

For advisor use only

Long Term Care Underwriting Guidelines



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Long Term Care Underwriting Guidelines

Introduction

The purpose of this guide is to help you determine whether a client is a suitable candidate for Long Term Care insurance. The guide is designed to:

- > Assist you in identifying and evaluating diagnoses and conditions, which you may encounter on an application for Long Term Care insurance.
- > Indicate whether these conditions would qualify an applicant for a Long Term Care insurance plan from RBC Insurance®.

This guide is not intended to be an all-inclusive list. You may encounter a condition that does not fit into the guidelines described here. If you encounter a condition that is not contained in this guide, please contact your local distributor of **RBC** Insurance products.

Our goal as always is to provide you with the tools you need to provide the best possible service to your clients, and to make it easy for you and your clients to determine whether or not they are eligible for Long Term Care insurance.

Underwriting process

We begin by explaining our underwriting process. We believe you should refer to it during every client interview for Long Term Care insurance. In this way, the applicant has no misunderstandings about his or her qualifications.

A primary consideration is the applicant's medical history and how recently he or she has seen a physician. Applicants that have not seen a physician in recent years may be asked to be assessed by a physician or have specific tests completed at the underwriter's request. Any expenses associated with meeting this requirement are the responsibility of the applicant.

The guide presents diagnoses or conditions followed by minimum stability periods, periods free of disease and treatment listed in months, that may qualify the applicant for insurance, despite the condition. If an applicant has not met the stability period, he or she will not be eligible for Long Term Care insurance and the application will be declined. This list is not all-inclusive and complicating factors or multiple diagnoses that are not listed here could also lead to a decline. *Please see page 9 for a list of medical conditions and their minimum stability periods.*

If your applicant has one of the diagnoses or conditions on the list that has "**Decline**," **next to it, an application should not be submitted**.

Based on the information gathered during the underwriting process, the underwriter may:

- Increase the elimination period
- > Decrease the benefit amount
- > Reduce the daily benefit amount
- > Remove benefit riders
- > Remove home care coverage

Applicants that are collecting **workers' compensation or disability payments** will be given individual underwriting consideration and may be eligible for limited benefits.

Unique factors of Long Term Care underwriting

The underwriting of Long Term Care insurance differs from the underwriting of other health and life products. In order to help you understand these differences, a few of the unique factors that need to be considered are listed below:

- > Cognitive status, which is the applicant's ability to think, perceive, learn, remember and acquire knowledge.
- > Chronic illness, which is a persisting, prolonged or continuing illness, requiring long-term treatment.
- > Functional capacity, which is the ability to perform the Activities of Daily Living (e.g. dressing, transferring) and the Instrumental Activities of Daily Living (e.g. shopping, meal preparation).
- > Medical histories that may indicate a need for care (e.g. osteoporosis, falls and fractures).
- > Multiple medical problems, which in combination are more significant than each problem alone (e.g. diabetes and heart disease).
- > Multiple prescription medications.
- > Treatment protocols (e.g. current physical therapy).
- > Chronological age vs. physiological age, which means there may be a significant difference between the applicant's chronological age and physiological age (e.g. the applicant may appear younger or older than the stated age).
- > Frailty, which means that serious disabilities can result from relatively minor accidents and illnesses.
- > Factors that play an important role in maintaining an applicant's personal independence:
 - Working full- or part-time
 - A spouse in good health
 - Family or friend(s) living in the household
 - Volunteering at various clubs
 - Participating in hobbies and activities outside the home
 - The applicant's current ability to drive
 - The applicant's ability to travel and visit without accompaniment or assistance

Explanation of important terms

	 Bathing — Washing yourself by sponge bath or in either a tub or shower, including the task of getting into or out of the tub or shower. Continence — The ability to maintain control of bowel or bladder function; the ability to
	perform associated personal hygiene (including caring for catheter or colostomy bag).
Activities of daily living (ADL)	Dressing — Putting on or taking off all items of clothing and any necessary braces, fasteners or artificial limbs.
	Eating — Feeding yourself by getting food into the body from a receptacle (such as a plate or cup) or by a feeding tube or intravenously.
	Toileting — Getting to and from, and on and off the toilet, and performing associated personal hygiene.
	Transferring — Moving into or out of a bed, chair or wheelchair.
Instrumental activities of daily living (IADL)	Using the telephone, managing finances, using transportation, shopping, doing laundry, doing housework, taking medications and preparing meals/cooking.
Delayed word recall (DWR) test	A memory exercise specifically designed to be used as a screening instrument for short-term or primary memory loss. It is designed to maximize the likelihood of poor performance in patients with Alzheimer's disease and minimize the likelihood of poor performance in normal elderly subjects.
Face-to-face interview	Personal interview with the applicant, preferably done in the home. No other person or sales agent should be present in the same room at the time of the interview.
The short portable mental status questionnaire (SPMSQ)	The SPMSQ taps the spheres of the long-term memory, practical survival skill and mathematical ability.
Co-morbid	A secondary consideration that affects the primary diagnosis (e.g. diabetes and heart disease).
Look for cause	Look for the underlying impairment and investigate accordingly.

Underwriting requirements

Applicants must complete an application. In addition, applicants that are age 71 and older must have had a physician visit within the last three years. Any expense associated with meeting this requirement is the responsibility of the applicant.

Based on information gathered during the application or underwriting process, the underwriter retains the option to order additional requirements.

Age	Underwriting requirements
Age 30 to 50	Application
Age 51 to 65	Application Telephone lifestyle interview
Age 66 to 70	Application Telephone lifestyle interview Attending physician statement*
Age 71 to 80	Application Face-to-face interview Attending physician statement*

 $^{^*\,}Attending\,physician\,statement\,includes\,the\,last\,five\,(5)\,years\,of\,progress/clinical\,notes,\,laboratory\,results,\,consultations,\,special\,tests,\,etc.$

Functional and cognitive impairments Suggesting automatic decline

In addition to medical conditions, the following impairments will make an applicant ineligible for Long Term Care insurance.

> ADL deficits

Anyone who requires assistance or supervision of another person to perform any one of the following ADLs:

Bathing

Continence (bowel/bladder)

Dressing

Eating

Toileting

Transferring

> IADL deficits

Anyone who requires assistance or supervision of another person to perform two or more of the following IADLs:

Using the telephone

Managing finances

Taking transportation

Shopping

Doing laundry

Doing housework

Taking all medications

Preparing meals/cooking

- > Anyone who is currently using care services (home health, nursing home, adult day care)
- > Anyone who uses any of any of the following medical equipment

Walker	Hospital bed	Stairlift
Wheelchair	Hoyer lift	Chronic nebulizer usage
4-pronged cane	Motorized cart	Oxygen equipment

Medications guide

Any medication (prescription or over-the-counter) taken by an applicant is significant and should be reported on the application. This guide provides you with names of some of the medications that most often result in poor risk selection. The following medications indicate fairly significant health problems, which are uninsurable*.

Α	D	1	N	S
A.Z.T.	Dantrium	Ifex	Natrecor	Serentil
Adriamycin	Deprenyl	Imuran	Natulane	Seroquel
Agrylin	Donepezil	Insulin≥	Neupogen	Sinemet
Alkeran	Dostinex	41 units/day	Nilandron	Stelazine
Antabase		Interferon	Niloric	
Apo-Bromocriptine	E	Intron	Nipent	T
Apo-Selegiline	E2020		Novantrone	Tacrine
Apo-Levocarb	Eldepryl	L	Novo-Peridol	Tasmar
Apo-Trihex	Enbrel	Lasix ≥≥ 80 mg/day	Nu-Levocarb	Teslac
Aricept	Endatadine	Lanvis		Thioplex
Arimidex	Ergamisol	Leukeran	P	Thorazine
Artane Sequels	Ergoloid Mesylate	Levocarb	Parlodel	Timespan
	Etoposide	Levsin	Peridol	Trelstar
В	Eulex	Lioresal	Permitil	Trihexy
Baclofen	Exelon	Loxipac	Platinol	Trilafon
Benztropine Mesylate		Lysodren	Pramipexole	
BiCNU	F		Prednisone > 6 mg/day	V
Blenoxane	Femara	M	Priftin	Velbe
Bromocriptine	Fluanxol	Megace	Procytox	VePesid
Busulfex/Busulfan	Foscavir	Mellaril	Prokine	Viadur
	FUDR	Meridia	Proleukin	Videx
C		Mesoridazine	Prolixin	
Caelyx	G	Mestinon	Prostigmin	W
Carbidopa	Galantamine	Methadone	Purinethol	Welferon
Casodex	Geodon	Mirapex		Wellcovorin
CeeNU/CCNU	Gleevec	Moban	R	
Cerubidine		Modecate	Rebetron	X
Clozaril	Н	Molindone	Reminyl	Xeloda
Cogentin	Herceptin	Mutamycin	Requip	Xenical
Cognex	Hydergine	Myleran	Retrovir	
Cytosar-U	Hydrea		Rilutek	Z
Cytoxan	•		Rituxan	Zanosar
-			Rivastigmine	ZDV (Zidoludine)
			Roxicodone	Zyprexa
			Rubex	-) L . 2
			Nuber	

^{*}Please be aware that this list is not all-inclusive. Most generic names are not included on this list. If you are unfamiliar with a medication that your applicant is currently taking (or has recently discontinued), please verify the use and brand name before completing an application.

Medications that may indicate poor risk

Coverage may be available depending on dosage, frequency of use and reason for use.

Similar medications to those below may also indicate poor risk. If you encounter a medication you aren't sure of, please contact your local distributor of RBC Insurance products.

Significant medications	Narcotic analgesia will render your applicant uninsurable unless use of medication is temporary and is for an acute condition. These medications may include the following, although there are many others you may encounter.
Epidural nerve blocks	Codeine
Gold therapy	Darvon
Insulin — depending on dosage	Demerol
Lasix — depending on dosage	Dyladid
Lupron	Hydrocodone
Methotrexate (Folex)	Hydromorphone
Nitroglycerine/nitro-patch	Oxycontin
Plaquenil	Morphine
Steroids — depending on dosage	MS Contin
Tamoxifen	Percocet
Zoladex	Percodan
	Tylenol 2, 3, 4

Medical conditions and their minimum stability periods

"Stability period" means that the applicant has completed treatment and has been both disease free and treatment free (including hospitalization, physical or occupational therapy) for the specified number of months indicated below. If the disease is chronic, then stability period refers to the number of months that the condition has been successfully controlled, such that it poses no threat to the applicant's general health and need for long-term care services. If there is a question regarding stability, please contact your local distributor of RBC Insurance products.

