

Province of Our Lady of Consolation

DIRECTORY OF POLICY AND PROCEDURES FOR HEALTH AND WELLNESS OF FRIARS



**The Commission on Health and Wellness
(formerly The Commission on Aging and Infirm Friars)**

2008

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Foreword

The Conventual Franciscans of the Province of Our Lady of Consolation form a community in response to God's call. A high priority of this community is the well-being and care of all its members, especially those who are infirm by reason of age, disability or illness.

In the summer of 1997, the Provincial Chapter voted to establish a Commission on Aging and Infirm Friars. In June of 2005, the Chapter revised the title of the commission to be the Commission on Health and Wellness. That Chapter also approved changes to article 36 of the Province Statutes. Article 36 now states:

36. To assist the Minister Provincial, the Commission on Health and Wellness will focus on the health and wellness of all members of the Province of OLC, Inc., and will advise the Minister Provincial especially to the manner and means of ministering to the physical, spiritual, emotional and financial needs of the aging and infirm friars.
 - A. The commission will develop, implement and monitor the use of appropriate tools such as health assessments, for each friar to use in the development of his health and wellness plan of action. This plan of action is developed in concert with the Health Care Professional (Physician etc.) and/or whoever is the primary care provider; such a plan should be shared in House Chapters with periodic updates as to compliance and success, or adjustments to the plan based on newly identified needs and health issues. Follow-ups are completed as needed for preventative episodic illnesses and perhaps chronic health care needs. The Province [Health] Care Manager animates that activity with the individual friar.
 - B. The Commission will advise the Minister Provincial regarding proposals for meeting the needs of the aging and infirm Friars.
 - C. Friars who are aging (over 65 and fully or partially retired) or infirm (unable to sustain gainful employment in a ministry) are encouraged to apply for available benefits through government programs for which he is eligible as a way of extending the financial resources of the Province (such benefits are 'entitlements' for all US citizens).
 - D. The Commission will work with the Friary Guardians to compile and periodically update a list of part-time ministries.
 - E. The Commission will provide information to all friars on various aspects of self-care, of the aging process, propose ways to cope with chronic infirmity, and reflect on how to prepare for those changes in their lives. To accomplish that task, the Commission will sponsor periodic workshops and study days based on the assessed need of the Friars in general.

- F. Should any Friar become infirm and require extended nursing care, the first preference is to try to maintain the Friar within the homelike environment of a Friary while providing the needed nursing assistance and medical supervision. If this arrangement no longer becomes feasible, then the Minister Provincial, in consultation with the Friar, the Guardian, the Province Health Care Manager, his health care provider, and his immediate family, will seek a nursing home for that Friar which:
- a. Is located within a short distance from where other friars are in residence, or
 - b. Is located within the same general geographic region, within close driving distance of the local Friary, or
 - c. Is close to the location of the Friar's family, or
 - d. Is in a locale where the Friar has ministered in the past.

As a means of providing information for the Province's philosophy, policies, and procedures for the long-term care of the aging and infirm friars, the Commission has compiled this Directory of Health Care Management. It describes procedures that have been operative in the Province in recent years and proposes policies to guide future practice regarding health care and related issues. Changes in government policy, insurance regulations, and advances in medical technology, are creating new and varied possibilities as well as added constraints regarding long-term health care.

The Province needs a comprehensive policy and enabling procedures to cope with changed and changing conditions. Individual friars have a responsibility to be aware of them as well. More specifically, the friars need to be informed about various aspects of the aging process, managed care, and ways to prepare for old age and chronic illness in their own lives and in the lives of our confreres.

**The Commission on Health and Wellness
2008**

Introduction

“The New Elderly”

Aging is a natural part of life. Old age offers an opportunity to affirm life in its entirety, but it is also a time of change affecting all dimensions of an individual’s place in society. The diminution of one’s physiological and mental capacities and the passing of life-long friends, confreres and family, limit one’s activities and relationships. For friars, it often means change in one’s ministry. Spiritually, it is a time of gradually “letting go,” and recognizing one’s greater dependence on others.

