

# Caregiver Demands and Needs: Resources

## Caregiving Demands

Caring for loved ones, planning for yourself. Many people put off thinking about the aging process until called upon to serve as a caregiver or forced by a life event to face it for themselves – which can make hard choices all the more difficult. With a clear understanding of the key issues, you can get a head start on this life stage and make informed decisions for yourself and your family. Current trends according to MetLife Study are:

- 1 out of 4 adult children – mostly Baby Boomers – provide personal care and/or financial assistance to a parent;
- More than 65 million people spend an average of 20 hours a week caring for chronically ill, disabled or aged family members; and
- 31% of adult caregivers' report stress, anxiety or depression, while 70% report making work accommodations due to caregiving.

## Routine Tasks

Whether or not housekeeping, companion or personal care services are needed or appropriate – and in what combination – will depend on how well someone can perform certain routine tasks. As you consider what type of care is appropriate, it is useful to refer to each of the areas below:

**Activities of Daily Living** – feeding, bathing, dressing, personal hygiene, toileting, and transferring; and

**Other Instrumental Activities** – taking medication as directed, using the telephone,

shopping, preparing food, housekeeping, doing laundry, using transportation and handling finances.

## Types of Care

**Skilled versus Nonskilled Care** – skilled care is provided by a professional licensed caregiver. Examples include nursing provided by registered nurses or physical, occupational and respiratory therapists. Agencies can provide Certified Nursing Assistants for nonskilled care, however insurance coverage is variable. Private caregivers are available but their services are reimbursed by the family, although long term insurance occasionally covers this.

**Informal versus Formal Caregiving** – formal care giving is provided by paid providers. Informal caregiving is unpaid care provided by family and friends. Almost 90% of long term care provided in the US is provided by unpaid caregivers. Most health benefit plans will not reimburse for care paid for under an informal arrangement, although a modest percentage of long-term care policies and other plans have more flexible reimbursement rules.

**Hospice and Palliative Care** – is chosen when the patient desires a focus on treating symptoms rather than pursuing a cure. The care becomes much more concentrated on comfort, quality of life and coping positively with the death and dying process. Hospice is inclusive of palliative care but intended for people expected to live six months or less.

## Types of Caregiver Settings and Available Resources

- **Home** – most seniors wish to remain in their home. Resources include personal caregivers via agencies or

self-employed aides. For example, VNA or other home care agencies can oversee the patient but 24/7 care must be by family members or hired caregivers. Council on Aging (COA) and Hospice programs have caregiver support groups free to the public. Some COAs have outreach workers checking on patients. Also, some employers are willing to provide caregivers latitude and time off;

- **Independent Living** – offers residents an environment that fosters self-direction and independence. Transportation to doctors, shopping areas and local destinations are usually provided;
- **Assisted Living** – provides residents the personal care they need in an environment that usually feels more institutional than an independent living community;
- **Skilled Nursing Facilities** – are supervised by a registered nurse around the clock. Additionally, a skilled facility may have some rooms allocated to lower care levels; and
- **Continuing Care Retirement Communities (CCRCs)** – combine independent living, assisted living and skilled nursing facilities in a single building or community setting. Assisted Living and Skilled Nursing Facilities may also be totally independent of each other. Sometimes the CCRC is set up so that residents can move from one level of care to another as their needs warrant.

## Who Pays for Caregiver Services?

**Long term care insurance or universal life policies with riders** – may cover skilled nursing facilities, home health care, adult day care services and assisted living facilities. Hospice care, offers payments to in-home family caregivers, though the insurance must include in-home/homecare services coverage. **Self-pay** is also a payment option for more affluent seniors. Seniors bear most of the responsibility for LTC.

**Medicare insurance** – generally, Medicare does not pay for long term care used to describe non-skilled personal care. It does pay for medically-necessary skilled care (i.e., registered or licensed nurse), which is usually available for a short time after hospitalization, per a doctor's written plan. Medicare also severely restricts coverage to only those individuals who are "homebound" (e.g., in a wheelchair).

If a patient is "admitted" to a hospital for 3 consecutive days and referred to a certified Skilled Nursing Facility, Medicare will pay up to 100 days of care.

If you choose a Medicare-certified hospice organization to provide your hospice care, the costs will be paid by the Hospice Medicare Benefit.

**Medicaid** – is an insurance program for low income seniors, pays for non-medical home care, home health care and other in-home support to help the elderly remain living in their homes, although rules are state specific. Medicaid will also pay for Skilled Nursing Facilities for low income seniors who comprise about 80% of nursing home residents which creates a \$35/day/patient short fall in revenue – a burden for payers.

**Trusted Advisor(s)** - The PPC recommends that you consult with your trusted advisor(s) on appropriate Caregiver services and costs.

## St. Christopher's

### Personal Planning Committee

Formed to provide education about personal planning and referrals to qualified professionals in fields of legal, financial and health planning, the Committee works to encourage parishioners to develop and keep updated their personal health, financial and asset or estate plans. We encourage discussions within families.



We manage the Cloister Society and celebrate those who have made or planned gifts to St. Christopher's, unless they choose to remain anonymous.

We will be long-term stewards of St. Christopher's, cooperating to build the church's Endowment.

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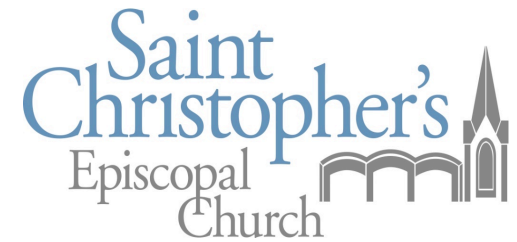
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