



Missouri Catholic Conference

# The Messenger

*The Bishops of Missouri, speaking together on matters of public policy, form the Missouri Catholic Conference.*

April 2014

## Who Will Care For The Elderly When They Can No Longer Care For Themselves?

*"So we do not lose heart. Though our outer self is wasting away, our inner self is being renewed day by day." 2 Corinthians 4:16*

By: Nikki Pursley

Aging is the natural progression of life, and it's not something that people should have to face alone. As people age questions arise, many of which can go unanswered. The most common question asked is who will care for me when I can no longer care for myself and how will I afford it? This question become pressing as people grow older and need assistance with day-to-day living. Tasks that were once easy become daunting. A small task once taken for granted becomes a heavy burden.

Uncertainty about what to do in the face of weakening physical powers and ability to cope with life can create intense anxiety for the elderly. Fortunately, there are a number of services available, many of them funded through Medicare and Medicaid. While there are often individual circumstances that prevent the ideal continuum of care, seniors can transition easily to programs providing additional care while maintaining their independence for as long as possible.

Services and programs are extremely important for aging persons, but the support and love of a family is crucial. "If the elderly are in the situations where they experience suffering and dependence, not only do they need health care services and appropriate assistance, but—and above all—they need to be treated with love," (*Compendium of the Social Doctrine of the Church* 223). It is imperative to be involved in the health care process and be an advocate for your elderly family member's health, dignity, and life. Visiting a parent or grandparent in the nursing home on a regular basis can improve their health and their state of mind.

The ideal continuum usually begins with in-home care and transitions into more assisted living situations, such as independent senior living, assisted living, or skilled nursing based upon an individuals needs. If necessary, the end of life the continuum may require hospice. In this *Messenger*, the MCC explores some of these options.

### Home Care

*"Love is also expressed in the generous attention shown to the elderly who live in families: their presence can take on great value,"* (*Compendium of the Social Doctrine of the Church* 222).

Home Care can include a wide array of services designed to keep seniors independent for as long as possible. There are different home care options that are covered by both Medicare and Medicaid and can also be paid for privately. The main goal of all home care is to keep seniors in their home and receive care where it is comfortable for them. This can allow for seniors to be part of their community and a part of their family longer.



### Home Health

Home health is the largest part of the home care industry; much of it is funded by Medicare Part A. Home health can be beneficial because it allows for elderly persons to receive treatments in their home. Home health care can include therapy services, as well as nursing services. Services offered include: nursing, physical therapy, occupational therapy, speech therapy, medical social services, home health aide—personal care. Home health only provides necessary health care services; for example, an elderly person who goes in for a surgery and recovers, except for an incision that is not healing correctly. Rather than keep the patient in the hospital, a doctor can send them home and order home health care, in which a nurse goes to the home and performs the necessary services until the patient is healed.

There are guidelines that a patient must meet before receiving home health care: a physician must designate that it is necessary for the patient to receive home health care; the person must be homebound; and it has to be on an intermittent basis. Being homebound does not mean that the person cannot leave their home for any reason; it just means that it is a taxing effort for them to leave. These services are provided on a short-term basis.

### In-Home Services

There are also in-home services, which are funded mostly by Medicaid. While there is a smaller population that qualifies, Medicaid does insure 1 out of every 11 seniors. In order to qualify for Medicaid funded in home services a person must be evaluated. This assessment examines their ability to perform daily living tasks. There are 9 areas of living evaluated, each on a 9-point scale; 0 being "can do independently"; 9 being "can't do at all alone."

Continued >>

Once an individual reaches 21 points they qualify to utilize both in-home services and assisted living facilities—and they can decide which option works better for them.

When in-home services are chosen, the state will provide the individual with a list of qualified home health care providers that they can choose from. This is widely accessible through providers in counties throughout the state of Missouri. After an individual decides what kind of care they want, and who they want it through, a licensed health care provider makes a determination of what kind of assistance the individual needs. This can range from a homemaker who comes into the home for a few hours each night to make dinner, to a personal care provider who cares for the individual's personal hygiene. Many times these services are looked at from the outside as unnecessary and sometimes even called a waste of state funding; but when looked at from the perspective of an individual that cannot perform these daily tasks that are necessary to live, it can be a matter of life and death.

