



Engaging Aging

Making Decisions about Senior Care

by Sister Hertha Longo, CSA

Providing care for senior members is one of the most challenging issues facing religious institutes today. In addition to being emotionally charged, decisions regarding care of senior members are very complex. How do we foster community life? How will we afford the care? How can we assure quality? Is our motherhouse the best place to provide care for our senior members in the future?

It may be possible and cost-effective to provide services for members needing minimal assistance in an institute-owned facility such as a motherhouse if the space is already adequately configured for senior living. Typically these members need basic services such as meal preparation, housekeeping, transportation, and help with making medical appointments. The overall investment in building renovation costs and personnel is minimal. Home health care services may be appropriate.

Once senior members become very frail and need assistance with more than two or three activities of daily living, the motherhouse may no longer provide a suitable, safe living environment. Along with increased frailty comes the need for personal care, medication oversight, and monitoring of medical conditions which typically translates to 24/7 nursing assistance. In order to provide quality care, there is often the need to hire activity, pastoral care, and other support personnel. Many institutes have found that they are unable to provide in-house care for members with dementia. When frail elders need continuous nursing oversight and have complex physical, medical, and memory care needs, it may be in the best interest of both the

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“Advent... is an invitation to understand that the individual events of the day are hints that God is giving us, signs of the attention he has for each one of us.”

Pope Benedict XVI

Sister Hertha Longo, CSA

Hertha Longo, CSA, has served as General Treasurer of the Congregation of Sisters of St. Agnes, Fond du Lac, WI, since 1992. Previously, she ministered as a nurse in both acute care and home health settings, and as an assistant professor of business and economics at Marian University. Sister Hertha holds numerous

degrees, including a Masters and a Doctorate in Economics from the University of Notre Dame. Sr. Hertha participated on the task force that developed the TRENDS forecasting model and is actively involved with the model as a trainer and consultant. Sister is a consultant for NRRO.



Making Decisions about Senior Care, continued

member and the institute to provide nursing care in a non-owned assisted living or skilled care facility rather than maintain a relatively small and costly in-house eldercare unit.

There are also the issues of future utilization and financing to consider. The majority of institutes that have done demographic projections have found that they will not have enough frail members in the future to operate a financially efficient in-house skilled nursing care unit (60 beds) or to make it practical to certify an in-house skilled nursing care unit for third-party reimbursement.

Points to Consider

The challenge then becomes how to evaluate the quality of a potential nursing care facility for senior members. Here are a few tips drawn from the site www.medicare.gov/NHCompare.

- Understand the ownership structure. Is the facility part of a chain, a health care system, or is it a stand-alone corporation? How stable is the ownership structure? How long have the administrators and nursing leaders served at the facility?
- Take a tour. What is the room configuration for skilled care and assisted living? Does the facility give the impression of openness and lightness? Is there a safe and easily accessible outdoor area? Are there rooms for visiting as well as interesting nooks? Is the facility easily navigable?



Medical Missionary Sisters sharing their Christmas dinner at Shalom Unit, Philadelphia, Pennsylvania

Sister Genevieve Shea (left) and Sister Mary Ambrose Wack (right), Sisters of the Living Word



- Explore the services provided. Does the facility offer a continuum of care (skilled care, assisted care, residential/supportive care, memory care)? What are the criteria for moving residents between the various levels of care? Does the facility offer rehabilitation services? Are there opportunities for pastoral care, Mass, and the sacraments?
- Check out service integration. Do residents receive preventative care (e.g., flu shots, dental care, vision, and hearing services)? Can residents continue to see their regular doctor? How is transportation to doctor appointments arranged? Does the facility have an arrangement with a nearby hospital for emergencies?
- Check up on the feds. Did the facility have any deficiencies on their last state inspection and if so have they been corrected? (A note from NRRO: one site offering inspection data is <http://www.medicare.gov/NursingHomeCompare/>)
- Do a quality check. Is the facility clean and well-kept? What is the resident-to-staff ratio on each shift? How many residents are assigned to an aide during the day shift? Are the residents out of bed, dressed, and well-groomed? Are residents sitting idle in wheelchairs around the nurses' desk? Are the residents alert? Has the facility adopted a person-centered care philosophy and how do they implement it? Are there regular care planning conferences with the resident and family? How is the privacy of residents assured?
- Inquire about the extra-curricular activities. Talk with the activities director and ask to review the

