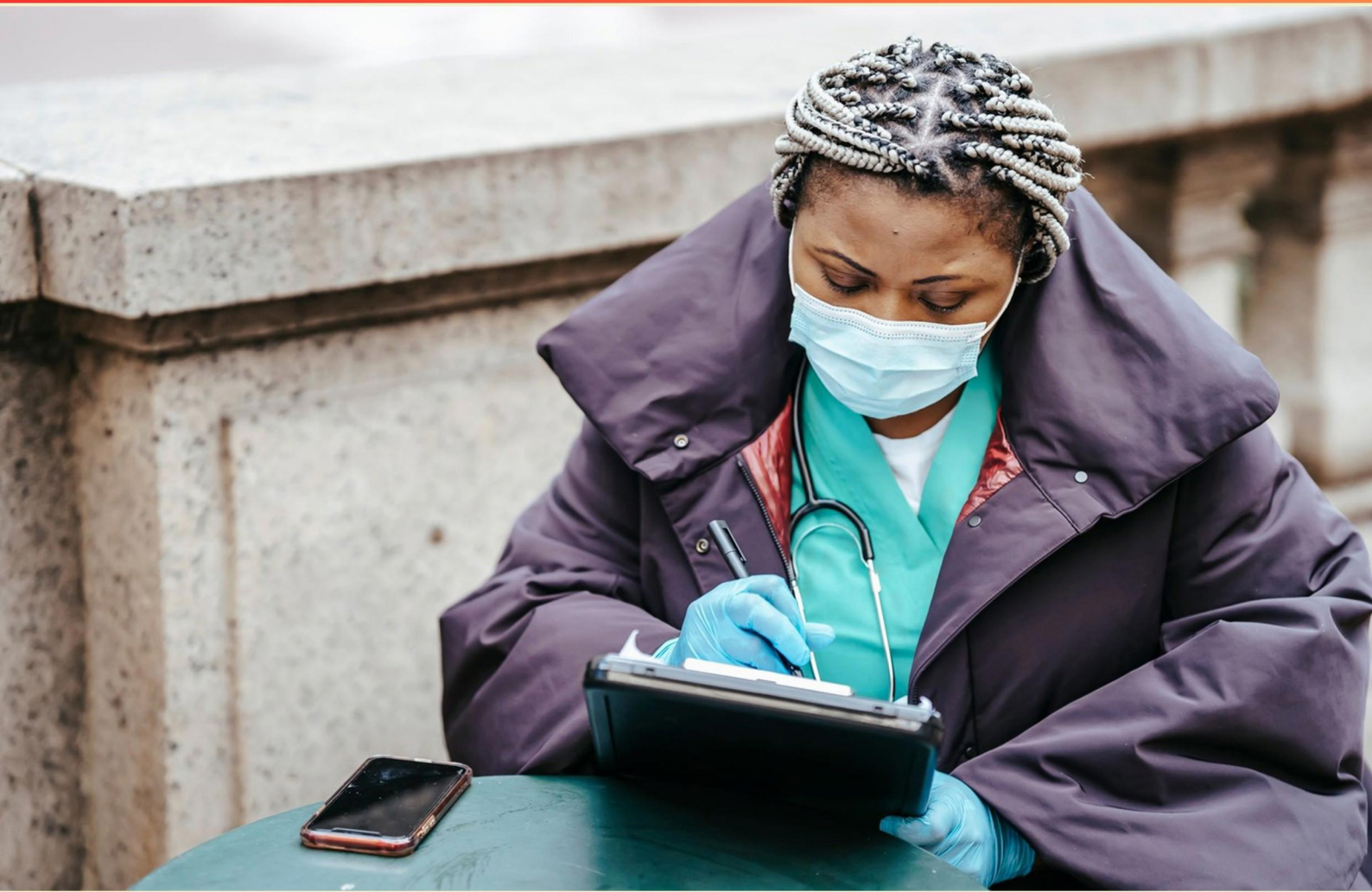


LONG TERM CARE CERTIFICATION PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

