Taking care of a loved one can stir up some complicated emotions. You may have great days when you feel a deep sense of fulfillment and connection. And hard days, filled with guilt, grief, or anger. You might even have conflicting feelings, like love and resentment, at the same time. It can be challenging, and if you do not pay attention, it will wear you down.

Many people experience these challenging feelings, at least sometimes. And these emotions can show up in different ways, day to day.

**Anger and resentment.** From being unappreciated to feeling trapped, caregiving stress can set off your anger. You might lose your temper or blurt out something that you normally would not.

**Fear and anxiety.** You may have a long list of concerns: “What if I’m not around when something goes wrong? What if I make a mistake?” Anxiety happens when we feel out of control. It is also a warning to pay attention and tend to your own needs.

**Grief.** People usually think of grief when someone dies, but it is really about loss. When a loved one gets sick, it changes this person you know so well, which affects your relationship, too. That is a loss.

**Guilt.** This is very familiar for many caregivers: Guilt that you are not doing enough, that you should be better at it, that you just want it to end. It is a swamp you could sink in, but that does not help you or your loved one.

**Sadness and depression.** Every day, you confront loss and change. Sadness is bound to pop up. If sadness and depression won’t let go and you think you might be depressed, get help right away.

Remember, tending to yourself means you will be a better caregiver. It is not selfish. It is a smart investment in yourself and your loved one. When you reframe caregiving to focus on the upsides, it helps avoid burnout and depression.

Read the full article at Caregiving Emotions: How to Recognize and Manage Your Feelings (webmd.com) regarding what you can do with those emotions and how to manage your feelings.
Does Medicare provide coverage for caregivers?

Original Medicare covers certain types of caregivers. Rules apply depending on the kind of care a person receives and the services a caregiver provides.

Medicare is a federal health insurance program for those aged 65 and over and those under 65 who have specific health conditions.

A person must meet certain eligibility rules to get home care services, and sometimes, extra costs may apply that Medicare does not cover.

Different types of caregivers

There are different types of in-home caregivers. Some help with nonmedical personal care, while others offer medical services.

Common types of caregivers include:

- **companion services**: offering fun activities, supervision, or company
- **personal care services**: assisting with personal care, including exercise, eating, dressing, and more
- **homemaker services**: helping with housekeeping, meals, shopping, and transportation
- **skilled care**: often licensed healthcare professionals who help with wound care, physical therapy, or medicine

Does Medicare cover caregivers?

Services provided by caregivers could be covered by Medicare if:

- a person is under the care of a doctor
- a doctor has certified a person as homebound
- the care delivered is through a written plan that is regularly reviewed by the doctor

Which services are covered?

A person must usually have Medicare parts A and B to be eligible for home care. Some of the services covered by Medicare include:

- part-time skilled nursing care
- physical therapy
- occupational therapy
- speech and language therapy
part-time home health aide services

Private insurance companies administer Medicare Advantage (Part C) plans. Sometimes these plans will cover extra services, such as transportation to medical appointments and adult daycare.

Although Medicare stipulates that a person must be homebound, they may leave home for short periods to attend doctor visits, or for nonmedical reasons, including religious services.

Medicare does not pay for:
- 24-hour care at home
- meal delivery
- homemaker services when this is the only service needed
- supervision, or personal care, when this is the only service required

Are medical supplies covered?
Medicare Part B covers durable medical equipment (DME), but it does not include items such as bandages and medical tape.

Medicare covers medically necessary DME when supported by a doctor’s letter. Equipment may include:
- blood sugar monitor and test strips
- canes, crutches, scooters, walkers, and wheelchairs
- commode chairs
- hospital beds
- nebulizers and medications
- oxygen equipment

To qualify as DME, an item must:
- be able to withstand steady use
- be needed for a medical reason
- only be used by someone who is sick or injured
- be used in a person’s home
- be expected to last at least 3 years

A person may need to rent or buy the DME they need. Medicare only pays for DME supplied by companies enrolled with Medicare.

Suppliers not enrolled with Medicare can charge more for DME. A person is responsible for paying all costs over the Medicare-approved amount.

Medigap
Medicare supplement insurance (Medigap) plans helps to pay Medicare parts A and B copayments, coinsurance, and deductibles. Private insurance companies administer the plans.

Once a person’s costs reach this limit, the plan pays 100% of Part B services. This could lower the amount paid for caregivers.

Medicaid
People who qualify for Medicaid may be eligible for help paying costs not covered by Medicare.

Individuals qualify for Medicaid if they have limited resources and income, or if they have a disability.

Medicare Savings programs (MSP)
Medicare Savings programs are plans for those with limited resources.

How the plans work can be different from state-to-state, but all assist with paying monthly premiums.

Extra Help
Extra Help is available to those who qualify. This program helps to pay for the cost of prescription medication under Medicare Part D, including monthly premiums, coinsurance, and deductibles.