Making Decisions about Senior Care, continued

calendar of events. Are there activities for residents who cannot leave their rooms without assistance? Is there a combination of group and one-on-one activities?

- Do the finances. Is the skilled care facility Medicaid certified? Are there Medicaid beds available for members of the institute or is there the expectation that the religious would be private pay residents? Is there a Medicaid assisted living waiver program available to help with the financing of assisted living care? What is the cost of memory care? Does the memory care unit have any type of certification that would assist with the costs?
- Apply the “mom test”. Would I choose this facility for my own mother (or father) if she/he needed eldercare services?

Whether an institute decides to maintain an in-house

infirmary, collaborate with another institute for eldercare, or provide care for their senior members in a non-owned facility, institutes are well-advised to adopt a nimble model of care that is able to respond to improvements in modes of eldercare service delivery as well as changes in long-term care financing regulations.



Chapel for friars living at Felician Village, Manitowoc, Wisconsin

From the staff of the National Religious Retirement Office



May God bless you abundantly in the holy seasons of Advent and Christmas. May your hearts be filled with grace and peace.

From left to right: **Monica Glover; Henry Sammon, FMS, JCL; Robert Metzger, SM; Tiffany Lezama; Janice Bader, CPPS**

Creative Solutions to the Challenges of Care

Congregation of Notre Dame, United States Province

In 2004, the United States Province of the Congregation of Notre Dame had reached a point of being unable to provide assisted living care for our members in our Provincial House in Ridgefield, CT. State requirements for Medicare and Medicaid had made it unfeasible. Our sisters needing skilled care were living at Lourdes Health Care Center managed by the School Sisters of Notre Dame in Wilton, CT. We still use that facility for those sisters requiring such extensive care. But then, our pressing need was for assisted living services.

Our numbers were too small (about 21 sisters) to consider a building just for ourselves. We did extensive research to see if it was feasible to pursue merging facilities with other religious communities in the New York, Connecticut area, but were unsuccessful. However, we did find a private facility, Andrus on Hudson in Hastings-on-Hudson, New York, that would accept Medicare and Medicaid for assisted living.

The facility was visited by the Leadership Team, the sisters involved in the move, and the local leadership of the retirement house. We discovered that each sister would have a private bedroom and bath along with a beautiful view of the Hudson River. Its location seemed ideal; close to a hospital and to some of our sisters on mission. With everyone in agreement that it held possibilities, the decision was made to move.

Andrus on Hudson, Hastings-on-Hudson, NY.



Arrangements were made for the space to include a chapel where daily Mass could be celebrated, a community room and offices for the two sisters who would accompany our retired sisters. While the total cost for the care of the sisters would be covered by Medicare/Medicaid, we were responsible for the full cost of the rooms we were using for offices and community space.

The sisters were well prepared by our chaplain and leadership. They viewed the move as a new mission where they could minister by their presence with the 300 other residents in the facility.

Andrus on Hudson has become a source of new life for us. Our daily Mass draws staff, other residents and their families. Sisters are happy, involved, and well cared for. Of final note, since our original move, five religious communities now live in Andrus on Hudson.

Contributed by Sister Patricia McCarthy, CND Province Leader, Wilton, CT

Franciscan Province of the Sacred Heart, Order of Friars Minor

Like so many other religious communities in the United States, the Franciscan Province of the Sacred Heart has grown in its understanding of what it means to offer its members quality healthcare. That increased awareness has led to a series of decisions over the years.