<https://longtermcarecertification.examzify.com>



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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. Which condition is typically NOT excluded from a group long-term care policy?**
 - A. Chronic illness
 - B. Alzheimer's disease
 - C. Parkinson's disease
 - D. Multiple Sclerosis
- 2. In the context of activities of daily living, what does "transferring" refer to?**
 - A. Moving around the house
 - B. Getting dressed
 - C. Moving in or out of bed, wheelchair or chair
 - D. Eating independently
- 3. Which of the following is NOT a factor indicating an increasing need for long-term care insurance?**
 - A. Health issues
 - B. Family and friends are not reliable
 - C. Advancing age
 - D. Increased life expectancy
- 4. Which government program provides health care for indigent individuals?**
 - A. Medicare
 - B. Private insurance
 - C. Medicaid
 - D. Veterans Affairs
- 5. What is a significant challenge when determining the need for long-term care insurance?**
 - A. Predicting future health needs
 - B. Understanding premium calculations
 - C. Evaluating policy exclusions
 - D. Comparing different plans

- 6. If an applicant has a monthly income of \$700 and less than \$12,000 in assets, which of the following would apply?**
- A. The applicant is ineligible for Medicaid benefits
 - B. The applicant is eligible for Medicaid benefits
 - C. The applicant should file for disability benefits
 - D. The applicant needs to buy additional insurance
- 7. A retiree undergoes surgery and is hospitalized for 7 days. Which of the following would NOT be covered under Medicare Part A and B?**
- A. Hospital room charges
 - B. Surgeon services
 - C. Anesthesia
 - D. Post-operative care
- 8. A husband and wife have different long-term care plans. If one plan pays an indemnity of \$150 per day and the other pays 50% of a \$250 daily rate, how much will they pay out of pocket per day?**
- A. \$250
 - B. \$225
 - C. \$100
 - D. \$75
- 9. What is the primary goal of long-term care insurance?**
- A. To fund short-term hospital stays
 - B. To provide cash benefits for retirees
 - C. To cover the costs of long-term care services
 - D. To replace lost income during illness
- 10. Which of the following is considered the most important resource available to an underwriter?**
- A. The agent
 - B. The insured
 - C. The policy manual
 - D. The claims department

Answers

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

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Explanations

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1. Which condition is typically NOT excluded from a group long-term care policy?

- A. Chronic illness
- B. Alzheimer's disease**
- C. Parkinson's disease
- D. Multiple Sclerosis

In group long-term care policies, Alzheimer's disease is typically not excluded because it is a progressive cognitive condition that often qualifies for coverage under long-term care insurance. Insurers recognize the need for support services for individuals suffering from Alzheimer's and similar cognitive impairments due to the unique challenges these conditions present, such as the necessity for assistance with daily living activities and supervision. This coverage aligns with the intent of long-term care policies, which aim to provide financial assistance for individuals requiring ongoing care due to chronic conditions. Other choices often present varying degrees of restrictions in policies. For instance, chronic illnesses may see limitations depending on their severity and specific care needs, while conditions like Parkinson's disease and Multiple Sclerosis might also have specific exclusions or predefined criteria that must be met before coverage is granted in certain policies. In this context, Alzheimer's disease stands out as a condition that is widely recognized and included for coverage in group long-term care insurance contexts.

2. In the context of activities of daily living, what does "transferring" refer to?

- A. Moving around the house
- B. Getting dressed
- C. Moving in or out of bed, wheelchair or chair**
- D. Eating independently

In the context of activities of daily living (ADLs), transferring specifically refers to the ability to move in and out of different positions or locations, such as getting in and out of bed, transitioning from a wheelchair to a chair, or moving from one surface to another. This skill is crucial for maintaining independence and mobility, particularly for individuals who may have physical limitations or disabilities. Transferring is an essential aspect of ADLs because it requires coordination, strength, and balance. Mastery of transferring contributes significantly to an individual's overall quality of life, as it enables participation in other daily activities, promotes safety, and helps prevent falls or injuries. Understanding the role of transferring as an ADL allows caregivers and healthcare professionals to provide appropriate support and interventions to enhance the independence and well-being of individuals in long-term care settings.