The Vatican Decree on Religious Life (*Vita Consecrata* - 1996) notes that caring for the elderly and sick has an important place in the fraternal life of religious communities, “especially at times like the present when . . . the percentage of elderly consecrated persons is increasing.” The decree continues,

The care and concern which these persons deserve arises not only from a clear obligation of charity and gratitude, but also from an awareness that their witness greatly serves the church and their own institutes, and that their mission continues to be worthwhile and meritorious even when for reasons of health or infirmity they have had to abandon their specific apostolate. The elderly and the sick have a great deal to give in wisdom and experience to the community, if only the community would remain close to them with concern and an ability to listen.

More than in any activity, the apostolate consists in the witness of one’s own complete dedication to the Lord’s saving will, a dedication nourished by the practice of prayer and of penance. The elderly are called in many ways to live out their vocation: by persevering {in} prayer, by patient acceptance of their condition and by their readiness to serve as spiritual directors, confessors or mentors in prayer. (n.44)

I. Health Care Management

As a fraternity, the friars of the Province of Our Lady of Consolation acknowledge the dignity of each member. We measure a friar’s worth by who he is and not in terms of what he is able to do – his “usefulness.” We respect the individual differences in the aging process, and we try to meet the needs and preferences of each friar, especially as the process accelerates with the passage of time. We see in old age a sign of God’s blessing, and we value the dignity of all life, including that of the chronically infirm and terminally ill.

The Health Care Management Program of the Province of Our Lady of Consolation has evolved gradually in response to the needs of individual friars. Seeking to support and nourish the aged and infirm friars at a critical time in their lives, it necessitates flexibility according to the desires, interests and preferences of each friar. The community is

concerned with the spiritual life and well being of the whole persons, and it calls on each friar, in so far as it is possible, to accept responsibility for and participate in decisions regarding his health.

The procedures outlined below provide guidelines about how this can be accomplished.

A. Successful Aging

“What is successful aging?” asks Harold D. Koenig of the Duke Medical Center in *Aging, Spirituality and Religion*. Dr. Koenig answers,

Successful aging is to be satisfied and fulfilled, to be loved and loving, to have hope, a sense of future. It is to be excited about life, to find meaning and purpose in everyday existence, freely to pursue one’s goals until the last moment (p.9).

And then Koenig adds, “An ideal, yes. Achievable, perhaps. A goal worth pursuing, absolutely.”

Research in recent years has dispelled many myths about aging: that to be old is to be sick; that the ability to learn atrophies with age; that genetics is the key to aging. Scientists have found that genetic factors account for only 30% of the physical aspects of aging, and for only 50% of change in mental functioning. Lifestyle plays a much greater role than previously thought. The older body does not lose its ability to respond to change. The findings of a major research project at Mount Sinai – New York University (NYU) Medical Center indicate that people are responsible as to how the aging process affects them and that they can do something about it. One indicator that they find that enables us to predict whether an older person will remain physically and mentally sharp into late life is his self-esteem.

The researchers asked elderly clients, “Do you feel you can have an influence on things that happen in your life?” Individuals who answered “yes,” were found to fare better intellectually and physically than those who answered, “no.” Where does one get this sense of control? In part from one’s support system; from friends, relatives, and people who say, “I’m here for you.” Such support seems especially crucial for males. It is a predictor of a man’s (and presumably) a friar’s physical functioning in later life.

Friars, therefore, who would age gracefully and happily, are urged:

- To develop patterns of healthy living (eating healthy, exercising regularly, getting sufficient rest, ceasing smoking, minimizing alcohol use) while still relatively young, so that lifestyle-related illnesses may be minimized.
- To scrutinize their lifestyles periodically throughout their lives, re-examine their eating habits, and evaluate the amount and kind of exercise they get.
- To schedule regular medical check-ups and testing.

- To develop hobbies and interests that engages their minds.
- To learn techniques that help them relax and deal with stress.

The Mount Sinai-NYU researchers find that there is more to successful aging than avoiding disease. One's overall activity is important. In sum, they report, "if you're not fully engaged in life and actively involved, physically, intellectually and socially, you're not aging successfully . . . You're at risk." (Taken from, "Aging Gracefully," in *AARP Bulletin*, September, 1998).

B. Types of Care

Health care, in particular, Long Term Care (LTC), faces an unprecedented level of uncertainty regarding the future, but one factor is universally acknowledged. Changes will be made, and are being made, to transform the approaches and means of providing LTC for the elderly and infirm.

It would be well to elaborate the stages that aging may take. While the stages may fluctuate from greater care needed to less care required and then back to more care needed, it is well to list them. Thus we can more clearly grasp the situation that we face.