LTC stability indicators	Stability period	Modification	
LIC Stability indicators		Age ≤65	Age ≥66
Acoustic neuroma			
☐ Post surgical or radiation treatment, now resolved	>6 months		
☐ Surgery anticipated	Postpone		
 □ Facial paresis secondary to surgical treatment ○ Non progressive symptoms ○ Treated with one (1) medication only 	>12 months		
Acute transverse myelitis	(See encephalitis)		
Acquired immune deficiency syndrome (AIDS)	Decline		
ADL deficits	Decline		
 □ Anyone who requires the assistance or supervision of another person to perform any one of the following Activities of Daily Living: ○ Bathing ○ Eating ○ Continence ○ Toileting ○ Dressing ○ Transferring 			
AIDS related complex (ARC)	Decline		
Acromegaly	Decline		
Alcohol abuse/alcoholism	(See drug/chemical dependency)		
Alpha-antitrypsin deficiency	Decline		
Alzheimer's disease	Decline		
Amputation			
 □ Due to trauma ○ Single limb ○ Independent in ADLs, IADLs ○ More than one (1) limb 	>6 months Decline	90EP	90EP
☐ Due to disease	Decline		
Amyotrophic lateral sclerosis (ALS)	Decline		

Asemia Cause unknown	LTC stability indicators	Stability period	Modification	
Cause unknown Decline	Life stability indicators	Stability period	Age ≤65	Age ≥66
In conjunction with peripheral vascular diseases Decline	Anemia			
Hemolytic Cause unknown Stage	☐ Cause unknown	Decline		
Cause unknown No sylemectomy Iron deficiency, corrected Pernicious, with 812 injections No neurological impairment No peripheral neuropathy Splenectomy Aneurysm Splenectomy Soperated, complete recovery, back to full activities Unoperated, isos than 3.0 cm, regular follow-up indicating stable size Unoperated, elses than 3.0 cm, regular follow-up indicating stable size Unoperated, between 3.0 cm and 3.9 cm, regular follow-up indicating stable size Unoperated, complete recovery, back to full activities Unoperated, complete recovery and to full activities Unoperated, complete recovery, back to full activities Unoperated, complete recovery, back to full activities Recurrent or multiple Decline D	☐ In conjunction with peripheral vascular diseases	Decline		
Pernicious, with B12 injections No neurological impairment No no neurological impairment No no neurological impairment No peripheral neuropathy Splenectomy Aneurysm	O Cause unknown	>12 months		
No neurological impairment No peripheral neuropathy Splenectomy	☐ Iron deficiency, corrected	>6 months		
Aneurysm Abdominal, aortic, thoracic Operated, complete recovery, back to full activities Unoperated, lest than 3.0 cm, regular follow-up indicating stable size Unoperated, between 3.0 cm and 3.9 cm, regular follow-up indicating stable size Unoperated, 4.0 cm or larger in size Recurrent or multiple Tobacco use in the past twenty-four (24) months Decline Operated, complete recovery, back to full activities Unoperated Recurrent or multiple Decline Decline Operated, complete recovery, back to full activities Unoperated Recurrent or multiple Decline Decli	O No neurological impairment	>6 months		
Abdominal, aortic, thoracic Operated, complete recovery, back to full activities Unoperated, less than 3.0 cm, regular follow-up indicating stable size Unoperated, between 3.0 cm and 3.9 cm, regular follow-up indicating stable size Unoperated, 4.0 cm or larger in size One nonths Operated Decline Decline Tobacco use in the past twenty-four (24) months Decline Operated, complete recovery, back to full activities Decline Ontinued symptoms date rest Decline Ontinued symptoms with activity Decline Ontinued symptoms at rest Decline Operated, complete recovery, back to full activities Decline Ontinued symptoms at rest Decline Operated, complete recovery, back to full activities Decline Operated, compl	□ Splenectomy	>60 months		
Operated, complete recovery, back to full activities Unoperated, lest shan 3.0 cm, regular follow-up indicating stable size Unoperated, between 3.0 cm and 3.9 cm, regular follow-up indicating stable size Unoperated, 4.0 cm or larger in size Decline Tobacco use in the past twenty-four (24) months Cerebral Operated, complete recovery, back to full activities Unoperated Recurrent or multiple Operated, complete recovery, back to full activities Unoperated Recurrent or multiple Operated Recurrent or multiple Angina Asymptomatic, treated with medicaton No tobacco use in the past twenty-four (24) months Continued symptoms with activity With history of heart surgery Symptoms occur three (3) times or fewer per month No history of heart surgery No tobacco use in the past twenty-four (24) months Continued symptoms at rest Decline Work-up in progress Postpone Continued symptoms at rest Decline Work-up in progress Postpone Continued symptoms at rest Decline No history of heart surgery No hostpoor of heart surgery South Decline Recurrent or multiple Angina, intestinal Decline Angina, intestinal Continued symptoms at rest Decline No history of two (2) or more heart attacks AFTER treatment Decline Continued symptoms after treatment Decline	Aneurysm	(See encephalitis)		
Operated, complete recovery, back to full activities Unoperated Recurrent or multiple Angina Asymptomatic, treated with medicaton No tobacco use in the past twenty-four (24) months Continued symptoms with activity With history of heart surgery Symptoms occur three (3) times or fewer per month No history of heart surgery No tobacco use in the past twenty-four (24) months Continued symptoms accur three (3) times or fewer per month No history of heart surgery No tobacco use in the past twenty-four (24) months Continued symptoms at rest Decline Continued symptoms at rest Decline Tobacco use in the past twenty-four (24) months Decline Angioplasty, cardiac (balloon angioplasty) No history of heart attack, symptom free Simple Symptoms after treatment No history of two (2) or more heart attacks AFTER treatment Decline Ankylosing spondylitis (See degenerative disc disease) Anxiety (See degenerative disc disease)	 Operated, complete recovery, back to full activities Unoperated, less than 3.0 cm, regular follow-up indicating stable size Unoperated, between 3.0 cm and 3.9 cm, regular follow-up indicating stable size Unoperated, 4.0 cm or larger in size Recurrent or multiple 	>12 months >60 months Decline Decline		
Asymptomatic, treated with medicaton No tobacco use in the past twenty-four (24) months Continued symptoms with activity With history of heart surgery Symptoms occur three (3) times or fewer per month No history of heart surgery No tobacco use in the past twenty-four (24) months Continued symptoms at rest Work-up in progress Tobacco use in the past twenty-four (24) months Angina, intestinal Angiona, intestinal Angiona titack AFTER treatment History one (1) heart attack AFTER treatment History of two (2) or more heart attacks AFTER treatment Continued symptoms after treatment Ankylosing spondylitis (See degenerative disc disease) Anxiety (See depression)	O Operated, complete recovery, back to full activitiesO Unoperated	Decline		
No tobacco use in the past twenty-four (24) months Continued symptoms with activity With history of heart surgery Symptoms occur three (3) times or fewer per month No history of heart surgery No history of heart surgery No tobacco use in the past twenty-four (24) months Continued symptoms at rest Decline Work-up in progress Postpone Tobacco use in the past twenty-four (24) months Decline Angioplasty, cardiac (balloon angioplasty) No history of heart attack, symptom free Due to disease History one (1) heart attack AFTER treatment Continued symptoms after treatment Ankylosing spondylitis (See degenerative disc disease) Anxiety Continued symptoms after treatment Coeline	Angina			
O With history of heart surgery O With no history of heart surgery O With no history of heart surgery O With no history of heart surgery O No history of heart attack, symptom free O Lottinued symptoms at rest O Lottinued Symptoms at rest D Lottinue Angional, intestinal D Lottinue Angional, intestinal D Lottinue Angional Lottinue O Lottinued Symptoms after treatment O Lottinued Symptoms after treatmen		>6 months		
□ Continued symptoms at rest Decline □ Work-up in progress Postpone □ Tobacco use in the past twenty-four (24) months Decline Angina, intestinal Angioplasty, cardiac (balloon angioplasty) No history of heart attack, symptom free No history of heart attack, symptom free No history one (1) heart attack AFTER treatment History one (1) heart attack AFTER treatment History of two (2) or more heart attacks AFTER treatment Continued symptoms after treatment Ankylosing spondylitis (See degenerative disc disease) Anxiety (See depression)	 With history of heart surgery With no history of heart surgery Symptoms occur three (3) times or fewer per month No history of heart surgery 	>6 months >6 months	90EP	90EP
□ Work-up in progress Postpone □ Tobacco use in the past twenty-four (24) months Decline Angina, intestinal Decline Angioplasty, cardiac (balloon angioplasty) >3 months □ No history of heart attack, symptom free >3 months □ Due to disease >6 months □ History one (1) heart attack AFTER treatment >12 months 5YR/90EP □ History of two (2) or more heart attacks AFTER treatment Decline □ Continued symptoms after treatment Decline Ankylosing spondylitis (See degenerative disc disease) Anxiety (See depression)	☐ Continued symptoms at rest	Decline		
Angioplasty, cardiac (balloon angioplasty) No history of heart attack, symptom free Due to disease History one (1) heart attack AFTER treatment History of two (2) or more heart attacks AFTER treatment Continued symptoms after treatment Ankylosing spondylitis Decline Anxiety (See degenerative disc disease) (See depression)	☐ Work-up in progress	Postpone		
Angioplasty, cardiac (balloon angioplasty) No history of heart attack, symptom free Due to disease History one (1) heart attack AFTER treatment History of two (2) or more heart attacks AFTER treatment Continued symptoms after treatment Decline Ankylosing spondylitis (See degenerative disc disease) Anxiety (See depression)	☐ Tobacco use in the past twenty-four (24) months	Decline		
□ No history of heart attack, symptom free >3 months □ Due to disease >6 months □ History one (1) heart attack AFTER treatment >12 months 5YR/90EP □ History of two (2) or more heart attacks AFTER treatment Decline □ Continued symptoms after treatment Decline Ankylosing spondylitis (See degenerative disc disease) Anxiety (See depression)	Angina, intestinal	Decline		
□ No history of heart attack, symptom free >3 months □ Due to disease >6 months □ History one (1) heart attack AFTER treatment >12 months 5YR/90EP □ History of two (2) or more heart attacks AFTER treatment Decline □ Continued symptoms after treatment Decline Ankylosing spondylitis (See degenerative disc disease) Anxiety (See depression)	Angioplasty, cardiac (balloon angioplasty)			
□ Due to disease >6 months □ History one (1) heart attack AFTER treatment >12 months 5YR/90EP □ History of two (2) or more heart attacks AFTER treatment Decline □ Continued symptoms after treatment Decline Ankylosing spondylitis (See degenerative disc disease) Anxiety (See depression)		>3 months		
☐ History one (1) heart attack AFTER treatment >12 months 5YR/90EP 2YR/90EP ☐ History of two (2) or more heart attacks AFTER treatment Decline ☐ Continued symptoms after treatment Decline Ankylosing spondylitis (See degenerative disc disease) Anxiety (See depression)				
□ Continued symptoms after treatment Decline Ankylosing spondylitis (See degenerative disc disease) Anxiety (See depression)	☐ History one (1) heart attack AFTER treatment		5YR/90EP	2YR/90EP
Ankylosing spondylitis (See degenerative disc disease) Anxiety (See depression)		Decline		
Anxiety (See depression)	☐ Continued symptoms after treatment	Decline		
	Ankylosing spondylitis	(See degenerative disc disease)		
Aortic stenosis/aortic insufficiency (See heart valve disease)	Anxiety	(See depression)		
	Aortic stenosis/aortic insufficiency	(See heart valve disease)		

