



Tools

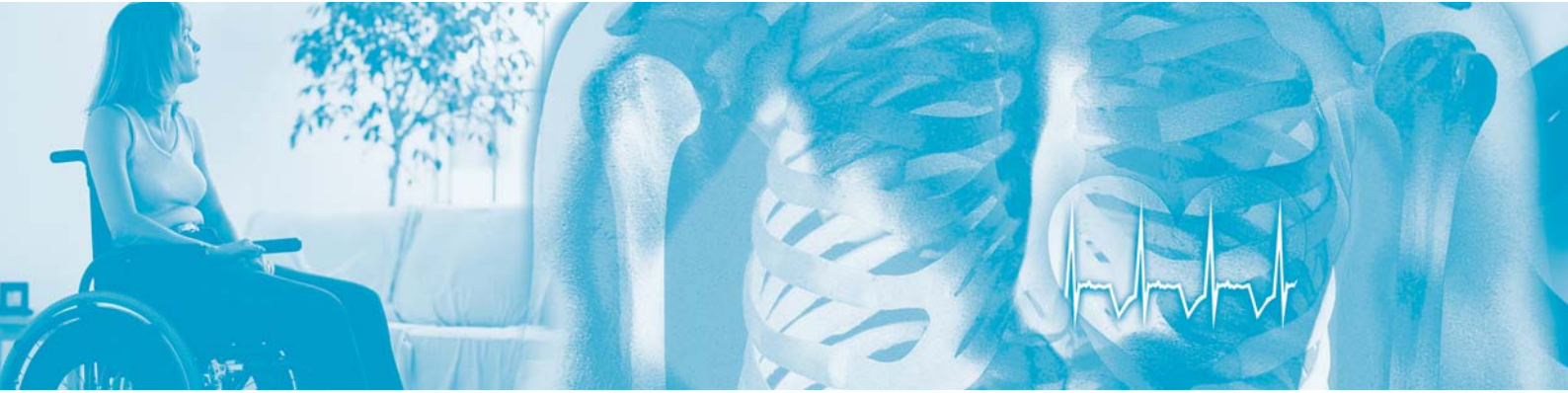


LTC

Long Term Care – Risk Selection Manual What's in it for you?

The international Long Term Care Manual has undergone a thorough review. In 2006 it has been published for the first time in a web-based format making it easily accessible to our treaty clients worldwide.

The LTC manual includes extensive medical background information and detailed rating assessment hints. It is being constantly enhanced through our ongoing research activities.



www.genre-ltc-manual.com

Medical assessment

- ▶ Extensive medical background information
- ▶ Bespoke LTC risk selection tools and rating grids
- ▶ Detailed rating assessment hints

Arthritis
Rating

Rheumatism refers to any painful state of the supporting structures of the body - bones, ligaments, joints, tendons or muscles. Arthritis is a form of rheumatism in which the joints have become inflamed.

Causes
Often in association with another disease (e.g. Reiter's syndrome, systemic lupus erythematosus) or associated with involvement of other organs including the eyes (Behçet's disease), the organs of the gastrointestinal tract (Crohn's disease, inflammatory bowel disease), or the nervous system (rheumatoid arthritis, vasculitis); a complication of another disease (ulcerative colitis), trauma, infections (gonorrhoea).

Symptoms
Pain, heat, redness and swelling, impaired movement.

Complications
Loss of joint function, stiffening of the joint.

Treatment
Treatment of cause/symptoms, immobilisation of affected joint.

LTC prognosis
Good when acute, treated and recovered, otherwise dependent on cause and complications.