3. Which of the following is NOT a factor indicating an increasing need for long-term care insurance?

- A. Health issues
- B. Family and friends are not reliable**
- C. Advancing age
- D. Increased life expectancy

The correct answer identifies a factor that does not inherently indicate an increasing need for long-term care insurance. While health issues, advancing age, and increased life expectancy are direct factors that can necessitate a greater likelihood of requiring long-term care, the reliability of family and friends does not inherently determine an individual's need for insurance. Health issues directly correlate with the risk of needing long-term care, as chronic conditions or disabilities often require assistance. Advancing age is a significant risk factor for many individuals, as aging is associated with a higher incidence of health problems requiring long-term care. Similarly, increased life expectancy means that more individuals are living longer lives, which often leads to a greater likelihood of needing long-term care services at some point. In contrast, the reliability of family and friends may influence someone's choice regarding long-term care arrangements or their preferences, but it does not directly affect the fundamental need for long-term care. A person could still require care regardless of their support network's reliability, making it less of a determining factor for the need for long-term care insurance.

4. Which government program provides health care for indigent individuals?

- A. Medicare
- B. Private insurance
- C. Medicaid**
- D. Veterans Affairs

The government program that provides health care for indigent individuals is Medicaid. This program was established to offer medical assistance to those with low income and limited resources, ensuring that vulnerable populations, including families, children, and the elderly, have access to essential health care services. Medicaid covers a broad range of medical services, including hospitalization, physician care, nursing home care, and long-term care, thereby supporting individuals who might otherwise be unable to afford such critical services. In contrast, Medicare primarily serves older adults and certain individuals with disabilities, regardless of their financial status, which makes it less focused on indigent care. Private insurance, on the other hand, generally requires individuals to pay premiums and does not specifically target low-income populations. Veterans Affairs provides care primarily for military veterans, which is a distinct group separate from the indigent population. Therefore, Medicaid is uniquely designed to address the health care needs of those who are financially disadvantaged.

5. What is a significant challenge when determining the need for long-term care insurance?

- A. Predicting future health needs**
- B. Understanding premium calculations
- C. Evaluating policy exclusions
- D. Comparing different plans

A significant challenge when determining the need for long-term care insurance is predicting future health needs. This involves anticipating how your health may change over time, including potential chronic conditions, disabilities, or other health situations that may require long-term care services. Health trends can be influenced by numerous factors such as age, family medical history, lifestyle choices, and advancements in medical treatments, making it difficult to accurately project future care requirements. This uncertainty can complicate decision-making regarding whether and when to purchase long-term care insurance, as individuals must weigh the potential cost of care against the likelihood of requiring such services in the future. While understanding premium calculations, evaluating policy exclusions, and comparing different plans are all important aspects of selecting appropriate insurance, they do not pose the same level of uncertainty that comes with predicting future health needs. Those elements are more about analyzing existing products and their costs rather than forecasting personal health care requirements.

6. If an applicant has a monthly income of \$700 and less than \$12,000 in assets, which of the following would apply?

- A. The applicant is ineligible for Medicaid benefits
- B. The applicant is eligible for Medicaid benefits**
- C. The applicant should file for disability benefits
- D. The applicant needs to buy additional insurance

The applicant is eligible for Medicaid benefits based on the provided income and asset levels. Medicaid is a program designed to assist individuals with low income, and eligibility typically considers both income and assets. Income of \$700 per month is often below the threshold for eligibility in many states, and having assets under \$12,000 generally falls within the allowable limits for Medicaid qualification. Medicaid programs often have specific financial criteria, which can vary by state, but they generally allow individuals with limited income and assets to receive necessary medical care and services. This includes various forms of long-term care, making it particularly relevant for the context of this question. The other options suggest ineligibility or alternative pathways, but given the information about the applicant's financial situation, the appropriate course of action would indeed be to qualify them for Medicaid benefits.

7. A retiree undergoes surgery and is hospitalized for 7 days. Which of the following would NOT be covered under Medicare Part A and B?