### Respite Care

Respite care offers temporary care for the elderly by non-family members thereby providing “respite” to family caregivers. Respite care can be provided at the home, at a senior daycare center, or through residential programs. Medicaid covers this service and private-pay is also an option. Instead of having to place a mother, father, wife, or husband into a more permanent assisted living facility, this offers another option often not thought about by family members.

A husband caring for his wife with Alzheimer's, for example, cannot leave her unattended for fear she will wander, or injure herself. People in these situations need relief, a break where they can get out of the house on their own and do something for themselves; whether its playing golf, having coffee with friends, or something as simple as going to the grocery store. Respite care offers this solution, and a lot of people don't realize that they qualify. The state will conduct an assessment and decide whether the caregiver needs to get out of the house 2-3 days a week; during this time a professional caregiver will come into the home and take over, or the services can be received through an adult daycare program.

### Adult Day Programs

Another service that is covered by Medicaid is adult daycare programs. These are very underutilized in Missouri—partly due to the fact that access is limited in rural areas, with these centers more often found in larger cities. In St. Louis, Cardinal Ritter Senior Services provides adult day programs. Adult Day services provide a place seniors can be during the day where they will build community, be stimulated and motivated, and often improve their functional levels. At an Adult Day program, the adult is dropped off in the morning and picked up in the evening. These facilities have professional nurses that can distribute medicine, and monitor health care. Often they will also provide personal care assistance to take

## How Can I Find Out About Elderly Services?

Family and friends need to be an advocate for the health of the elderly people in their lives. Finding different services offered for the elderly can be extremely helpful, as well as researching the reputations of programs and nursing homes. Begin by inquiring with friends or other family members who have experienced aiding an elderly person through this type of situation. The best information is often received from trusted people that have gone through a similar experience. In addition to inquiring from friends and family members, information about programs and the quality of senior services can be found through programs and agencies that specifically cater to these situations.

- The Missouri Association of Area Agencies on Aging (MA4) provides information and advocacy to improve the lives of older Missourians, promoting the continued physical, social, and economic self-sufficiency of Missouri's seniors. There is an area agency available in every county across Missouri. MA4 is a very useful resource, with services ranging from aiding in searching for the right nursing home to helping seniors apply for Medicare and Medicaid. MA4 has a wealth of information and is dedicated to making the aging process as uncomplicated as possible. Contact MA4 by calling 417.862.0762 or visit their Web site at [MA4web.org](http://MA4web.org).

- The Missouri Department of Health and Senior Services (DHSS) is a resource that offers an abundance of information for seniors, spanning from state conducted reports on nursing homes and nursing home comparisons to information on virtually every state funded senior program in the state of Missouri. To contact the DHSS call 573.751.6400 or visit [health.mo.gov](http://health.mo.gov).

- Cardinal Ritter Senior Services (CRSS) provides an integrated continuum of quality housing, residential, healthcare and supportive social services for senior adults throughout the Archdiocese of St. Louis. The goal of CRSS is to provide options to seniors so they can be independent and have the highest quality of life possible. Visit their Web site at [cardinalritterseniorservices.org](http://cardinalritterseniorservices.org) for more information.

- Little Sisters of the Poor in Kansas City have dedicated their services to offering the neediest elderly a home in which every person is valued and their dignity is maintained. They offer independent living apartments for low-income seniors, assisted living and Medicaid certified skilled nursing care. For more information call 816.761.4744 or visit [littlesistersofthepoorkansascity.org](http://littlesistersofthepoorkansascity.org)

- In addition to Cardinal Ritter Senior Services and Little Sisters of the Poor, Catholic Charities across Missouri offer programs for the elderly in their communities. For more information, contact the office in your diocese:

- Catholic Charities of Northern and Central Missouri—573.632.0017 or [ccnmo.org](http://ccnmo.org)
- Catholic Charities of Southern Missouri—573.335.0134 or [ccsomo.org](http://ccsomo.org)
- Catholic Charities of Kansas City/St. Joseph—816.659.8259 or [catholiccharitiesksj.org](http://catholiccharitiesksj.org)

the burden off of the caregiver. This is a valuable option for an adult child taking care of his or her parent—it allows the parent to live with the adult child, but the adult child doesn't have to be responsible for the parent 100% of the time.