LTC stability indicators	Stability period	Modifi	cation
LIC Stability indicators	Stability period	Age ≤65	Age ≥66
Arrhythmia			
 □ Atrial fibrillation/flutter (chronic, paroxysmal or single episode) ○ Asymptomatic, controlled with medication ○ With history of one (1) of the following conditions: Cardiomyopathy Carotid artery disease Coronary artery disease 	>6 months >12 months	5YR/90EP	2YR/90EP
 Diabetes mellitus Peripheral vascular disease Stroke, transient ischemic attack (TIA) or mini-stroke With history of syncope or fainting now symptom free No benefit restrictions if stable >36 months 	>24 months	5YR/90EP	2YR/90EP
 Ventricular arrhythmias Single episode, resolved, treatment free Chronic condition, treated with medication or defibrillator 	>6 months >12 months	5YR/90EP	2YR/90EP
☐ All other arrhythmias ☐ Defibrillator, implanted	>3 months >12 months	5YR/90EP	2YR/90E
· ·		, 	
Arteritis (temporal, giant cell), thromboangitis obliterans, vasculitis Tobacco use within the past twenty-four (24) months	Decline		
 ☐ Asymptomatic ☐ No ADL or IADL limitations ☐ No active disease or claudication 	>24 months		
Arteriosclerotic heart disease (ASHD)	(See coronary heart disease)		
Arthritis (including osteoarthritis, rheumatoid arthritis and degenerative joint disease)		
 □ Untreated or treated with one (1) non-steroidal anti-inflammatory (NSAID) medication ○ No history of weight bearing joint replacement 	>0 months		
☐ History of two (2) or more series of cortisone injections within the past twelve (12) months	>6 months	90EP	90EP
	>6 months >6 months >6 months >6 months >6 months	90EP 90EP 5YR/90EP 5YR/90EP 5YR/90EP	90EP 5YR/90EP 2YR/90EP 2YR/90EP 2YR/90EP
past twelve (12) months History of or treated with any one (1) of the following: One (1) or two (2) weight bearing joint replacements due to disease Two (2) non-steroidal anti-inflammatory (NSAID) medications Steroid use at or less than five (5) mg per day	>6 months >6 months >6 months	90EP 5YR/90EP 5YR/90EP	5YR/90EP 2YR/90EP 2YR/90EP
past twelve (12) months History of or treated with any one (1) of the following: One (1) or two (2) weight bearing joint replacements due to disease Two (2) non-steroidal anti-inflammatory (NSAID) medications Steroid use at or less than five (5) mg per day Methotrexate use at or less than 15 mg per week Treated with any of the following: A combination of two (2) or more of the treatments listed above Three (3) or more non-steroidal anti-inflammatory (NSAID) medications One (1) or more narcotic medication Steroid use at or more than six (6) mg per day Steroid bursts/tapers two (2) or more times per year Methotrexate use at or more than 17.5 mg per week	>6 months >6 months >6 months >6 months	90EP 5YR/90EP 5YR/90EP	5YR/90EP 2YR/90EP 2YR/90EP
past twelve (12) months History of or treated with any one (1) of the following: One (1) or two (2) weight bearing joint replacements due to disease Two (2) non-steroidal anti-inflammatory (NSAID) medications Steroid use at or less than five (5) mg per day Methotrexate use at or less than 15 mg per week Treated with any of the following: A combination of two (2) or more of the treatments listed above Three (3) or more non-steroidal anti-inflammatory (NSAID) medications One (1) or more narcotic medication Steroid use at or more than six (6) mg per day Steroid bursts/tapers two (2) or more times per year Methotrexate use at or more than 17.5 mg per week Arava, Enbrel or Remicade use	>6 months >6 months >6 months >6 months >6 months Decline	90EP 5YR/90EP 5YR/90EP	5YR/90EP 2YR/90EP 2YR/90EP
past twelve (12) months History of or treated with any one (1) of the following: One (1) or two (2) weight bearing joint replacements due to disease Two (2) non-steroidal anti-inflammatory (NSAID) medications Steroid use at or less than five (5) mg per day Methotrexate use at or less than 15 mg per week Treated with any of the following: A combination of two (2) or more of the treatments listed above Three (3) or more non-steroidal anti-inflammatory (NSAID) medications One (1) or more narcotic medication Steroid use at or more than six (6) mg per day Steroid bursts/tapers two (2) or more times per year Methotrexate use at or more than 17.5 mg per week Arava, Enbrel or Remicade use History of three (3) or more joint replacements	>6 months >6 months >6 months >6 months Decline	90EP 5YR/90EP 5YR/90EP	5YR/90EP 2YR/90EP 2YR/90EP

LTC stability indicators	Stability period	Modification	
ETC Stability indicators	Stability period	Age ≤65	Age ≥66
Asthma			
☐ Tobacco use within the past twenty-four (24) months	Decline		
☐ Untreated or treated with one (1) inhaler used only as needed	>0 months		
$\ \square$ Treated with one (1) or two (2) inhalers seasonally or on a regular basis	>6 months		
 □ Treated and controlled with any one (1) of the following: ○ Three (3) inhalers on an ongoing basis ○ Two (2) oral medications on an ongoing basis ○ Steroid use at or less than five (5) mg per day ○ Nebulizer use two (2) times per week ○ Lung surgery (removal of one (1) or more lobes) 	>6 months >6 months >6 months >6 months >6 months >6 months	5YR/90EP 90EP 5YR/90EP 5YR/90EP 5YR/90EP	2YR/90EP 5YR/90EP 2YR/90EP 2YR/90EP 2YR/90EP
 □ Treated with any of the following: ○ A combination of two (2) or more of the treatments listed above ○ Steroid use at or greater than six (6) mg per day ○ Steroid bursts/tapers two (2) or more times per year ○ Home oxygen ○ Nebulizer use three (3) or more times per week 	Decline		
☐ Abnormal pulmonary function tests (PFTs)	Decline		
☐ Progressive or continual weight loss	Decline		
□ ADL or IADL limitations	Decline		
☐ Evidence of congestive heart failure (CHF)	Decline		
$\ \square$ Hospitalization for respiratory symptoms within the past six (6) months	>6 months		
☐ Hospitalization for respiratory symptoms two (2) or more times in the past twenty-four (24) months	Decline		
Ataxia (unstable gait)	Decline		
Atrioventricular (A-V) heart block			
□ Complete block ○ Pacemaker inserted	>3 months		
Autonomic insufficiency (Shy-Drager syndrome)	Decline		
Autonomic neuropathy	Decline		
Avascular necrosis			
Surgery completed, asymptomaticNo ADL or IADL limitationsNo chronic pain	>6 months		
☐ Surgery not completed, treated with medication(s)	Decline		
Azotemia	(See renal disease)		

LTC stability indicators	Stability period	Modification	
	Stability period	Age ≤65	Age ≥66
Bell's palsy			
☐ Asymptomatic☐ No ADL or IADL limitations☐ No active treatment	>0 months		
Benign prostatic hypertrophy (BPH)			
 ☐ Unoperated ⊙ Asymptomatic ⊙ Normal prostate specific antigen (PSA) at or less than four (4.0) 	>0 months		
☐ Surgical repair (TUR/TURP, prostatectomy) ☐ No urinary catheter	>3 months		
Blastomycosis	Decline		
Bipolar disorder	(See manic depression)		
Blindness			
☐ Successful adaptation to visual loss ☐ Due to diabetes or ADL/IADL limitation	>12 months Decline		
Bone marrow transplant	(See transplant, organ)		
Bronchiectasis	(See emphysema)		
Bronchitis	(See asthma)		
Bronze diabetes	(See hemochromatosis)		
Buerger's disease	Decline		

LTC stability indicators Stabilit	Stability period	Modification	
LIC Stability indicators	Stability period	Age ≤65	Age ≥66
Cancer			
 □ Skin cancer ○ Diagnosed as in situ ○ Removed by nitrogen or scraping ○ Melanoma in situ - Removed - Full recovery ○ Melanoma removed surgically, full recovery, no metastasis ○ Melanoma removed surgically, with metastasis (spread from original site) ○ Melanoma with recurrence ○ Melanoma with history of cancer of two (2) or more other organs 	>0 months >0 months >6 months >36 months Decline Decline Decline		
 □ Breast cancer ○ Early stage and no positive lymph nodes − Treated with surgery (mastectomy, lumpectomy), chemo or radiation ○ With postive lymph nodes − No benefit restrictions if stable >60 months ○ Recurrent breast cancer ○ With metastasis (spread from original site) ○ With history of cancer of two (2) or more other organs 	>12 months >24 months Decline Decline Decline	5YR/90EP	5YR/90EP
 □ Prostate Cancer ○ Early stage - Treated with any of the following: - Surgery (TUR, TURP), full recovery - Hormone injections (Lupron) - Radiation, seed implants - No positive lymph nodes - Minimally detectible or undectible prostate specific antigen (PSA) level ○ With postive lymph nodes - Surgically removed - Undetectible prostate specific antigen (PSA) level 	12 months >24 months	5YR/90EP	5YR/90EP
 No benefit restrictions if stable >60 months Recurrent prostate cancer Minimally detectible or undectible prostate specific antigen (PSA) level No benefit restrictions if stable >60 months Elevated prostate specific antigen (PSA) With metastasis (spread from original site) With history of cancer of two (2) or more other organs 	>36 months Decline Decline Decline	5YR/90EP	5YR/90EP
 □ All other cancers ○ No positive lymph nodes at diagnosis ○ With postive lymph nodes - No benefit restrictions if stable >60 months ○ History of cancer of two (2) or more other organs ○ With metastasis (spread from original site) ○ Recurrent cancer 	24 months >36 months Decline Decline Decline	5YR/90EP	5YR/90EP