LTC requirements
LTC underwriting

Arthritis - Severity scale

	A 1	A 2	A
Symptoms and IADL, ADL function	Trivial and occasional symptoms, mainly early morning or late evening. IADL and ADL function normal.	Mild but more regular symptoms, mainly early morning or late evening. IADL and ADL function normal.	Moderate to severe symptoms, IADL function restricted or accomplished independently but with difficulty.
Joints affected	Small distal joints (fingers and feet).	Larger joints (wrists, elbows, knees, shoulders, spine).	Multiple joint involvement.
Walking aids and treatment	No walking aids. No treatment.	Occasional use of walking stick and analgesics.	Regular use of walking or other mobility aids (walking frame, grab rails, stairs etc.). Regular prescribed painkillers.
Home and Hobbies	Life at home, hobbies and interests maintained.	Life at home, hobbies and interests largely maintained.	Definite impairment of function at home, more difficult tasks abandoned, more complicated hobbies and interests abandoned.
Personal care	No help required.	No help required.	Occasional help needed.

Arthritis rating LTC
Info

Classification	LTC
Without joint replacement	
A1	+25
A2	+50
A3	D
With joint replacement	
Within 6 months	P
Thereafter	Rate as above

Medicinal drugs

- ▶ Important drugs with hints to diagnosis
- ▶ Generic and brand names

ampicillin

Brands:	Ampicillin
Class:	Penicillin
Indications:	Infections caused by susceptible bacteria
Comments:	Causes an urticarial rash in 8% of patients. Rash occurs more frequently in patients with lymphocytic leukemia or infectious mononucleosis.

General features

- ▶ Developed by underwriters for underwriters to ensure ease of use
- ▶ Experienced-based
- ▶ 100% dedicated to LTC risk
- ▶ Fully adaptable for use in all international markets
- ▶ Calculator function for build
- ▶ Includes Asian market build mode

BMI-Wizard

Height: 170 Centimeters / Inches
 Weight: 105 Kilograms / lbs
 Age: 46 Years
 Sex: Male

Asian Regional Tables

BMI: 37
 LTC: 25

Calculate Clear



Cognitive assessment

The LTC risk selection manual includes detailed explanation of cognitive impairment including advice on identifying applicants with features of early dementing illness

LTC Manual

- ▶ Medical assessment
- ▶ Medicinal drugs
- ▶ General features
- ▶ Cognitive assessment
- ▶ Background details

Alzheimer's disease and the dementias - Background Information

Applicants with dementia are uninsurable for LTC, even where no formal diagnosis has been made. Dementia is a syndrome defined as an acquired, progressive impairment of cognitive functions sufficient to cause the person problems in their day to day life. Alzheimer's Disease with its characteristic pathology of plaques, tangles and amyloid deposition is the commonest form of the disease the west. Vascular dementia frequently co-exists with Alzheimer's disease and is the second commonest cause in it's own right. Recent work has identified Lewy Body Dementia as the third most common type. Dementia is relatively common in the elderly. Up to 25% of those over 80 will experience the illness. The earliest signs being short term memory loss and problems in orientation to time and place.

There has been an increasing trend to identify individuals who have 'pre-dementias' conditions (e.g. Age-Associate Memory impairment of about 10% per year) as being more likely to trigger to apply for LTC. The presence of such conditions (e.g. changes in hobbies, early loss of initiative, etc.) is also taken into account when assessing the possible presence of dementia.

MINI-MENTAL STATE EXAMINATION - SAMPLE FORM

			Max Score
1.	a.	What year is this? (Accept exact answer only)	1
	b.	What season is this? (During the last week of the old season or the first week of a new season accept either)	1
	c.	What month of the year is it? (Accept correct month only)	1
	d.	What is today's date? (Accept exact answer only)	1
	e.	What day of the week is it? (Accept the exact answer only)	1
2.	a.	What country are we in? (Accept exact answer only)	1
	b.	What county (or city if in a large conurbation) are we in? (Accept exact answer only in counties only, in large conurbations accept the city)	1
	c.	What town (or area of the tow if in a large conurbation) are we in? (Accept exact answer only for tow or area of town, e.g. London)	1
	d.	If not at home: What is the name of this building? (Accept exact name only)	1
	e.	If at home: What is the street address of this house? (Accept street name and house number or equivalent)	1

Interpreting the MMSE

The Mini-Mental State Examination (MMSE) is a brief cognitive assessment which covers a wide range of functions. It is relatively specific and sensitive in identifying individuals with cognitive impairment but is not diagnostic. The total score must be interpreted with care. A score of 24 or below is usually indicative of problems. It is not infrequent that despite a history suggestive of cognitive impairment the subject is able to score well on the MMSE. At times such as these clues to an underlying problem must be sought in the individual items of the MMSE.