There are several levels of care needs that can occur as a natural part of the aging process:

1. Independent Living / Disability Prevention
 - a. Friar is able to perform all activities of personal daily care
 - b. Friar seeks medical care as appropriate for disease prevention
 - c. Friar responsibly takes medications and follows all medical advice for health maintenance
 - d. Friar has all mental faculties or has only mild cognition impairment / mild memory loss

Friars who are at this care level can maintain all of their normal activities as part of the fraternal community. Guardians and other friars provide fraternal support and fellowship.

2. Aging in Place / In-Home Nursing Care / Assisted Living (AL)
 - a. Friar needs some assistance with Activities of Daily Living (ADLs):
 - i. Cognition
 - ii. Dressing
 - iii. Bathing
 - iv. Toileting
 - v. Feeding
 - vi. Mobility
 - b. Friar may need cueing to take medications appropriately
 - c. Friar may be isolated for hours at a time with no socialization due to decreased ability to minister or to decreased mobility

- d. Friar may have diminished cognition as evidenced by loss of memory, confusion, forgetting medications
- e. Friars with disease or illness issues may find it increasingly difficult to participate in communal prayer times or meal schedules
- f. Friar may have changing nutrition needs or eating patterns

Friars who are “Aging in Place” may begin to need assistance from the friars in their friary. Care needs are on a continuum, that is, the friar may need only minimal assistance or cueing, or the friar may experience a gradual decline which places more and more demand on the Guardian. Local guardians are encouraged to contact the Health Care Manager for assistance in obtaining appropriate support services for these friars.

Disability prevention. While disease prevention holds the promise of improved quality of life for many elderly, chronic illness and disability are for others the constant companion of old age. They drive the economics in LTC. The kind of advances in prevention, better treatment and disease management that contribute to the growth in the number of elderly and size of the population who are likely to need LTC in the future brings with it an increase in costs.

Home care. Home care is the preferred approach, but it is being threatened by the decline in the availability of friars able to help, brought about by the declining community membership and a work schedule which requires a greater personal time commitment on the part of the working friars. Informal care enhances the quality of life, and reduces the need for the services of health care agencies and professional caregivers. The best way to insure the continuance of home care is to develop some kind of partnership with these agencies.

Management and Delivery of LTC. The increased complexity involved in providing long-term health care has brought about a shift in terminology and emphasis. Professionals in the field prefer to speak of “care management” rather than “managed care.” Providers have already begun to coordinate care provided in the home, and insurance programs are fostering “care management” in order to control costs. The potential benefits, according to experts, will result in better quality care and more efficient and economical operations.

The Downside. The general agreement about the advantages of residential care has resulted in the rapid growth of home and community care programs. It is anticipated that this emphasis will result in strict control of nursing home beds. Smaller, more flexible and homelike Assisted Living facilities, already on the increase, cater to the disabled and elderly populations who fit the current nursing home profile.

Thus, in general terms LTC is available to the general public and to friars in three types of living arrangements:

1. **Independent living** for individuals who care for their personal and medical needs (e.g. taking prescribed medicines).

2. **Assisted living** is defined as care that serves to help with daily living activities such as getting in and out of bed, walking, bathing, dressing, feeding, using the toilet, bowel programs, preparation of special diets, and activities not requiring the intervention of skilled personnel.
3. **Skilled care** refers to service ordered by a physician that must be furnished by or under the direct supervision of licensed and trained persons to assure the safety of the patient and the desired medical results. Skilled care must be guided by accepted standards of medical practice, and effective treatment for a patient's condition.

C. Province Health Care Manager and Procedures

Because of the many and complex factors in long-term health care, the Province has come to rely on a Health Care Manager to gather information about the manner and means of best caring for our elderly and infirm confreres. In professional circles he/she would be known as a "care manager," one who is knowledgeable about agencies, facilities and policies connected with LTC. The Health Care Manager advises the Minister Provincial, local guardians, and the province at large as to available resources. When asked to do so, the Health Care Manager acts as a liaison informing the Minister Provincial of the particular needs of a sick or elderly friar and recommends ways of addressing them.

The Health Care Manager, despite the impersonal tone of the title, must be a person with great sensitivity to the ways that the aging process and chronic illness affects a person's outlook and behavior. The Health Care Manager must have, through experience and/or training, the ability to act as intermediary between the physician, nurses and other professional care givers, the friar-patient, the local guardian, and the Minister Provincial.