LTC stability indicators	Stability period	Modification	
TC Stability indicators		Age ≤65	Age ≥66
Cardiomyopathy			
Asymptomatic, no ADL or IADL limitations, no co-morbid conditions	>12 months		
 With history of any one (1) of the following co-morbid conditions: ○ Atrial fibrillation ○ Coronary artery disease ○ Diabetes mellitus ○ Heart valve replacement ○ Peripheral vascular disease 	>12 months	5YR/90EP	2YR/90EP
 With history of any of the following: ○ A combination of two (2) or more of the above co-morbid conditions ○ Stroke, TIA or mini-stroke ○ Carotid artery disease ○ Congestive heart failure (CHF) 	Decline		
☐ Symptomatic or progressive	Decline		
Carotid artery disease			
☐ Tobacco use within the past twenty-four (24) months	Decline		
☐ Operated, endarterectomy	>3 months		
□ Unoperated	>6 months		
 In conjunction with any one (1) of the following co-morbid conditions: Atrial fibrillation Coronary artery disease Diabetes mellitus Peripheral vascular disease 		5YR/90EP	2YR/90EF
 □ In conjunction with any of the following: ○ Two (2) or more of the co-morbid conditions listed above ○ Cardiomyopathy 	Decline		
 □ With history of syncope or fainting, symptom free − No benefit restrictions if stable > 36 months 	>24 months	5YR/90EP	5YR/90EP
Carpal tunnel syndrome			
No history of surgeryNo ADL or IADL limitationsNo surgery planned or recommended	>0 months		
□ Treated surgically, full recovery	>1 month		
Pending surgerySingle wristBilateral wrists	0 months Postpone		
Cerebral palsy	>12 months		
□ No ADL or IADL limitations			
Cerebral vascular accident (CVA)	(See stroke)		
Chagas' disease, active (steatorrhea)	Decline		

LTC stability indicators	Stability period	Modification	
ETC Stability illuscators	Stability period	Age ≤65	Age ≥66
Chronic fatigue syndrome	(See fibromyalgia)		
Chronic obstructive lung disease (COLD)	(See emphysema)		
Chronic obstructive pulmonary disease (COPD)	(See emphysema)		
Cirrhosis of the liver	Decline		
Claudication	(See peripheral vascular disease)		
Colitis (Crohn's disease, ulcerative colitis, irritable bowel syndrome, diverticulitis,	diverticulosis)		
 Treated with any of the following: Non-steroidal medication Non-anti-neoplastic medication Surgery with or without ostomy, full recovery, no further surgery planned 	>3 months		
 Treated with any of the following: Steroid use at or less than five (5) mg per day Steroid bursts/tapers one (1) or less times per year Two (2) surgeries, full recovery, no further surgery planned 	>6 months	5YR/90EP	2YR/90EP
 Treated with any of the following: Steroid use at or greater than six (6) mg per day Steroid bursts/tapers two (2) or more times per year Three (3) or more surgeries 	Decline		
☐ Requiring assistance with ostomy appliances or equipment	Decline		
Colostomy or ileostomy	Look for cause		
 No cancer, full recovery Independent with care and associated appliances No planned future surgery or "take down" of colostomy/ileostomy 	>3 months		
☐ Three (3) or more surgeries	Decline		
Concussion	>6 months		
□ No ADL or IADL limitations			
□ No cognitive impairment			
Confusion	Decline		
Congestive heart failure (CHF)			
☐ Tobacco use in the past twenty-four (24) months	Decline		
□ Lasix use of eighty (80) mg or more per day □ Single episode ○ Controlled on one (1) or two (2) medications - In conjunction with any one (1) of the following co-morbid conditions:	Decline >12 months	5YR/90EP	2YR/90EP
 In conjunction with any one (1) of the following: Two (2) or more of the co-morbid conditions listed above Cardiomyopathy Chronic bronchitis, bronchiectasis Emphysema or chronic obstructive pulmonary disease (COPD) 	Decline		
☐ Multiple episodes ☐ ADL or IADL limitations	Decline Decline		
LI ADE OF IADE UNITED TO THE STATE OF THE ST	Decline		

LTC stability indicators	Stability period	Modif	Modification	
LIC Stability indicators		Age ≤65	Age ≥66	
Coronary artery bypass grafts (CABG)				
☐ Asymptomatic, with history of one (1) or no heart attack BEFORE surgery	>6 months			
 □ With history of two (2) or more heart attacks BEFORE surgery ○ Surgery completed, symptom free - No benefit restrictions if stable > 12 months 	>6 months	5YR/90EP	5YR/90EP	
☐ With intermittent chest pain one (1) or fewer times per month AFTER surgery	>12 months	5YR/90EP	2YR/90EP	
□ With history of one (1) heart attack AFTER surgery, symptom free - No benefit restrictions if stable >24 months	>12 months	5YR/90EP	5YR/90EP	
☐ With history of two (2) or more heart attacks AFTER surgery	Decline			
☐ With continued symptoms at rest	Decline			
Coronary artery disease (CAD)/arteriosclerotic heart disease (ASHD)				
☐ Asymptomatic, treated with two (2) or fewer cardiac medications	>6 months			
☐ Asymptomatic, treated with three (3) or four (4) cardiac medications	>6 months	5YR/90EP	2YR/90EF	
 □ Asymptomatic, treated with surgery ○ With history of one (1) or no heart attack BEFORE surgery ○ With history of two (2) or more heart attacks BEFORE surgery, symptom free No benefit restrictions if stable >12 months ○ With history of one (1) heart attack AFTER surgery, symptom free No benefit restrictions if stable >24 months ○ With history of two (2) or more heart attacks AFTER surgery 	>6 months >6 months >12 months Decline	5YR/90EP 5YR/90EP	5YR/90EF	
☐ With intermittent chest pain two (2) or fewer times per month on exertion	>12 months	5YR/90EP	2YR/90EF	
 □ With history of any one (1) of the following co-morbid conditions: ○ Atrial fibrillation ○ Cardiomyopathy ○ Carotid artery disease ○ Diabetes mellitus ○ Peripheral vascular disease ○ Stroke, TIA or mini-stroke 	>12 months	5YR/90EP	2YR/90EF	
$\ \square$ With history of two (2) or more of the co-morbid conditions listed above	Decline			
☐ Treated with five (5) or more cardiac medications	Decline			
☐ With continued symptoms at rest	Decline			
Crohn's disease	(See colitis)			
Cystic fibrosis	Decline			

TC stability indicators Stab	Stability period	Modification	
Ere stability indicators	Stability period	Age ≤65	Age ≥66
Decubitus ulcers			
Degenerative disc disease			
☐ Untreated or treated with one (1) non-steroidal anti-inflammatory (NSAID) medication	>3 months		
$\ \square$ Treated with one (1) surgical procedure, asymptomatic, back to full activities	>6 months	90EP	90EP
 ☐ History of or treated with any one (1) of the following: ○ Two (2) surgical procedures ○ Two (2) or more series of Cortisone injections within the past twelve (12) months ○ Two (2) non-steroidal anti-inflammatory (NSAID) medications ○ Steroid use at or less than five (5) mg per day 	>6 months >6 months >6 months >6 months	90EP 90EP 5YR/90EP 5YR/90EP	5YR/90EP 90EP 2YR/90EP 2YR/90EP
 □ Treated with any one (1) of the following: ○ A combination of two (2) or more of the treatments listed above ○ Three (3) or more surgical procedures ○ Three (3) or more non-steroidal anti-inflammatory (NSAID) medications ○ One (1) or more narcotic medication ○ Steroid use at or more than six (6) mg per day ○ Back or neck brace use ○ TENS unit use 	Decline		
☐ History of three (3) or more surgical procedures	Decline		
☐ Diagnosed as severe or marked	Decline		
□ ADL or IADL limitations	Decline		
☐ Durable medical equipment use (multi-prong cane, walker, wheelchair, crutches, etc)	Decline		
□ Surgery recommended	Decline		
Degenerative Joint disease	(See arthritis)		
Deep vein thrombosis (DVT)			
☐ Single episode, resolved ☐ No history of co-morbid conditions (see below) ☐ With history of one (1) or more co-morbid conditions: ☐ Atrial fibrillation ☐ Carotid artery disease ☐ Peripheral vascular disease ☐ Diabetes	>6 months >24 months		
 □ Multiple episodes ○ No history of co-morbid conditions (see below), currently under treatment ○ No history of co-morbid conditions (see below), no treatment - No underlying blood clotting disorders, normal blood indices ○ With history of one (1) or more co-morbid conditions: - Atrial fibrillation - Carotid artery disease - Peripheral vascular disease - Diabetes 	>12 months >24 months Decline	90ЕР 90ЕР	90EP 90EP
Dementia	Decline		

