

The Consequences of Extended Care

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“We became intimately acquainted with the meaning of Extended Care when mother came to live with us during her early 80’s. Until then, she had lived independently in another state. Dad had died unexpectedly 12 years earlier.

Mom was lonely but tried to adjust to dad’s passing by helping others. She enjoyed driving older, and more frail, friends to the grocery store or to the mall so they could do their shopping. But, as the years passed, we started getting unsettling reports. After taking one friend shopping at the mall one day, mom couldn’t remember where she had parked the car, or what it looked like. She and her friend looked for it for two hours before someone noticed and asked to help them.

We realized we had to do something when mother was seen driving hurriedly down a one way street in the wrong direction. We had to admit that mother was showing signs of dementia. There was no plan for her to “move in” with us. It just became necessary, very suddenly.

Initially we thought that extended care was all about mother. We moved her furniture into a room we prepared for her in our home. We involved her in most of our family activities. My wife usually took her along when she went shopping or on errands. The adjustment wasn’t as hard as we thought it might be. But, gradually changes on our part were required.

As months went by, the effects of mom’s dementia became more and more apparent. She asked the same questions over and over again. She needed help dressing, bathing, and sometimes toileting. She would occasionally turn the stove or oven on and forget it. Eventually, she couldn’t be left alone. Someone needed to be with her 24/7. The burden fell upon my wife more than on anyone else.

All too soon, we came to realize that when mother’s ability to care for herself became compromised, our lives changed dramatically.

My wife grew to love mother in a way she had never anticipated. Caring for someone can do that. But, caring wasn’t always easy. Mother moved at an ever slower. Sometimes she had accidents. The family took turns spelling my wife off, when we could. But often, caring for mother meant that we simply couldn’t do what we wanted or had previously planned to do. We came to realize that when mother’s ability to care for herself became compromised, our lives changed dramatically. Extended care is not as much about the person needing care as it is about how it changes the lives of the caregivers.

If asked, how long they expect to live, most of those approaching retirement will say they suspect it might be well into their 80’s, or beyond. When asked if they think they might become frail during that

time and need care, most concede that is a real possibility. And it is. We are living longer, but with some frailties and impairments that require care.

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The first caregiver is often the spouse of the person needing care. Unfortunately, providing care to a chronically ill person often makes the healthy caregiver chronically ill. The cost of providing care is physical, financial, and personal. The personal cost is usually borne by the caregivers, not so much by the person who needs care.

In many cases, the physical requirements of providing care become more than the family caregiver can provide. I remember the day I came home from work and my wife told me I could either have a wife in our home or my mother in our home, but no longer both. The burden had become too heavy. A change was needed.

When additional help is needed, there is a financial cost. Home Care and/or Home Health Care aids can come into the home on a part- or full-time basis and assist with bathing, dressing, and other activities. Such help can and does cost thousands of dollars a month. In our case, mother needed 24/7 supervision and moving her to an assisted living center was the right decision. The financial cost was significant, but mother had purchased a long-term-care insurance policy years earlier. It, and her Social Security, mostly covered the cost of her extended care.

There are seven options to which families look in order to handle the cost and consequences of extended Care.

1. Spouse and/or Family
2. Self-funding
3. Medicare
4. Medicaid
5. Veteran's benefits
6. Insurance
7. Estate Planning

Although these options exist, they have limitations and not all available to, or understood by, everyone. Most people are surprised to learn that Medicare only provides for short term assistance, and only when someone is progressing toward a self-supported life again. It does not provide any benefits for Long Term Care. Veteran's benefits and Medicaid are highly restricted and carry conditions that do not work for many. None-the-less, they are options and should be explored.

Because most people fail to plan for the possibility of extended care, the default options become Spouse and/or Family care and expenses are covered by Self-funding. Without looking ahead and planning, however, families don't realize what the costs are and how much money can be required over a long period of time.

Every retirement plan should address the personal, financial, and physical consequences of growing older and more frail. The earlier people plan, the better the solutions will be. Working with a financial advisor with a Certification in Long Term Care saves money and grief in the long run.