

Caregiving in the U.S.: Economic realities of caregiving in a capitalist society

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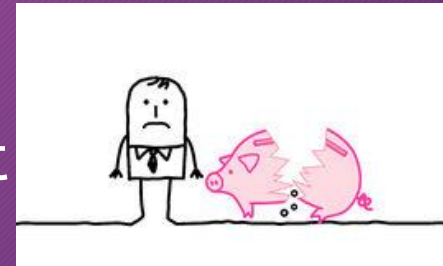
Options for caregiving in United States

- Adult Day Care Services: low cost (\$50/day)/limited hours & spaces
- Private home care: \$20-30/hour depending on type of care needed
 - If through an agency, typically a minimum of 4 hrs/day and 3 days per week
 - So, monthly minimum would be \$1200/month for minimum of care
- Board and care home: \$3500-5000/month
- Assisted Living: \$4000-6500/month (more for additional services)
- Private nursing home care: \$5-10,000/month depending on care
- Dementia care: \$8500-10,000/month
- LOW-INCOME - ONLY SKILLED NURSING CARE PAID BY GOVERNMENT



Care according to Class:

- The wealthy can buy whatever kind of care they want/need and have it provided wherever they want:
- The poor can be supported by government, though care is only at highest level and most expensive kind of care (SNF)
- The middle class are caught and need to “spend down” their funds until the care recipient qualifies for government services
 - This means some families have older persons come and live with them
 - Impacts work availability (cost of care vs. cost of lost income)
 - Impacts family relationships and dynamics



Medicare and Medicaid coverage of care



- No universal health care in the US
- Unique needs of the older population led to Medicare
- Today, almost all adults 65 years and older are covered through Medicare but focuses on acute care
- Medicare supplement policies now
- One in six qualify for Medicaid - low-income program.
- However, Medicare is neither free nor comprehensive, creating gaps in care when clients cannot find adequate services or pay for them.

- Medicare and Medicaid are extremely expensive, costing more than \$900 billion in 2010. These programs also require all but the poorest participants to share in the costs, and out-of-pocket expenses are growing.
- As in *every* country - the question is:
- *WHO PAYS FOR WHAT? AND HOW?*



- Health and long-term-care systems for older adults are fragmented and confusing. The consumer likely does not know what services are available, for which he or she is eligible, and who pays.
- Communication between service providers is often poor or none
- Case managers can help but cost.
- Family caregivers may lack adequate support.
- For older adults with disabilities and chronic illness, this complex system creates barriers to their ability to receive adequate and timely care.
- The Affordable Care Act offers some solutions such as improving care coordination through electronic medical records, covering preventive services for older adults and giving providers financial incentives to get care right the first time.



Options for home care in Affordable Care Act

- If you qualify for the home health benefit, Medicare covers the following types of care:
- Skilled nursing services and home health services provided up to seven days a week for no more than eight hours per day and 28 hours per week (Medicare can cover up to 35 hours in unusual cases).
- Medicare pays in full for skilled nursing care
- Medicare pays in full for a home health aide if you require skilled services. A home health aide provides personal care services including help with bathing, using the toilet, and dressing. If you ONLY require personal care, you do NOT qualify for the Medicare home care benefit.



- **Skilled therapy services.** Physical, speech and occupational therapy services that can only be performed safely by or under the supervision of a licensed therapist, and that are reasonable and necessary for treating your illness or injury.
- Medicare should pay for therapy services to maintain your condition and prevent you from getting worse as long as these services require the skill or supervision of a licensed therapist, regardless of your potential to improve.
- **Medical social services.** Medicare pays in full for services ordered by your doctor to help you with social and emotional concerns you have related to your illness.
- **Medical supplies.** Medicare pays in full for certain medical supplies provided by the Medicare-certified home health agency, such as wound dressings and catheters needed for your care.
- **Durable medical equipment.** Medicare pays 80 percent of its approved amount for certain pieces of medical equipment, such as a wheelchair
*If you only need occupational therapy, you will not qualify for the Medicare home health benefit. However, if you qualify for Medicare coverage of home health care on another basis, you can also get occupational therapy.



Personal Example

- Care for my 91-year-old father with dementia and non-symptomatic bone cancer in my home
- Care for my 91-year-old mother with memory loss, mild stroke, major anxiety and depression living 5 minutes away
- Physical care
- Emotional care
- Spiritual care
- Financial care



Conclusion and remaining questions



- What can the United States learn from other countries about how to care for seniors with a multitude of needs *without* placing undue burden on the family?
- Where will the U.S. move towards in the next 25-50 years as our population, like many, continues to age and who, like many other older persons, want to stay at home - toward more social support networks and services OR toward increasing reliance on nuclear family and civil society to support seniors?
- What is our cultural value around giving older persons the chance to live with dignity and respect as long as they want? We speak of values of independence and self-sufficiency but don't have the social structure to actually allow that in late life.