LTC stability indicators	Stability period	Modif	ication
	Stability period	Age ≤65	Age ≥66
Depression			
☐ Minor depression ☐ Treated with two (2) or fewer non-antipsychotic medications ☐ Treated with the (2) report involved the control of the c	>6 months	EVD/OOFD	2VD /005D
○ Treated with three (3) non-antipsychotic medications□ Manic/bipolar depression	>12 months	5YR/90EP	2YR/90EP
 Treated with two (2) or fewer non-antipsychotic medications Treated with three (3) non-antipsychotic medications 	>12 months >24 months	5YR/90EP	2YR/90EP
 Nervous breakdown Treated with two (2) or fewer non-antipsychotic medications Treated with three (3) non-antipsychotic medications 	>12 months >24 months	5YR/90EP	2YR/90EP
☐ Treated with four (4) or more non-antipsychotic medications	Decline		
☐ Any type of depression treated with one (1) or more antipsychotic medication	Decline		
☐ Hospitalized one (1) time in the past twelve (12) months	Decline		
☐ Hospitalized two (2) or more times in the past thirty-six (36) months	Decline		
☐ Any type of neurosis, psychoneurosis, psychopathy, psychosis	Decline		
Diabetes mellitus			
☐ Tobacco use within the past twenty-four (24) months	Decline		
☐ Any history of stroke, TIA or mini-stroke	Decline		
☐ Controlled with two (2) or fewer oral medications	>6 months		
☐ Controlled a total of forty (40) units of insulin or fewer per day	>12 months	5YR/90EP	2YR/90EP
☐ Controlled with three (3) oral medications	>6 months	5YR/90EP	2YR/90EF
 In conjunction with one of the following co-morbid conditions: Atrial fibrillation Carotid artery disease Coronary artery disease Retinopathy treated with surgery, no further hemorrhage/vision loss 	>6 months >6 months >6 months >12 months	5YR/90EP 5YR/90EP 5YR/90EP 5YR/90EP	2YR/90EP 2YR/90EP 2YR/90EP 2YR/90EP
□ In conjunction with any of the following co-morbid conditions □ Two (2) or more of the co-morbid conditions listed above □ Cardiomyopathy □ Circulatory disease or leg ulcers □ Ulcers or open wounds □ Neurological disease (neuropathy) □ Kidney disease (nephropathy) □ Fasting blood sugar 8.5 or greater in the past six (6) months □ Random blood sugar 11.0 or greater in the past six (6) months □ Ongoing steroid medication	Decline		
Dialysis – hemodialysis or peritoneal	Decline		
Diverticulitis	(See colitis)		
Dizziness/vertigo			
☐ Acute viral labyrinthitis	>3 months		
☐ Ménière's disease ☐ Controlled with medication	>6 months		
☐ Cause unknown ☐ Asymptomatic ☐ No neurological impairment	>12 months		
□ Ongoing problem	Decline		
Drug/chemical dependency (including drugs, alcohol and other chemical dependence	cy)		
☐ Treated and current abstinence with normal liver function laboratory values	>36 months	5YR/90EP	2YR/90EF
☐ Treated and current abstinence for ten (10) years or more	>10 years (120 months)		
□ Current use	Decline		
_ current ade	Decine		

LTC stability indicators	Stability period	Modification	
LIC Stability indicators	Stability period	Age ≤65	Age ≥66
Edema (swelling)	Look for cause		
Emphysema			
☐ Tobacco use within the past twenty-four (24) months	Decline		
☐ Untreated or treated with one (1) inhaler used only as needed	>0 months		
$\ \square$ Treated with one (1) or two (2) inhalers seasonally or on a regular basis	>6 months		
 □ Treated and controlled with any of the following: ○ Three (3) inhalers seasonally or on a regular basis ○ One (1) or two (2) oral medications seasonally or on a regular basis ○ Steroid use at or less than five (5) mg per day ○ Steroid burst/taper one (1) or two (2) times per year ○ Nebulizer use one (1) or two (2) times per week ○ Lung surgery (removal of one (1) or more lobes) 	>6 months	5YR/90EP	2YR/90EP
 □ Treated with any one (1) of the following: ○ A combination of two (2) or more of the treatments listed above ○ Steroid use at or greater than six (6) mg per day ○ Steroid bursts/tapers three (3) or more times per year ○ Home oxygen ○ Nebulizer use three (3) or more times per week 	Decline		
☐ Abnormal pulmonary function tests (PFTs)	Decline		
☐ Progressive or continual weight loss	Decline		
☐ ADL or IADL limitations	Decline		
☐ Evidence of congestive heart failure (CHF)	Decline		
☐ Hospitalization for respiratory symptoms within the past 6 months	>6 months		
☐ Hospitalization for respiratory symptoms two (2) or more times in the past twenty-four (24) months	>24 months		
Encephalitis	>12 months		
☐ No cognitive impairment			
□ No ADL or IADL limitations			
Endarterectomy	(See carotid artery disease)		
Endocarditis, Infectious			
Single episodeResolved, stableAntibiotic prophylaxis	>6 months		
☐ More than one (1) episode	Decline		
Enteritis	(See colitis)		

LTC stability indicators	Stability period	Modif	ication
	Stability period	Age ≤65	Age ≥66
Epilepsy/seizure disorder			
☐ Controlled with one (1) or no medication	>12 months		
 □ Controlled with two (2) medications, no seizure activity ○ Most recent seizure or symptom >60 months ago - No ADL or IADL limitations or cognitive impairment ○ Most recent seizure or symptom <60 months ago - No ADL or IADL limitations or cognitive impairment 	>12 months	90EP 5YR/90EP	90EP 5YR/90EP
☐ Treated with three (3) or more medications	Decline		
☐ Uncontrolled, continued symptoms or unknown cause	Decline		
☐ Abnormal MRI or EMG	Decline		
Esophageal varices	Decline		
Esophageal stricture	Decline		
☐ Asymptomatic, two (2) or fewer dilitations	>0 months		
☐ Three (3) or more dilitations	>3 months	90EP	90EP
☐ Continued dysphagia or difficulty swallowing	Decline		

LTC stability indicators	Stability period	Modification	
LIC Stability indicators	Stability period	Age ≤65	Age ≥66
Falls	Look for cause		
Fibromyalgia			
☐ No history of depression	>6 months		
☐ With history of chronic depression or treatment with anti-depressant medication ☐ Must also meet stability for depression	>12 months	5YR/90EP	2YR/90EP
☐ Treated with three (3) or more medications	Decline		
☐ Fatigue that limits daily function	Decline		
Fractures	(See disease if due to disease)		
 □ Due to trauma ○ Arms No ADL or IADL limitations ○ Compression ○ Legs No ADL or IADL limitations ○ Skull No ADL or IADL limitations No cognitive impairment ○ Vertebral, pelvic No history of osteoporosis No ADL or IADL limitations 	>3 months (See osteoporosis) >6 months >12 months >6 months		
Friedreich's ataxia	Decline		

LTC stability indicators	Stability period	Modification	
	Stability period	Age ≤65	Age ≥66
Gastric balloon	Decline		
Gaucher's disease	Decline		
Gastric bypass surgery			
☐ Stable weight within guidelines	>12 months		
Giant cell arteritis (active)	Decline		
Glaucoma			
 Stable vision No progressive visual loss for twelve (12) months Successful adaptation to previous visual loss 	>12 months		
Gout			
□ No ADL or IADL limitations○ No joint deformities	>3 months		
Guillian Barre Syndrome	6 months		
☐ No residual neurological impairment			

LTC stability indicators	Stability period	Modification	
LIC Stability indicators	Stability period	Age ≤65	Age ≥66
Head injury			
 Full recovery No ADL or IADL limitations No hospitalizations within six (6) months 	>6 months		
☐ With residual memory or functional impairment	Decline		
Hearing loss	0 months		
☐ Successful adaptation to hearing loss			
Heart attack (myocardial infarction)	(See coronary artery disease)		
Heart valve disease			
UnoperatedAsymptomaticWith history of congestive heart failure (CHF)	>6 months Decline	90EP	90EP
□ Operated○ Asymptomatic○ With history of congestive heart failure (CHF) after surgery	>6 months Decline		
Heart valve replacement	(See heart valve disease)		
Hemiplegia	Decline		
Hemochromatosis			
☐ Internal organ involvement or bronze diabetes	Decline		
☐ Asymptomatic○ Phlebotomy (once every eight (8) weeks or less often)○ Normal laboratory values	>12 months	5YR/90EP	2YR/90EP
☐ Phlebotomy more often than every eight (8) weeks	Decline		
☐ Abnormal laboratory values	Decline		
Hepatitis			
Acute, Type A, BResolved, no alcohol or drug useAbnormal liver function laboratory value	>6 months Decline		
☐ Chronic, active, Type A, B	Decline		
☐ Type C, Non-A, Non-B or autoimmune	Decline		

LTC etability indicators	Stability period	Modif	ication
LTC stability indicators		Age ≤65	Age ≥66
Herniated intervertebral disc			
☐ Operated ☐ No ADL or IADL limitations	>3 months		
☐ Untreated or treated with one (1) non-steroidal anti-inflammatory (NSAID) medication	>3 months		
 ☐ History of or treated with any one (1) of the following: ○ Two (2) surgical procedures - No limitations if last surgery > 36 months ago ○ Two (2) or more series of cortisone injections within the past twelve (12) months 	>6 months	90EP 90EP	5YR/90EP 90EP
Two (2) non-steroidal anti-inflammatory (NSAID) medicationsSteroid use at or less than five (5) mg per day	>6 months >6 months	5YR/90EP 5YR/90EP	2YR/90EP 2YR/90EP
 □ Treated with any one (1) of the following: ○ A combination of two (2) or more of the treatments listed above ○ Three (3) or more surgical procedures ○ Three (3) or more non-steroidal anti-inflammatory (NSAID) medications ○ One (1) or more narcotic medication ○ Steroid use at or more than six (6) mg per day ○ Back or neck brace use ○ TENS unit use 	Decline		
☐ History of three (3) or more surgical procedures	Decline		
☐ Diagnosed as severe or marked	Decline		
☐ ADL or IADL limitations	Decline		
☐ Durable medical equipment use (multi-prong cane, walker, wheelchair, crutches, etc)	Decline		
□ Surgery recommended	Decline		
Herpes zoster			
□ Post acute episode	>3 months		
☐ Rehabilitation complete, no pain or neuralgia	>12 months		
☐ Requiring neurological work-up	Decline		
Hiatal hernia	0 months		
High blood pressure (BP)/hypertension			
☐ Treated with two (2) or fewer cardiac medications ☐ Average BP readings for twelve (12) months at or less than <169/89	>6 months		
☐ Treated with three (3) or four (4) cardiac medication ☐ Average BP readings for twelve (12) months at or less than <169/89	>6 months	5YR/90EP	2YR/90EP
 □ With history of two (2) of the following co-morbid conditions: ○ Atrial fibrillation ○ Cardiomyopathy ○ Diabetes mellitus ○ Peripheral vascular disease ○ Stroke, TIA or mini-stroke 	>12 months	5YR/90EP	2YR/90EP
$\hfill \square$ With history of three (3) or more of the co-morbid conditions listed above	Decline		
☐ Treated with five (5) or more cardiac medications	Decline		
☐ Uncontrolled BP readings – 170/90 or greater	Decline		

LTC stability indicators	Stability period	Modification	
Lie Stability indicators	Stability period	Age ≤65	Age ≥66
Hip replacement	(See joint replacement)		
HIV positive status	Decline		
Hodgkin's disease	(See lymphoma)		
Hospitalization	Postpone		
☐ Currently in hospital or anticipate admission			
Hunter's syndrome	Decline		
Huntington's chorea	Decline		
Hurler's syndrome	Decline		
Hydrocephalus	Decline		