[MMSE sample form](#)

[Orientation in time](#)

[Orientation in place](#)

[Registration](#)

[Attention and calculation](#)

[Recall](#)

[Repeating a phrase](#)

[Naming objects](#)

[Writing a sentence](#)

[Obeying a written instruction](#)

[Copying a drawing](#)

[Carrying out a simple task](#)

Orientation in time

The MMSE asks the subject to give the day, date, month, season and year. Disorientation in time is a common problem early in dementing illnesses and asking people to estimate the time without reference to a clock can be revealing. Care must be taken as many people are often a day out on the date or day of the week especially if their routine is disrupted. Knowledge of the month, season and year are usually robust. Disorientation in time can lead to problems such as missed appointments, being out when home care or "meals on wheels" services are due and getting up in the night to go out to do tasks that are usually done in the day.

Background details

- ▶ LTC product information
- ▶ LTC benefit types
- ▶ IADL and ADL explanation and relationship to need for self-care
- ▶ Demographics
- ▶ Claims triggers

Instrumental Activities of Daily Living (IADLs)

IADLs are daily activities which allow a person to remain independent within the community. Losing the ability to perform an IADL will lead to a person becoming dependent on someone to perform the activity.

IADL loss is predictive of the need for assistance and care. In many cases, individuals who need assistance with IADLs will eventually become more dysfunctional and will lose ADL ability as a cycle of dependence is created.

The IADLs are not policy payment triggers but can be used as predictors of reducing independence and increasing care needs. Recognised IADLs are:

Transport	Ability to drive or make own arrangements to use public transport. Getting to or from as well as in and out of a vehicle without assistance.
Shopping	Getting to and from shops and buying goods. Returning home and storing goods without assistance.
Housework	Keeping the house cleaned with dusting, vacuuming, and maintaining hygiene in the kitchen and bathroom without assistance.
Meal preparation	Preparing a complete meal independently.
Laundry	Regularly laundering clothes and bedding without assistance.
Finances	Handling personal banking and bill payments without assistance.
Taking medication	Managing to maintain a prescribed drug regimen without assistance or prompting.
Using the telephone	Able to use the telephone appropriately without assistance.

Claim Triggers

Claim "triggers" are prescribed events which will activate a Long Term Care claim. There are a number of such triggers including:

1.	ADLs - the failure of a set number (which can be between 1 and 4) from a list of up to 6 Activities of Daily Living.
2.	Cognitive failure.
3.	Points systems - where different disabilities give rise to different scores, with benefits being paid when the total point score exceeds a set threshold.
4.	Medical necessity - appropriate certification by a medical practitioner of the need for care.
5.	Hospitalisation - where a long term care need is preceded by a set minimum period in hospital.

It is essential to fully identify the actual claim trigger and then to examine the risk in terms of the trigger. Only by so doing can the likelihood of occurrence of a future care need be assessed. It is this need for care that will activate whichever claim trigger is used, and it is thus the main framework within which to make a decision.

Indications of ADL failure, IADL failure or a poor cognitive performance are strong predictors of a forthcoming care need, and the underwriter should bear in mind performance in these areas at all times.

The ratings in this manual are based on a LTC trigger of a failure of 3 out of 6 ADLs, or earlier cognitive failure. The underwriter may need to adjust the ratings for weaker or stronger claim triggers.



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