- A. Hospital room charges
- B. Surgeon services**
- C. Anesthesia
- D. Post-operative care

Medicare Part A and Part B provide a comprehensive range of benefits for hospital stays, surgical procedures, and associated care. However, understanding the nuances of what is and isn't covered is crucial for retirees navigating their healthcare options. In the context of this question, Medicare Part A primarily covers inpatient hospital care, including room charges during a hospital stay, while Part B covers medically necessary outpatient services, including surgeon fees and anesthesia. This means that surgeon services would, in fact, be included as part of the covered expenses when a retiree undergoes surgery, making the assertion that surgeon services would not be covered incorrect. Conversely, post-operative care, which typically includes follow-up visits and necessary aftercare management, is also covered under Medicare Part B as it relates to continuing care needed following a surgical procedure. This coverage is vital for ensuring that patients have access to necessary evaluations after their surgeries. In this context, the determinant factor is recognizing that all the other options are indeed covered under Medicare, highlighting that the services linked directly to surgical intervention—including post-operative care—are embraced within the program's coverage parameters, while mistakenly identifying surgeon services as not covered creates misinformation. Therefore, affirming that surgeon services would not be covered is incorrect, as they fall well within the

8. A husband and wife have different long-term care plans. If one plan pays an indemnity of \$150 per day and the other pays 50% of a \$250 daily rate, how much will they pay out of pocket per day?

- A. \$250
- B. \$225**
- C. \$100
- D. \$75

To determine out-of-pocket expenses per day for the husband and wife with differing long-term care plans, we should first calculate how much each plan pays. For the husband's plan, which pays an indemnity of \$150 per day, he will receive the full amount of \$150 toward his daily care costs. For the wife's plan, which offers 50% of a \$250 daily rate, we'll compute the payout as follows: 50% of \$250 is \$125. Therefore, she will receive \$125 per day from her plan. Now, to figure out how much they need to pay out of pocket, we need to ascertain what their total daily care cost is. If we assume the total daily care cost is \$250 (as indicated by the wife's plan daily rate), we can then calculate their out-of-pocket expenses: - The husband's plan contributes \$150. - The wife's plan provides \$125. Adding both contributions gives: \$150 (husband) + \$125 (wife) = \$275 total coverage. Now, assuming that their daily care cost is indeed \$250, we can see that they will not be paying out of pocket for the full care cost. The out-of-pocket expense can be calculated as:

9. What is the primary goal of long-term care insurance?

- A. To fund short-term hospital stays
- B. To provide cash benefits for retirees
- C. To cover the costs of long-term care services**
- D. To replace lost income during illness

The primary goal of long-term care insurance is to cover the costs of long-term care services. This type of insurance is specifically designed to help individuals manage the financial aspects of care that may be required due to chronic illness, disabilities, or cognitive impairment. Unlike health insurance or Medicare, which primarily focus on acute medical care, long-term care insurance addresses the unique needs involved in ongoing assistance, such as help with daily living activities like bathing, dressing, and eating, as well as supervision for those with memory issues. By providing benefits that cover these services, long-term care insurance enables individuals to receive the care they need while protecting their savings and assets from the high costs associated with long-term care facilities or in-home care services. This focus on sustained care sets it apart from other types of insurance that might cover only short-term medical incidents or provide cash benefits unrelated to the specific needs for long-term support.

10. Which of the following is considered the most important resource available to an underwriter?

- A. The agent**
- B. The insured
- C. The policy manual
- D. The claims department

The agent is considered the most important resource available to an underwriter because they serve as a crucial intermediary between the insured and the insurance company. The agent provides essential information about the insured's background, financial stability, and any specific risks associated with the policy being requested. This information is vital for the underwriter, who must assess the risk exposure and determine appropriate policy terms and conditions. Moreover, agents often have firsthand knowledge of the market and the insured, enabling them to present the application in the best light and clarify any ambiguities or concerns the underwriter might have. They can also help gather additional information and documentation if needed, streamlining the underwriting process. This relationship is integral to ensuring that the underwriting decisions are well-informed and aligned with the company's risk management strategies. While other resources, such as the policy manual and claims department, provide important guidelines and historical data, they do not offer the real-time, personal insight into the insured's situation that an agent does. Therefore, the agent's role is paramount in facilitating effective underwriting.

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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