IADL deficits	Decline	
 □ Anyone who requires the assistance or supervision of another person, to perform two (2) or more of the following Instrumental Activities of Daily Living: ○ Using the telephone ○ Managing finances ○ Taking transportation ○ Shopping ○ Laundry ○ Housework ○ Taking all medications ○ Preparing meals/cooking 		
Idiopathic pulmonary fibrosis	(See pulmonary fibrosis)	
Ileitis, regional, end stage	Decline	
Immune system disorders	Decline	
Irritable bowel syndrome	(See colitis)	

LTC atability is discussed	Ctobility povind	Modif	Modification		
LTC stability indicators	Stability period	Age ≤65	Age ≥66		
Joint replacement (hip, knee, shoulder) — due to trauma or injury					
□ Physical therapy completed and return to full activities○ No ADL or IADL limitations	>3 months				
☐ History of arthritis or degenerative joint disease — see arthritis					
 ☐ History of one (1) or more of the following: ☐ Two (2) or more series of cortisone injections on previously replaced joint ☐ Two (2) non-steroidal anti-inflammatory (NSAID) medications 	>6 months	90EP	5YR/90EP		
 □ Treated with any of the following: ○ Three (3) or more non-steroidal anti-inflammatory (NSAID) medications ○ One (1) or more narcotic medication 	Decline				
☐ History of three (3) or more surgical procedures	Decline				
☐ ADL or IADL limitations	Decline				
☐ Durable medical equipment use (multi-prong cane, walker, wheelchair, crutches, etc)	Decline				
☐ Further surgery recommended	Decline				
Kaposi's sarcoma	Decline				
Vnoa disardar (saa alsa jaint ranjasamant)	3 months				

Kaposi's sarcoma	Decline	
Knee disorder (see also joint replacement)	3 months	
☐ Post arthroscopy		
☐ No ADL or IADL limitations		
☐ No surgery recommended		
Knee replacement	(See joint replacement)	
Korsakoff's psychosis	Decline	

LTC stability indicators	Stability period	Modif	Modification		
	Stability period	Age ≤65	Age ≥66		
Lesch-Nyhan syndrome	Decline				
Leukemia					
☐ Acute (any type)	Decline				
☐ Chronic, non-lymphocytic (CML)	Decline				
 Chronic lymphocytic (CLL) Stable and treatment free Normal laboratory values for thirty-six (36) months 	>36 months	5YR/90EP	2YR/90EP		
Lues (stage IV syphilis/tabes dorsalis)	Decline				
Lupus					
☐ Discoid, inactive	>12 months				
☐ Systemic lupus	Decline				
Lyme disease					
☐ Resolved, no treatment	>6 months				
Residuals or complicationsNo current limitations, no neurological impairment	>12 months	5YR/90EP	2YR/90EP		
□ Neurological impairment	Decline				
Lymphoid interstitial pneumonia	Decline				
Lymphoma, non-Hodgkin's and Hodgkin's disease					
☐ Asymptomatic○ Disease and treatment free○ Normal laboratory values	>60 months	5YR/90EP	2 YR/90EP		

LTC stability indicators	Stability period	Modification		
LIC Stability mulcators	ability indicators Stability period		Age ≥66	
Macular degeneration	12 months			
□ No ADL or IADL limitations				
☐ No progressive vision loss				
☐ Successful adaptation to previous vision loss				
Manic depression	(See depression)			
Marfan's syndrome	Decline			
Melanoma	(See cancer)			
Memory loss	Decline			
Mentally handicapped	Individual consideration			
☐ No functional or cognitive impairments or limitations				
$\hfill\square$ Lives independently and able to perform all IADLs and ADLs independently				
Mitral stenosis, insufficiency	(See heart valve disease)			
Mitral valve prolapse	0 months			
☐ Asymptomatic, treated only with prophylactic antibiotics				
Mixed connective tissue disease	Decline			
Mobility limitations	Decline			
☐ With ADL or IADL limitations				
Multiple myeloma	Decline			
Multiple sclerosis	Decline			
Muscular dystrophy	Decline			
Myasthenia gravis	Decline			
☐ Without symptoms or complications, no treatment	>60 months	5YR/90EP	2YR/90EP	
☐ Post surgery with full recovery and rehabilitation complete, no treatment	>36 months	5YR/90EP	2YR/90EP	
☐ Disease process unresponsive to treatment	Decline			
☐ Treated with mestanon or like medication	Decline			
Myelofibrosis				
□ Asymptomatic	>24 months			
□ Splenectomy	>60 months	5YR/90EP	2YR/90EP	
☐ Abnormal bone marrow exam	Decline			
Myocardial infarction	(See heart attack)			

LTC stability indicators	Stability period	Modification		
LIC Stability indicators	Stability period		Age ≥66	
Narcolepsy				
☐ Asymptomatic	>12 months	90EP	90EP	
☐ Recent onset or hospitalization	>24 months	90EP	90EP	
☐ With history of sleep apnea	Decline			
Nephrectomy, unilateral (loss of one kidney)				
☐ Normal renal laboratory values	>12 months			
□ Due to disease	Look for cause			
Nephritis, glomerulonephritis				
□ Normal renal laboratory values	>12 months			
Nephrolithiasis/urolithiasis/renal calculus				
□ Post lithotripsy	>3 months			
☐ Hospitalization or surgery	>6 months			
Nervous breakdown	(See depression)			
Neurogenic arthropathy				
☐ Post joint replacement, asymptomatic	>6 months			
☐ History of two (2) or more compression fractures	>24 months	5YR/90EP	2YR/90EP	
☐ Hospitalization for arthropathy or related neurological disorders	>24 months	5YR/90EP	2YR/90EP	
Neurofibromatosis	Decline			
Neurogenic bladder	Decline			
Neuropathy				
$\ \square$ Tobacco use within the past twenty-four (24) months	Decline			
☐ With history of diabetes or anemia	Decline			
Mild, non progressive, treatment freeNo ADL or IADL limitations	>12 months	5YR/90EP	2YR/90EP	
☐ Moderate	Individual consideration			
Neurosis	(See psychoneurosis)			

THE SEA HILLS AND ADDRESS OF	Stability period	Modification	
LTC stability indicators	Stability period	Age ≤65	Age ≥66
Obesity			
☐ Weight outside acceptable guidelines	Decline		
☐ Current use of weight reduction agents – Xenical, Meridia	>12 months		
Obsessive compulsive disorder			
☐ Any type of neurosis, psychoneurosis, psychopathy, psychosis	Decline		
☐ Treated with two (2) or fewer non-antipsychotic medications	>12 months		
☐ Treated with three (3) non-antipsychotic medications	>24 months	5YR/90EP	2YR/90E
☐ Treated with four (4) or more non-antipsychotic medications	Decline		
☐ Treated with one (1) or more antipsychotic medication	Decline		
☐ Hospitalized one (1) time in the past twelve (12) months	Decline		
☐ Hospitalized two (2) or more timed in the past thirty-six (36) months	Decline		
Organ transplant	(See transplant, organ)		
Organic brain syndrome	Decline		
Osler-Weber-Rendu disease (telanglectasis)	Decline		
Osteomyelitis (bone infection)			
□ Resolved	>12 months		
☐ Chronic, active	Decline		
Osteoporosis			
$\ \square$ Bone density indicating bone loss with t-score of -3.0 or more	Decline		
☐ Treated with narcotic or centrally acting analgesia	Decline		
□ ADL or IADL limitations	Decline		
☐ Requires therapeutic medical equipment (4-prong cane, walker, wheelchair, crutches)	Decline		
☐ Ongoing steroid usage	Decline		
☐ No history of related or compression fractures, receiving treatment, asymptomatic	>0 months		
☐ History of one (1) related fractures, receiving treatment, asymptomatic	>12 months	90EP	90EP
☐ History of two (2) or three (3) related or compression fractures	>24 months	5YR/90EP	2YR/90E
☐ History of four (4) or more related fractures	Decline		
☐ With height loss of two (2) inches or greater	Decline		
Oxygen use	Decline		

LTC stability indicators	Stability period	Modification		
LIC Stability indicators	Stability period	Age ≤65	Age ≥66	
Pacemaker	(See atrioventricular block)			
Paget's disease (oseitis deformans)				
☐ Asymptomatic	6 months			
Moderate diseaseNo ADL or IADL limitationsHistory of joint replacement	>24 months	5YR/90EP	2YR/90EP	
☐ Severe disease	Decline			
Pancreatic insufficiency, chronic	Decline			
Pancreatitis				
 Acute, resolved, treatment free No alcohol abuse in the past thirty-six (36) months Normal laboratory medications 	12 months			
□ Chronic	Decline			
Paralysis/paresis				
□ No ADL or IADL limitations	Individual consideration	5YR/90EP	2YR/90EP	
☐ Hemiplegia, paraplegia, quadriplegia	Decline			
Paraplegia	Decline			
Parkinson's disease	Decline			
Pepticulcer disease (PUD)				
☐ Asymptomatic	>0 months			
☐ History of gastrointestinal bleed	>6 months			
Pericarditis				
☐ Single episode, resolved	>6 months			
☐ Two (2) or more episodes	Decline			
Peripheral vascular disease/claudication				
☐ Tobacco use within the past twenty-four (24) months	Decline			
☐ With history of stroke, TIA or mini-stroke	Decline			
☐ With history of diabetes mellitus or glucose intolerance	Decline			
No leg pain or claudicationNo ADL or IADL limitationsNo skin breakdown	>6 months			
 Leg pain or claudication one (1) time or fewer per week No ADL or IADL limitations Treated with one (1) or no medication 	>12 months	5YR/90EP	2YR/90EP	
 With history of any one (1) of the following co-morbid conditions: Atrial fibrillation Cardiomyopathy Coronary artery disease One (1) skin ulcer 	>12 months	5YR/90EP	2YR/90EP	
$\hfill \square$ With history of two (2) or more of the co-morbid conditions listed above	Decline			
☐ Leg pain or claudication two (2) or more times per week	Decline			
☐ Treated with two (2) or more medications	Decline			