## Missouri's Elder Abuse and Neglect Hotline

Missouri's Elder Abuse and Neglect Hotline responds to reports of abuse, neglect, or financial exploitation. If you suspect someone is being abused, neglected or exploited, call the hotline at:

**800.392.0210**

## Nursing Homes

*Do not cast me off in the time of old age; forsake me not when my strength is spent. Psalms 71:9*

The term “nursing home” encompasses a wide variety of care depending upon a person's needs. In Missouri, there are 1,144 facilities that fall under the definition of a “nursing home.” There are 498 skilled nursing centers, 30 intermediate care facilities, 414 residential care facilities, 202 assisted living facilities, and 14 hospital based long-term care units. In approximately 500 of these facilities, Medicare and/or Medicaid are payers; for the other facilities, private pay is the main option. While Medicare is listed as a provider, it has very limited benefits for nursing home care. Most residents choose to private pay when they enter into a nursing home, and many run out of money due to the high costs. They then become Medicaid eligible. Medicaid pays for 61% of all nursing home care in the state of Missouri.

Often people go into a nursing home because they do not qualify for Medicaid home health coverage. This is unfortunate because many could stay in their home if more public funding through Medicaid and other programs were available. The Missouri Catholic Conference has advocated for better funding for in-home care so that people can stay at home longer and not exhaust all of their savings through nursing home care.

The Department of Health and Senior Services (DHSS) inspects state licensed residential care and assisted living facilities two times a year. These assessments are conducted unannounced and evaluate resident quality of care and quality of life. These inspections can make seniors and their families more comfortable with the idea of life in a nursing home. DHSS also investigates complaints about long-term care facilities and resident abuse or neglect.

## Senior Living

Independent senior living facilities are an option for seniors who are no longer comfortable living completely on their own, but want some services as well as the freedom to come and go according to their lifestyle. There are activities they can participate in, clubs they can join, and trips they can attend. These programs are designed so that seniors of all financial situations can remain independent. There are low-income options with federal and state programs as well as private pay options.

## Assisted Living

While there is not a “normal” progression of aging, many who have received home health care or lived in an independent senior living facility move next to an assisted living facility. Assisted living offers independent living with a little help. Movement into an assisted living facility can occur for many different reasons: a person has come out of the hospital and

needs more assistance than in-home care can provide; home health is not an option for whatever reason; or a person's family can no longer take care of their loved one. While these decisions can be very difficult to make, assisted living facilities can be a wonderful option for elderly persons. They can receive the care they need in a safe environment, and the family can feel at ease knowing their loved one is being cared for properly.

## Skilled Nursing Facilities

Skilled nursing facilities offer a much higher level of care than other options. A skilled nursing facility offers skilled nursing care and, in most cases, skilled rehabilitative services and other related health services. When a person can no longer care for themselves, or their needs have extended out of the reach of the family, these facilities can offer those services. Meeting resident's health needs, providing comfort, and giving a sense of security to the resident as well as the resident's family is the main goal of skilled nursing facilities. Medicare Part A will cover certain skilled nursing facilities under certain conditions for a limited time. For example, if your doctor has decided that you need daily skilled care given by, or under the direct supervision of, skilled nursing or rehabilitation staff. Medicaid also covers these services, if they are necessary to meet your health goal.

## Hospice Care

*How should one act in the face of death? The believer knows that his life is in the hands of God: “You, O Lord, hold my lot,” (Ps 16:5). (The Gospel of Life, John Paul II)*

Hospice is a program of care and support for people who are terminally ill. It provides services to make the patient as comfortable as he or she can possibly be, and it also provides support services for families, such as counseling. The goal is to ensure the person can die in dignity surrounded by loving family members and professional caregivers. Hospice care can be received at home, in a senior living facility, or a nursing home. Medicare covers hospice care; in order to qualify a doctor must certify that the person has 6 months or less to live and the person must sign a statement choosing hospice over other forms of care.

After a person joins hospice, the majority of their medical needs will be financially covered. In consultation with family members and the person's family physician, hospice workers set up a plan of care that best meets the patient's needs. A specially trained staff and team will be available at all times to care for the patient and their family. There are many different hospice programs available throughout the state, and the patient has the right to choose the provider that best suits their needs.