In 1968, our infirmary was moved from the Theologate in Teutopolis, IL, to St. Paschal's Friary, our Novitiate in Oakbrook, IL. Those friars needing skilled care were provided for at St. Mary's Hospital in Manitowoc, WI. In the early 1990's, the Province determined our elder and infirm friars would be even better served by people who had professional training in the administration of health care facilities. We closed the infirmary at St. Paschal's Friary and

Creative Solutions to the Challenges of Care, continued



Blessed Giles Friary in Felician Village, Manitowoc, WI

moved residents requiring assisted and skilled care to a facility serving the general public, the Villas of Sherman, IL. We also accessed acute care services at Loretto Home in the Motherhouse of the Hospital Sisters of St. Francis in Springfield, IL. For the next twenty years, our friars were well loved and cared for.

In 2012, with the assistance of NRRO consultants, we once again identified values which are important to members of our Province and how best to implement them in providing healthcare for our elder and infirm friars. The discussions led to a decision to return our elders to Manitowoc, WI, where they would be able to access the full continuum of care at Felician Village.

Felician Village is a retirement facility sponsored by the Felician Sisters. The Franciscan charism so dear to our friars and shared by the Felician Sisters is evident in their philosophy of health care. Even the design of the buildings and the art facilitate a spirit we appreciate. Felician Village is not only a hospitable home for the friars of the Sacred Heart Province, it is an opportunity for them to receive good quality healthcare at prices the Province can afford.

As could and should have been expected, not all of the surprises associated with this transition were happy ones, but the administration and staff of Felician Village have been very helpful in addressing the concerns

that have arisen since the arrival of the friars. Everyone continues to believe that this move was a good one, and that's especially the case with the friars who now live at Felician Village.

*Contributed by Father William Spencer, OFM
Provincial Minister, St. Louis, MO*

Ursuline Sisters of Cleveland

What calls us to open our hearts and minds to new avenues of care? How do we make these important decisions as we face the difficulty of caring for our sisters in space not conducive to specialty needs? How can we help each other in these decisions or in the actual provision of care?

The Ursuline Sisters of Cleveland operate St. Angela Center (SAC), a licensed facility for the care of their elder sisters. The challenge of the license is that it is restricted by the state of Ohio for care of religious only. Having 44 licensed beds presents its own set of blessings and challenges. With the license, Medicaid reimbursement becomes available to the Congregation, as well as Medicare reimbursement for short-term skilled care. Yet, if the beds are not filled there is no reimbursement and money goes to the state for bed taxes and for the expenses of running the facility. How were we to deal with this dilemma?

We were also aware that some religious communities do not have the necessary resources for providing more complicated health care. We began to wonder: How can we help each other?



St. Angela Center, Cleveland, OH

Creative Solutions to the Challenges of Care, continued

In 2008, Sister Angelita Zawada, then President of the Congregation, sent letters to communities of religious women in the greater Cleveland area, offering SAC as a site for skilled and long term care for their sisters. Since that time, we have received a few sisters from other communities for both short and long term residential care.

The community for whom we have provided the most care over the past two years is Carmel of the Holy Family, a Discalced Carmelite community in Cleveland. Currently, two Carmelite Sisters are permanent residents, both needing skilled care that could not be provided at the monastery. Short term skilled care has also been provided to the Carmelite community as needed. Regardless of the length of stay, these sisters participate fully in the SAC community of care

Upon admission, they are interviewed by staff, including pastoral care, to determine any specific needs. They are invited to all activities and are able to view through the closed circuit television any speakers the Ursuline community has engaged. Special care and attention are given to them on their community feasts. In addition to regular visits from the prioress, the entire Carmelite community comes to celebrate. We provide a room where the sisters lunch, have their cake and visit. This past October, four Carmelites were in SAC for their community feast. Provision was made for all of them to get to the dining room and share a meal at the same table.

As Ursulines, we have been gifted with the presence of the Carmelite sisters. In striving to meet the health care needs of our respective communities, we share the richness of community and prayer life as we journey together into the future.