The level of coverage is based on a person’s income and resources.

Those who qualify for Medicaid, SSI, or one of the Medicare Savings programs automatically qualify for Extra Help.

Full Article: Can a Medicare plan pay for caregivers? (medicalnewstoday.com)
For many adult children, the time comes when you have to have a difficult conversation with your aging parents. Perhaps it is because the electricity got cut off because Mom or Dad forgot to pay the bill. Or maybe one of them had a car accident. Even a fender-bender can trigger one of those “you shouldn’t be driving anymore” talks. These commons signs may indicate that an older adult might need more help.

Yikes.

Having these conversations with our parents can be hard. Nobody enjoys the idea of confrontation.

These tips can help you avoid just that. Use these general strategies to ease those hard conversations and change them into productive meetings that leave everyone feeling heard.

**Ease Hard Conversations with These Tips**

1. **Prepare your mindset in advance.** Understand that it is highly unlikely you’ll able to avoid having a sensitive conversation with one or both of your parents. If you accept the idea that you’ll have to broach these subjects eventually, then you’ll have time to prepare how to open the conversation. In general, if you are over age 40 or your parents are over 70, then it is time to start talking about their future needs together.

2. **Avoid kneejerk reactions.** Don’t wait to talk until there’s an emergency, like a car accident or a broken hip from a fall. Instead, start early to gather information and observations about your parents’ home life: how safe it is, how well they’re functioning on an everyday basis, whether or not they can manage their health needs (such as talking insulin). Then plan a family meeting with them to discuss where they are at – and where they want to go.

3. **Start with a goal of maximum independence.** Many aging adults fear being sent to a nursing home or feeling forced to downsize into assisted living. Early in your
conversation, emphasize that your goal is to help your parents live at home for as long as possible – but you want them to be as safe as possible, too.

How to Start Very Sensitive Conversations with Your Parents

Certain topics trigger anxiety in both adult children and their parents: the “car keys” talk, the “how are your finances” chat. Use these tips to start conversations on the most difficult topics that arise between adult children and their aging parents.

1. The Car Keys Talk
   If you notice damage to your parents’ car, consider it an invitation to chat – but make it an information-gathering talk. Ask what happened to the car. Find out the facts involved. Perhaps your parents were the victim of an unsafe driver, not the other way around. Once you have the facts, be straightforward by saying something like, “I’m worried that eventually you will have to give up driving. Let’s make a plan for how to address that, in case it happens.”

2. The Your-House-is-a-Mess Talk
   A messy house can be a sign of many issues related to aging: loss of energy and stamina, loss of muscle tone, depression caused by loneliness. Again, start by telling them what you are seeing – and make clear you're not judging them but wanting to work toward a solution that benefits them. Offer your observations, such as, “Gee, when we kids were growing up, I never remember seeing dishes stacked in your sink, Mom. And, you know, after a lifetime of doing dishes, I think you deserve some help with that. Can we talk about this?”

3. The Money Talk
   Gulp. Many people do not discuss their personal finances with anyone else (aside from their spouse). But if you notice your parents are not eating out as often or have canceled trips to visit the grandchildren, then you might need to ask about their financial situation. If you are uncertain whether they are actually in trouble, you can start by making a general offer of help, such as, “I know you’re pretty private about money, but you know that if you ever ran into problems, I’d do what I could to help, right?” This gentle opener could swing the door open to a larger conversation about your parents’ overall financial situation who holds power of attorney, and other important issues.

If you approach these difficult conversations from non-judgmental, non-authoritarian point of view, you may find it easier to broach these sensitive topics and work in partnership with your parents to develop life plans that help them age well in the place they’re happiest: their own home.

Full Article: [Difficult Aging Conversations with Seniors | Home Instead](#)
FAMILY CAREGIVER SUPPORT GROUP
The Caregiver Support Group is a monthly group that offers a safe place to discuss the stresses, challenges, and rewards of providing care for an aging loved one. The meetings will be held virtually for the foreseeable future from noon to 1 p.m.

June’s session will be held on Thursday, June 17, 2021 from noon to 1 p.m. Please RSVP (stacey.l.bonner@vanderbilt.edu) for Zoom details by Wednesday, June 16.

LUNCHETIME SESSION
The Lunchtime Session is a monthly educational session to receive valuable information while providing care to your loved one.

This month, Attorney Chris Johnson, with Takacs McGinnis Elder Care Law will present Essential Legal Documents – The Documents Everyone Need.

Attorney Johnson will discuss Power of Attorney, Wills, and Healthcare decisions.

June’s lunchtime session will be held on Wednesday, June 16, 2021 from 2 p.m. to 3 p.m. Please RSVP (stacey.l.bonner@vanderbilt.edu) for Zoom details by Tuesday, June 15.

“You owe yourself the love that you so freely give to other people.”
-U Caregiver