care policies are protected through the guaranteed renewable or noncancellation clause. How are group long-term care policies protected?

- A. By conversion rights and the continuation of coverage clause**
- B. Through government subsidies**
- C. With mandatory coverage stipulations**
- D. Via plan renewals upon reaching a certain age**

Group long-term care policies are primarily protected by conversion rights and the continuation of coverage clause. This means that if an individual is part of a group plan and that plan is terminated or they lose their eligibility (for instance, due to changing jobs), they have the right to convert their group policy into an individual policy without needing to provide evidence of insurability. This ensures that individuals can maintain their coverage even if their group insurance is no longer available. Additionally, the continuation of coverage clause provides individuals with a defined period during which they can continue their coverage under specific circumstances, ensuring access to care during transitional periods. This protection is crucial because it allows for continuity in care and prevents gaps that could lead to significant healthcare expenses or loss of necessary services. Comparatively, government subsidies, mandatory coverage stipulations, or plan renewals based on age do not provide the same level of security or flexibility for individuals transitioning from group to individual policies, making the conversion rights and continuation of coverage clause essential in safeguarding access to long-term care.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://longtermcarecertification.examzify.com>

We wish you the very best on your exam journey. You've got this!

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