*Contributed by Sister Kathleen Flanagan, OSU
Councilor, Cleveland, OH*

From the Editor's Desk Sister Sherryl White, CSJ, Ph.D.



I love the walk to my car every evening after work. My office is in our Motherhouse and, because it's usually late by the time I leave, the hallways are darkened and empty. In the hushed night, there is a sense that all is well. Another day is done.

And then it comes; a deep feeling that this is my home. Our Motherhouse, thousands of square feet situated along the banks of the Ohio River, houses a public nursing care facility, a charter school, congregational offices, low income apartments, assisted living wings and housing for our members. It can be blazing hot one minute and chilled with drafts another. Visitors need to be escorted from the front entrance, not so much for reasons of security as for the impossible maze of hallways. Still, it's home and I love it. Just as, I'm certain, you do yours.

Call it sentimentality if you prefer, but place, "*habitat*," and our way of being in it, "*habitus*," mutually influence each other. Over the course of generations, these often outdated buildings have come to assume mythic proportions through the memories and meaning created by generations of members. This is why it is so very important that we take up the challenging conversations about the places we call home. Unalterable shifts in demographics hold change for us all. How can we tend *habitat* and *habitus*, place and being? What are the invitations before us as we envision a viable future for all our members?

In these holy seasons of Advent and Christmas, perhaps the humble beginnings of Jesus invite us into new considerations about home. May our hope for the future be blessed with courage. Christmas blessings to all that all will be well!

From the Offices of NRRO, Brother Robert Metzger, SM Associate Director for Planning and Education



As I write this article it is a week before the national collection for the Retirement Fund for Religious. This year marks the 25th anniversary of the collection and it continues to be extremely successful. This success is due to the generosity of the donors and the dedicated work of the religious sisters, brothers and priests whom this collection assists. This year's collection should bring the 25 year total close to \$700 million.

While this sounds like a large amount of money, and it is, it does not come close to covering the unfunded amount of retirement plans for all religious institutes in this country. The unfunded amount is more than \$12 billion and rising each year. The distribution of the annual collection comes to less than \$1,000 per religious age 70 and older. This is why the theme of this issue of Engaging Aging is very important.

The subject of this issue is collaboration among religious institutes in the care of our elder members. Very few religious institutes are large enough or have sufficient financial stability in order to operate their own care facility. The National Religious Retirement Office is a strong advocate of collaboration in the care of elder religious. Please contact our office if you would like further information on collaboration in the care of your members.

We ask you to please join the staff of NRRO as we give thanks this Christmas, and throughout the year, for the generosity of our many friends. We pray for all of you that the birth of the Christ Child will bring peace and joy to your life and our world throughout the new year.

Calendar

January 2013

2 Direct Care Assistance applications mailed

February 2013

1-3 NRRO Planning and Implementation Workshop; San Antonio, TX

12 NRRO webinar co-sponsored with the Avila Institute of Gerontology

March 2013

20-21 NRRO Workshop, Through Grief to New Life: A Spirituality for Meeting God in Transition Times; Irvine, CA

April 2013

1 Direct Care Assistance applications due

16-18 NRRO Planning and Implementation Workshop; Dayton, OH

May 2013

14 NRRO webinar co-sponsored with the Avila Institute of Gerontology

Announcements and Reminders

Help NRRO Go Green

If you are not already receiving this newsletter electronically and would like to do so, please contact us at retirement@uscgb.org to have your e-mail address added to our distribution list.

Help Us Keep in Touch with You

Please send changes in address, phone, E-mail or congregational leadership to NRRO, c/o Tiffany Lezama (tlezama@uscgb.org), so that we may keep our records and mailing lists updated.



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The National Religious Retirement Office coordinates the national collection for the Retirement Fund for Religious and distributes these funds to eligible religious institutes for their retirement needs. Our mission is to support, educate, and assist religious institutes in the U.S. to embrace their current retirement reality and to plan for the future.

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