Among the specific duties of the Health Care Manager are the following:

1. Assist the Minister Provincial and local guardians in assessing the needs and recommended health care choices for ill and elderly friars, including assessing level of care needs and ways to meet those needs with available resources. Act as a liaison to the Minister Provincial to inform him of the particular needs of ill or elderly friars and recommend ways of meeting these needs when requested.
2. Develop a plan of care with the individual friar, which would include a profile of his medical history, an assessment of current health needs, and a plan for implementing the level of care needed. Provide education to friars regarding health care and program eligibility options.
3. Assist the Commission on Health and Wellness in assessing long-range health needs within the Province and in implementing ways to address these needs.

4. Plan and Implement a program for evaluating the eligibility and accessing Government Benefits for which each friar might be eligible, including Social Security, Medicare (Part A and B, and Part D Prescription Drug coverage), SSI, Medicaid, QMB, SLMB, and the Medicare Buy-In.
5. Collaborate with the Medical Care Program Coordinator and Province Treasurer's office to maintain a coordinated flow of information and efficient administration of benefit income and bill payment.

D. Caregivers and Support Systems

The Province has developed an informal arrangement whereby friars designated by the Minister Provincial and local guardian agree to assume the role of caregivers. While the caregiver assumes the primary responsibility for an individual friar, he acts in consort with others:

1. The Health Care Manager, who acts on behalf of friars with special needs as liaison between them and the local guardian and Minister Provincial.
2. A “caregiver team” which provides for the needs of individual friars, consisting primarily in a caregiver (a friar when possible), a primary physician, assistant caregiver, friars, nurses, nurse’s aides, etc.
3. A Care-giving network which brings together friars, family, friends, medical services, social services, etc. to meet the needs of the individual friar.
4. Support groups which specializes in the needs of a friar according to his particular malady or disability, e.g., Alzheimer’s disease, cancer, coronary, etc.

E. Facility

The Minister Provincial and the caregivers in OLC Province have responded to the individual friar by seeking to provide the kind of care that best suits his needs in the most congenial setting possible. In polling the friars, the Commission on Health and Wellness (formerly the Commission on Aging and Infirm Friars) found that a large majority of them do not want the Province to own and operate its own health care facility. The Commission’s survey indicated that most friars, should they need LTC, prefer to receive their care in a facility best suited to their needs regardless of who operates it or where it is located. If possible they would like to receive care in an area where there are other friars and where they have family and friends.

1. At the point in his life when a friar either in his own judgment, or in the judgment of the local guardian, his confreres and his friends, needs to find a residence suited to his physical and mental capacities because of age or infirmity, he consults with

- the Minister Provincial or his delegate, assisted by the Health Care Manager. On a case-by-case basis, the Minister Provincial tries to accommodate the friar by assigning him to a friary where he can engage in some limited ministry and his needs can be met.
2. When a friar's capacity diminishes to the point where he can no longer engage in active ministry and needs assistance in providing for his well being and health (e.g. visits to the doctor), the Minister Provincial assigns him to a friary that can address his needs or to a friary located near a facility that can provide such assistance.
 3. Should a friar's infirmity require skilled care on a long-term basis, the Minister Provincial accepts the responsibility of finding a facility best suited to the particular needs of the friar, preferably near fellow friars, family and friends. The Minister Provincial may enlist the assistance of the Health Care Manager in researching appropriate facilities, and in coordinating placement in such facilities with eligibility for Medicare / Medicaid benefits when possible.

II. Advance Directives

In the world of health care, "advance directives" refer to instructions that anticipate situations when a person is so incapacitated that he or she is unable to express the kind and extent of medical treatment. Advance directives come into play only when a patient is not able to make informed and rational decisions concerning medical treatment. The alternative to signing an advance directive is to entrust decisions about treatment and life-sustaining measures entirely to others – medical professionals and family relations – when a patient is unconscious or otherwise incapable of communicating.

The form and particulars of advance directives differ from state to state, but basically there are two types: a living will and a medical power of attorney. The first govern "end of life" decisions, and the second empowers another person to make decisions regarding medical treatment when the patient can no longer make them on his own.

