



The Role of Third-Party Nursing Assessments in Long-Term Care Approval

AN EXPERT GUIDE

Wiktorja Wolfson
Long-Term Care Administrator

Visit [LIFEWORX.COM](https://www.lifeworx.com) for updates

 **LifeWorx**[®]
The Finest Local Elder Care

Summary

In this white paper, we'll explore the critical role of third-party nursing assessments during the approval process for long-term care (LTC) insurance coverage. We'll explain the standard assessment methodology, potential impact on LTC insurance claims, and best practices throughout the process.

Table of Contents

- I. Introduction
- II. Assessment Process
 - 1. Pre-Assessment Preparation
 - 2. Initial Interview and Data Collection
 - 3. Physical and Cognitive Assessments
 - 4. Environmental Evaluation
 - 5. Report Compilation
 - 6. Recommendations and Follow-up
- III. Objectives of the Assessment & Conclusion
- IV. Additional Resources

Expert Support

With over seven years of experience, our in-house long-term care insurance expert can handle all the filing necessary for our clients to receive their maximum benefit. We will take over the administrative aspects of each claim, allowing families to focus on their loved ones.

Introduction

A third-party nurse, hired by a long-term care (LTC) insurance company, plays a crucial role in assessing policyholders to determine their eligibility for LTC benefits. Here's a detailed look at the typical responsibilities and process involved:

Assessment Process

1. PRE-ASSESSMENT PREPARATION

- Before visiting the policyholder, the third-party nurse will review all available medical records, previous assessments, and any other relevant documentation provided by the policyholder or the insurance company. This preliminary review helps the nurse understand the policyholder's medical history and any existing conditions.
- When completing your initiation packet, it is important to note any providers and physicians that know the most about your medical history as this serves a role in preparation and claim approval. It is for your benefit to provide as much information as possible during this part of the process. Along with a third-party nurse, an insurance company may also request documentation from those listed in the packet.

2. INITIAL INTERVIEW AND DATA COLLECTION

- Initially, the nurse or a third-party company contracted by the insurance provider will contact the policyholder to schedule a meeting. This meeting can take place either at the policyholder's home or via a telehealth assessment.

- Upon meeting the policyholder, the nurse typically begins with an interview. During this interview, they gather information directly from the policyholder about their current health status, medication lists, daily living activities, and any specific challenges they face. They may also speak with family members or caregivers to get a more comprehensive view of the individual's needs and daily routines. They may also ask the policy holder to demonstrate certain activities of daily living if physically capable. Be as candid as possible during the interview.

3. PHYSICAL AND COGNITIVE ASSESSMENTS

The nurse conducts various standardized tests to evaluate the policyholder's physical and cognitive functions. This might include:

- **Physical Assessments:** Checking mobility, strength, balance, and other physical abilities. The nurse will assess how independently the policy holder can demonstrate the Activities of Daily Living (ADLs) including bathing, dressing, toileting, transferring, continence, and feeding. During this evaluation, it is important for the policy holder and those present (family/care giver) to be transparent about their needs. Those being evaluated need to be true to their condition, this is not a time to present oneself as in a better state than they actually are.
- **Cognitive Assessments:** Evaluating mental functions such as memory, problem-solving abilities, and orientation. Tests like the Mini-Mental State Examination (MMSE) might be employed to measure cognitive impairment or decline.

During the evaluation, the insured or their family may provide the nurse with any medical documents they have from other providers including their physicians, hospitals, and neurologists (cognitive examinations).

4. ENVIRONMENTAL EVALUATION

- The nurse assesses the living environment to determine if it is suitable for the policyholder's needs or if modifications are necessary. This includes evaluating safety features, accessibility, and the availability of support systems within the community.

5. REPORT COMPILATION

- After completing the assessment, the nurse compiles a detailed report that includes all findings from the interviews, tests, and environment evaluation. The report will outline the policyholder's medical needs, the level of care recommended (e.g., home health care, assisted living, skilled nursing care), and any other relevant information that would influence the type of and extent of LTC services required.
- **Crucially, this report is used to determine if the policy holder is approved to access their long-term care benefits.**

6. RECOMMENDATIONS AND FOLLOW-UP

- The nurse's report is submitted to the LTC insurance company and may include specific recommendations for care plans, frequency of care, and the types of services that should be provided. Depending on the company's policies and the specific conditions of the policyholder, follow-up assessments may be scheduled to update or revise care plans as the policyholder's needs change.
- **On average, once a policyholder is approved, they will be reevaluated every six months to a year. Depending on the insurance company, this evaluation will either be conducted by another third-party nurse or requested from a home health care agency like LifeWorx, if they are the ones providing care.**

Objective of the Assessment & Conclusion

The primary objective of this assessment is to ensure that the policyholder receives an unbiased evaluation of their needs, which helps the insurance company make informed decisions about benefit eligibility and appropriate care provisioning. This process is crucial for both the insurer and the insured, as it impacts the quality of care and financial aspects of LTC services.

It is imperative to remind the policyholder to be as truthful about their condition as possible during this time. Trying to portray a better level of health than reality may result in the claim being denied. If you, or a loved one, is about to file a claim to gain access to your LTC plan's funding, reach out to LifeWorx and our team of insurance experts can help you navigate this process to the fullest.

Additional Resources

LifeWorx has put together an additional long-term care guide and other resources that anyone can access to learn everything from the essentials to expert policy management tips.

- [Long-Term Care Guide](#)
- [FAQs](#)
- [Resources](#)