## Dignity and Reverence

*Old age is characterized by dignity and surrounded with reverence (cf. 2 Mac 6:23)*

Knowing that an elderly person will be treated with the respect and kindness they deserve as they transition through the healthcare continuum is vital. Family can play an important role in maintaining these standards. By surrounding the elderly with compassion and empathy, family and friends can make all the difference in the quality of an elderly person's life. Being surrounded by loved ones can ease the troubles that come along with growing older, often it's as simple as seeing the smile of a grandchild.

—Nikki Pursley is the Communications Specialist for the MCC

# Do You Have An Advanced Healthcare Directive?

*"Human life is sacred and inviolable at every stage and in every situation; it is an indivisible good." (Pope John Paul II Evangelium Vitae, 1995, No. 87)*

By: Tyler McClay

It is one of the first questions you are asked when you show up at the hospital for treatment. After being asked your name, address, social security number and whether you have insurance, you are asked if you have executed an advanced healthcare directive or a living will.

These documents are designed to direct your healthcare provider how to care for you in the event that you become incapacitated and are no longer able to make your own healthcare decisions. Sadly, most of us have not executed such a document, so it isn't available when we need it.

The time to prepare an advanced healthcare directive, such as a durable power of attorney for healthcare, is when you are healthy. This allows you to take the time to select a person that you trust to make healthcare decisions for you in the event you are unable to do so. This person can then tell your doctor what to do when a decision

about your care must be made and you aren't able, for whatever reason, to make the decision yourself.

There are many Church documents that provide guidance on how to ethically address healthcare issues, including those involving decisions made at the end of life. The Missouri Catholic Conference has prepared a resource for those interested in preparing a Durable Power of Attorney for Healthcare. It can be accessed online at [www.mocatholic.org](http://www.mocatholic.org), or by calling the MCC at 573-635-7239.

—Tyler McClay is the General Counsel for the MCC

## A Catholic Guide to End-of-Life Decisions for Individuals and Families

Missouri's Durable Power of Attorney for Health Care and Planning Tools



Missouri Catholic Conference  
MOCatholic.org

# This Little Light of Mine

By: Janel Luck

"This Little Light of Mine." It sounds like the children's song, but that's not what I mean. A few weeks ago, my friend's daughter sang this song as part of the children's choir, and I had to leave church rather quickly. That sweet song, sung by Reagan and her friends, got me a little choked up.

But what I'm talking about is a little lamp I bought for my father when he first went into the nursing home. I thought it would make his room more homey. But I'll admit, this little light of mine was a little selfish to begin with. I thought the light from the lamp would help me be able to read while I sat with my father as he tried to go to sleep. It turned out, the light's soft glow was not sufficient for that purpose. But for Daddy, it was just enough. You see, he was scared and didn't really know where he was in those first days. But the little lamp was just enough to comfort him.

Daddy worked hard in therapy and got well enough to go home. So I took the little lamp home with me. It sat on the table at the top of the stairs, its soft glow sometimes lighting the corner of the room, its purpose almost forgotten.

Daddy's summer recovery didn't last long, and by mid-November, he was back in the nursing home. So I took the little lamp back to



him. This time, he wanted the lamp on more frequently. Whereas before, I would turn out the light when he went to sleep, now, he wanted it on throughout the night.

Sometimes, other things would disrupt the lamp's glow. Too many things to plug into the socket would disrupt the burning of the lamp. So I brought in a power strip to prevent that. Soon, the lamp burned constantly. When I got to the nursing home early in the morning, the lamp would be turned on, the only light in the room, as Daddy slept. As the lamp was on constantly, I thought the bulb would surely burn out soon and I would have to replace it. But the light continued to burn, day and night.

The light from the lamp reminded me of Daddy. It was steady. You could count on it. It never flickered. It never went out. Like Daddy, it provided just a soft glow. Never enough to entirely light my way, but just enough to keep me from being scared while I found my

own path.

One morning as I went to see Daddy, the nurse came out of his room just as I got there. "He's gone," she said. I went into his room to see him one last time. I could see how peaceful he was, and that he wasn't going to be scared any more. And then I noticed, the lamp was off. I thought maybe someone had turned it off, but when I checked, that was not the case. The light had simply burned out.

This Little Light of Mine. I'm really going to miss him.

—Janel Luck is the Executive Director of Catholic Charities of Missouri