LTC stability indicators	Stability period	Modification		
Lie stability indicators	Stability period	Age ≤65	Age ≥66	
Phobias				
☐ Any type of neurosis, psychoneurosis, psychopathy, psychosis	Decline			
☐ Treated with two (2) or fewer non-antipsychotic medications	>24 months	5YR/90EP	2YR/90EI	
☐ Treated with three (3) or more non-antipsychotic medications	Decline			
☐ Treated with one (1) or more antipsychotic medication	Decline			
\square Hospitalized one (1) time in the past twelve (12) months	Decline			
☐ Hospitalized two (2) or more times in the past thirty-six (36) months	Decline			
Platelet disorders	(See thrombocythemia/thrombocytopenia)			
Polyarteritis nodosa	Decline			
Polycystic kidney disease				
☐ Acute, resolved, treatment free	Decline			
☐ Asymptomatic	>6 months			
☐ Hospitalization for acute renal failure or surgery	>24 months	90EP	90EP	
☐ Transplant	>60 months	5YR/90EP	2YR/90E	
☐ Dialysis or surgery anticipated	Decline			
Polymyalgia rheumatica				
☐ Completely resolved, treatment free	>6 months			
 □ History of or treated with any one (1) of the following: ○ Two (2) or more series of cortisone injections within the past twelve (12) months ○ Two (2) non-steroidal anti-inflammatory (NSAID) medications ○ Steroid use at or less than five (5) mg per day 	>6 months >6 months >6 months	90EP 5YR/90EP 5YR/90EP	90EP 2YR/90E 2YR/90E	
 □ Treated with any of the following: ○ A combination of two (2) or more of the treatments listed above ○ Three (3) or more non-steroidal anti-inflammatory (NSAID) medications ○ One (1) or more narcotic medications ○ Steroid use at or more than six (6) mg per day ○ Steroid bursts/tapers two (2) or more times per year 	Decline			
☐ Unresolved, symptomatic	Decline			
☐ ADL or IADL limitations	Decline			
☐ Durable medical equipment use (multi-prong cane, walker, wheelchair, crutches, etc)	Decline			
□ Surgery recommended	Decline			
Polyps				
□ Benign	>0 months			
Portal hypertension	Decline			
Post paralytic syndrome				
□ No history of paralysis	>0 months			
☐ History of paralysis, resolved, treatment free	>24 months	5YR/90EP	2YR/90E	
Symptomatic	Decline	JIN, JOLI	2111/ 702	
O Fatigue or change in muscle strength	Decime			
□ ADL or IADL limitations	Decline			
☐ Durable medical equipment use (multi-prong cane, walker, wheelchair, crutches, etc)	Decline			
Post polio syndrome	Decline			
Postereo-lateral sclerosis	Decline			
Postereo-tateral Scienosis	Decline			

LTC stability indicators	Stability period	Modification	
LIC Stability indicators	Stability period	Age ≤65	Age ≥66
Pregnancy			
 Currently pregnant, no complications with current pregnancy No history of complications, including toxemia, with prior pregnancy 	>0 months		
☐ Currently pregnant with history of complications with prior pregnancy	Postpone		
Progressive muscular atrophy	Decline		
Progressive systemic sclerosis	Decline		
Psychoneurosis, psychopathy, psychosis	Decline		
Pulmonary embolism			
☐ Single episode, resolved	>6 months		
☐ Multiple episodes, currently under treatment, no recurrence	>12 months	5YR/90EP	5YR/90EP
☐ Multiple episodes, currently under treatment, no recurrence	>36 months	90EP	90EP
 ☐ Multiple episodes, no treatment, no recurrence – No duration limitation if last episode >60 months ago 	>24 months	5YR/90EP 90EP	2YR/90EP 90EP
 With any one (1) of the following co-morbid conditions: Atrial fibrillation Carotid artery disease Peripheral vascular disease 	Decline		
Pulmonary fibrosis			
 □ Asymptomatic, treatment free ○ Incidental finding on chest X-ray ○ No history of emphysema/COPD/asthma/allergies or breathing difficulty ○ No ADL or IADL limitations 	>12 months	5YR/90EP	2YR/90EP
☐ Symptomatic	Decline		
☐ With history of emphysema/COPD/asthma or allergies	Decline		
Pulmonary hypertension	Decline		

	Quadriplegia	Decline		
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LTC stability indicators	Stability period	Modification	
LIC Stability indicators	Stability period	Age ≤65	Age ≥66
Renal disease			
☐ Mild renal insufficiency☐ Azotemia, normal laboratory values	>6 months	5YR/90EP	2YR/90EP
☐ With history of diabetes	Decline		
 End stage disease Dialysis within past two (2) years Steroid, Leukeran or Cytoxan treatment within last two (2) years 	Decline		
☐ Renal failure, chronic	Decline		
Restless leg syndrome			
□ No treatment	>0 months		
 Sinemet or anti-Parkinson medication use No visible head, neck or hand tremors Recent neurological work-up completed confirming no diagnosis of Parkinson's disease 	>24 months	5YR/90EP	2YR/90EP
Retinal detachment and/or hemorrhage			
☐ Asymptomatic, successfully treated with surgery	>6 months		
☐ Successfully treated with surgery in conjunction with diabetes ☐ No further hemorrhage or vision loss	>12 months		
Retinopathy			
☐ Asymptomatic, recovered post surgery, no history of diabetes	>6 months		
 Successfully treated with surgery in conjunction with diabetes No further hemorrhage or vision loss Must also meet diabetes stability 	>12 months	5YR/90EP	2YR/90EP
☐ Untreated in conjunction with diabtetes	Decline		
Rheumatoid arthritis	(See arthritis)		

LTC stability indicators	Stability period	Modification	
LIC Stability indicators	Stability period	Age ≤65	Age ≥66
Sarcoidosis			
☐ Affecting the lung only, quiescent, asymptomatic, treatment free	>36 months	5YR/90EP	2YR/90EP
☐ Affecting one (1) or more organs other than lungs	Decline	,,,,	, , ,
□ Active	Decline		
	D. II		
Schizophrenia	Decline		
Sciatica	(See herniated iIntervertebral disc)		
Scleroderma			
☐ Quiescent, affecting the skin only, asymptomatic, treatment free	>36 months	5YR/90EP	2YR/90EP
☐ Affecting one (1) or more organs (not including the skin)	Decline		
□ Active	Decline		
Sclerosing cholangitis	Decline		
Scoliosis	0 months		
□ No ADL or IADL limitations	O IIIOIILIIS		
	(6		
Seizure disorder	(See epilepsy)		
Senility	Decline		
Shy-Drager syndrome (autonomic insufficiency)	Decline		
Sleep apnea			
☐ Tobacco use within the past twenty-four (24) months	Decline		
☐ Asymptomatic, treated with or without C-PAP or BI-PAP	>3 months		
☐ Hospitalization due to respiratory problems	>12 months		
☐ C-PAP or BI-PAP use recommended but not used	Decline		
☐ C-PAP or BI-PAP machine with bottled oxygen	Decline		
☐ With history of narcolepsy	Decline		
Spinal muscle atrophy	Decline		
Spinal stenosis	(See degenerative disc disease)		
Stroke (cerebrovascular accident (CVA), transient ischemic attack (TIA), mini-stroke)			
☐ Tobacco use within the past 24 months	Decline		
☐ Single episode	>24 months	90EP	5YR/90EP
O Full recovery, no residuals	2 ,	, o <u>-</u> .	3111,702.
O No ADL or IADL limitations			
☐ With history of any one (1) of the following co-morbid conditions:	>24 months	5YR/90EP	2YR/90EP
O Atrial fibrillation			
O Coronary artery disease			
O Hypertension treated with one (1) or more medication(s)			
Carotid artery diseaseSyncope or fainting, symptom free for twenty-four (24) months			
☐ With history of two (2) or more of the co-morbid conditions listed above	Decline		
☐ With history of any one (1) of the following co-morbid conditions:	Decline		
O Diabetes or glucose intolerance	Decume		
O Congestive heart failure (CHF)			
O Peripheral vascular disease (PVD)			
☐ More than one (1) stroke, TIA or mini-stroke	Decline		

LTC stability indicators	Stability period	Modif	Modification	
LIC Stability mulcators	Stability period	Age ≤65	Age ≥66	
Surgery planned or recommended				
☐ Internal surgery planned or recommended	Postpone			
 Cataract, laser eye surgery Completed Scheduled within the next month Planned within the next month 	>1 month Postpone >0 months			
 □ Gall bladder removal (cholecystectomy) ○ Completed - Laproscopic surgery - Open surgery or with complications ○ Scheduled within the next two (2) months ○ Planned within the next two (2) months 	>2 months >3 months Postpone >0 months			
 Cataract, laser eye surgery Completed Scheduled within the next month Planned within the next month 	>1 month Postpone >0 months			
Syphilis stage IV/tabes dorsalis	Decline			

LTC stability indicators	Stability poriod	Modification	
LIC Stability indicators	Stability period	Age ≤65	Age ≥66
Thrombocythemia (elevated platelets), idiopathic thrombocythemia pupura (ITP)			
Treated with aspirin or anti-platelet medicationAsymptomatic with normal laboratory values	>12 months	5YR/90EP	2YR/90EP
☐ Treated with anti-neoplastic medication	Decline		
☐ Abnormal laboratory values	Decline		
☐ With history of stroke, TIA or mini-stroke	Decline		
☐ With history of other clotting disorders	Decline		
Thrombocytopenia (Low platelets)			
☐ Unoperated, asymptomatic ☐ Normal laboratory values	>12 months	5YR/90EP	2YR/90EP
□ Operated, asymptomatic○ Normal laboratory values	>24 months		
☐ All other types of thrombocytopenia	Decline		
☐ Abnormal laboratory values	Decline		
☐ With history of stroke, TIA or mini-stroke	Decline		
☐ With history of other clotting disorders	Decline		
☐ With Aspirin use or other blood thinning treatment	Decline		
Thrombophlebitis, superficial			
☐ Resolved, treatment free	>0 months		
Thrombosis, deep vein	(See deep vein thrombosis)		
Transient ischemic attack (TIA)	(See stroke)		
Transplant, organ			
□ Corneal	>3 months		
□ Kidney○ Normal laboratory values○ No dialysis○ No history of diabetes mellitus	>60 months	5YR/90EP	2YR/90EP
☐ All others	Decline		
Tremors			
 □ Benign, essential or familial ○ Treated with no medication or with one (1) non-anti-Parkinson medication – No ADL or IADL limitations 	>6 months		
☐ Work-up in progress	Postpone		
☐ Treated with two (2) or more non-anti-Parkinson medications	Decline		
☐ Treated with one (1) or more anti-Parkinson medication(s)	Decline		
☐ Due to Parkinson's Disease	Decline		

LTC stability indicators	Stability period	Modification	
LTC stability indicators	Stability period	Age ≤65	Age ≥66
Tuberculosis			
☐ Resolved, treatment free	>12 months		
☐ Ongoing treatment	Postpone		
□ Active	Decline		
Tumors, benign			
 □ Brain, spinal cord ○ Surgically removed, no residual neurological impairment, no activity limitations - No limitations if removed >60 months ○ Unoperated, monitored at least every 6 months with no progression - No evidence of cancer - No residual neurological impairment - No ADL or IADL limitations 	>24 months >24 months	90EP 5YR/90EP	5YR/90EP 2YR/90EP
 Other sites O Surgically removed or unoperated, monitored regularly with no progression No residual neurological impairment No ADL or IADL limitations 	6 months		

LTC stability indicators	Stability period	Modification	
LIC Stability indicators	Stability period	Age ≤65	Age ≥66
Ulcers			
 Skin Single episode, resolved No history of peripheral vascular disease or circulatory disease With history of peripheral vascular or circulatory disease Active, recurrent or chronic Resulting in amputation 	>6 months >12 months Decline Decline	5YR/90EP	2YR/90EP
 Peptic or duodenal Asymptomatic History of two (2) or fewer gastrointestinal bleeds Normal laboratry values History of three (3) or more gastrointestinal bleeds or abnormal laboratory values 	>0 months >6 months Decline		
Urinary incontinence			
☐ Stress or urge incontinence, independent in care	>0 months		
☐ Neurogenic bladder	Decline		
☐ Use of catheter, intermittent or indwelling	Decline		
☐ Use of three (3) or more incontinence pads per day	Decline		
Urostomy	Look for cause		
 No cancer, full recovery Independent with care and associated appliances No planned future surgery No skin breakdown 	>6 months		
☐ Two (2) or more surgeries	Decline		

Varices, esophageal	Decline	
Varicose veins (legs)	0 months	
☐ No ADL or IADL limitations		
☐ Not associated with peripheral vascular disease		
Vasculitis	(See arteritis)	
Ventriculo-peritoneal shunt (VP shunt)	Decline	
Vertebral or spinal disorder, not otherwise classified	(See degenerative disc disease)	
Vertigo	(See dizziness)	
Vision loss	(See blindness)	
Von-Hippel-Lindau disease	Decline	

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LTC stability indicators	Stability period	Modification	
LIC Stability indicators	Stability period	Age ≤65	Age ≥66
Waldenstrom's disease	Decline		
Walker use	Decline		
Wegener's granulomatosis	Decline		
Whipple's disease	Decline		
Wernicke-Korskoff syndrome	Decline		
Wilson's disease	Decline		
Wiskott-Aldrich syndrome	Decline		

Xeroderma pigmentosa	Decline	

Interview process

Telephone interview

The telephone interview is used to confirm application information and medical history. It is intended for younger applicants and should take about 15 minutes to complete.

Face-to-face interview

Depending on the applicant's history, the home interview takes approximately one hour to complete.

> Introductory statement:

The assessor informs the applicant that he/she is there only to gather information for Long Term Care insurance. The assessor will also let the applicant know he/she is unable to answer any questions regarding the policy and refer the applicant back to the insurance representative.

> General information:

These questions provide a basic understanding of the applicant and refer to topics such as employment, hobbies, activities and living arrangements.

> Medical information:

In this section, the assessor confirms application details and elicits additional information based on the applicant's medical history. The assessor will also record height/weight and blood pressure readings.

> Medications:

The assessor will ask the applicant to provide a list of all prescription and over-the-counter medications taken.

> Equipment:

The applicant will be asked if any medical equipment is used.

> Cognitive exercises:

The applicant will be asked to participate in two brief cognitive exercises. One is a memory exercise (Delayed Word Recall) and the other is related to facts that the applicant will encounter on a daily basis (Short Portable Mental Status Questionnaire).

> Functional status:

The remainder of the assessment relates to questions about performing daily activities (ADLs and IADLs). These include bathing, using the toilet, performing household chores, using the telephone and transportation, among other activities. The applicant will also be asked to walk across the room and back.

> Signature and verification:

At the end of the interview the applicant will be asked to sign and date the face-to-face interview form. The assessor will ask to see some form of picture identification, such as a driver's licence or passport, to verify the signature.

Height and weight guide

Below is a height and weight table that applies to both men and women. Obesity can introduce problems when treating other conditions such as functional or mobility deficiencies, diabetes, cardiac insufficiencies, etc. Any applicant possessing a functional or physical impairment, complicated with the build configuration listed below, is considered a high risk Long Term Care services user. This applies to applicants that are overweight as well as underweight.

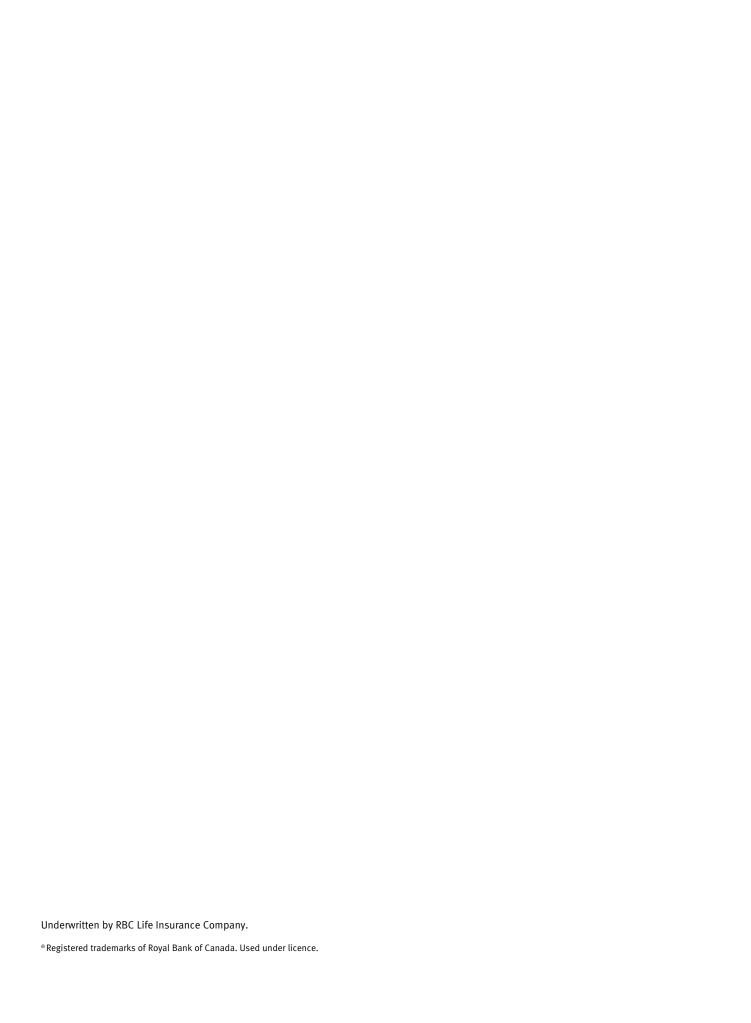
An applicant's weight should be stable for a minimum of 12 months prior to application.

Imperial			Metric		
Minimum weight (lbs)	Height (ft)	Maximum weight (lbs)	Minimum weight (kg)	Height (cm)	Maximum weight (kg)
80	4'8"	197	36	142	89
81	4'9"	200	37	145	91
83	4'10"	205	38	147	93
85	4'11"	210	39	150	95
88	5'0"	218	40	152	99
90	5'1"	222	41	155	101
92	5'2"	226	42	157	103
94	5'3"	230	43	160	104
97	5'4"	234	44	163	106
99	5'5"	239	45	165	108
102	5'6"	244	46	168	111
105	5'7"	249	48	170	113
108	5'8"	255	49	173	116
111	5'9"	258	50	175	117
114	5'10"	261	52	178	118
117	5'11"	264	53	180	120
120	6'0"	268	54	183	122
123	6'1"	276	56	185	125
126	6'2"	284	57	188	129
129	6'3"	293	59	191	133
134	6'4"	301	61	193	137
139	6'5"	310	63	196	141
142	6'6"	320	64	198	145
146	6'7"	325	66	201	147
151	6'8"	332	68	203	151

The following is a list of the most commonly used abbreviations for medical conditions relating to Long Term Care service use. This list is provided to assist you in determining the eligibility of your applicant.

Abbreviation	Medical condition
AAA	Abdominal aortic aneurysm
Afib	Atrial fibrillation
AIDS	Acquired immune deficiency syndrome
ALS	Amyotrophic lateral sclerosis
ARC	AIDS related complex
ASHD	Arteriosclerotic heart disease
ВСС	Basal cell carcinoma
ВРН	Benign prostatic hypertrophy
BUN	Blood urea nitrogen
CABG	Coronary artery bypass graft
CAD	Coronary artery disease
CHF	Congestive heart failure
CFS	Chronic fatigue syndrome
CLL	Chronic lymphocytic leukemia
CML	Chronic myelogenous leukemia
CNS	Central nervous system
COLD	Chronic obstructive lung disease
COPD	Chronic obstructive pulmonary disease
CPAP	Continuous positive air pressure
CTS	Carpal tunnel syndrome
CVA	Cerebral vascular accident (stroke)
DDD	Degenerative disc disease
DJD	Degenerative joint disease
DM	Diabetes mellitus
DVT	Deep vein thrombosis
FMS	Fibromyalgia syndrome
НВР	High blood pressure
HIV	Human immunodeficiency virus

Abbreviation	Medical condition
HTN	Hypertension
IBS	Irritable bowel syndrome
IDDM	Insulin-dependent diabetes mellitus
IMF	Idiopathic myelofibrosis syndrome
MD	Muscular dystrophy
MI	Myocardial infarction
MS	Multiple sclerosis
MVP	Mitral valve prolapse
NIDDM	Non-insulin dependent diabetes mellitus
NHL	Non-Hodgkins lymphoma
OA	Osteoarthritis
OBS	Organic brain syndrome
OCD	Obsessive-compulsive disorder
PD	Parkinson's disease
PUD	Peptic ulcer disease
PTCA	Percutaneous transluminal coronary angioplasty
PVD	Peripheral vascular disease
PMR	Polymyalgia rheumatica
RA	Rheumatoid arthritis
SCC	Squamous cell carcinoma
SLE	Systemic lupus erythematosus
ТВ	Tuberculosis
THR	Total hip replacement
TIA	Transient ischemic attack (mini-stroke)
TKR	Total knee replacement
TMJ	Temporomandibular joint syndrome
UC	Ulcerative colitis



Important recommedation from RBC Insurance:

This guide is not intended to provide an all-inclusive list of risk indicators. You may encounter a condition that does not fit into the guidelines described here. If you encounter a condition that is not contained in this guide, or if you have any other underwriting questions about your client's condition, please contact your local distributor of RBC Insurance products.

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