A. Living Will

As of January 1, 1992, hospitals and other health care facilities are required by federal law to ask each patient if he has an "end of life declaration." If he has, a copy must be placed in his medical record. If he does not have such a declaration, the facility must provide information on the various choices. Patients are not required to make "end of life declarations," but they must be given the opportunity to do so.

The Living Will anticipates the situation when a person is terminally ill. It describes the kinds and extent of medical treatment a person wants and/or does not want to receive, e.g. do-not-resuscitate orders.

B. Durable Power of Attorney

The “Durable Power of Attorney” for health care is a legal document whereby a person appoints someone to act or make decisions about medical care and procedures when the person cannot make them for himself. In effect, it is to appoint a “proxy” who acts in the person’s stead. In many states, the proxy entrusted with the durable power of attorney can speak for a patient in end-of life situations and even when the patient’s inability to speak for himself is temporary.

A friar’s proxy should be someone with whom he has discussed, at least in a general way, his desires and feelings about medical treatment. The designee should be of mature judgment, capable of making difficult decisions, and readily accessible should he (she) be needed. It is best that members of the friar’s immediate family know who the health care agent is and be familiar with any and all advance directives signed by the friar.

Once a friar, has stated and signed a document designating a proxy and spelling out the advance directives he wants his care givers to follow, he should keep a copy among his papers and give copies to the proxy, to the Provincial Office, to the guardian of the Friary, to the Friar’s primary physician and to family members as well.

All fifty states and the District of Columbia have laws recognizing the use of advance directives. Since each state has its own form and regulations, friars are advised to follow the form of the state(s) in which they anticipate receiving medical treatment. A friar might, for example, sign two or three forms, one recognized in Indiana, another in Kentucky, a third in Ohio. Forms for each state can be obtained from the State Board of Health or the Province Health Care Manager.

Friars are advised to review the advance directives from time to time. As he ages, and new medical procedures and protocols develop, a friar may want to modify the Living Will and Durable Power of Attorney, drafting new directives or adding codicils to the old ones. Remember that for each modification of his Living Will, the friar needs to send an updated copy to the Provincial Office, to the Guardian of the Friary, to the Friar’s primary physician, to the proxy, and to family members, as well as to keep a copy among his papers.

C. Christian Burial

From time to time individual friars have expressed some preferences regarding funeral arrangements (the person who might preach the homily, a favorite hymn, persons to be notified, etc.). To help the local guardian and Minister Provincial honor these wishes, friars are advised to state their preferences in some form of advance directive (e.g., an instruction appended to the Durable Power of Attorney, or a letter to the Minister Provincial). The customary place for burial for friars is the province cemetery at Mount Saint Francis. Exceptions to this norm should have written approval from the Minister Provincial and be included in the friar’s personnel file. Cremation is also permitted with the remains interred at Mount Saint Francis.

III. End of Life Issues

Advances in medical science and the medical profession's desire to have patients participate in decisions regarding their treatment have brought a number of right-to-die issues to the fore. The National Conference of Catholic Bishops outlines some broad, but basic principles in *Ethical and Religious Directives for Catholic Health Care Services*. The bishops recognize that terminal illness is often accompanied by dependency, helplessness, and pain, and it is the task of the Catholic community (and *a fortiori* for the Franciscan community) to console the patient in his agony and relieve the pain and suffering caused by it – “to care even when we cannot cure.”

When cure seems beyond the means of medicine, physicians, patients and families are called upon to make decisions about terminating treatment. The bishops' document reminds us

...life is a precious gift from God... We have a duty to preserve our life and to use it for the glory of God, but the duty to preserve life is not absolute, for we may reject life-prolonging procedures that are insufficiently beneficial or excessively burdensome (p.21).

A request by a terminally ill patient to withhold or withdraw certain aggressive medical interventions should be respected. On the other hand, the NCCB Directives state that

A person has moral obligation to use ordinary or proportionate means of preserving his or her life. Proportionate means are those that in the judgment of the patient offer a reasonable hope of benefit and do not entail an excessive burden or impose excessive expense on the family or the community (n. 56)

Friars who are terminally ill are encouraged to seek “hospice care.” It provides palliative and supportive care for the special need arising out of the physical, emotional, and spiritual stress experienced during the final stages of illness. Many health care facilities have special units devoted to hospice care, and hospice caregivers also provide assistance in the friary. Hospice coordinates the work of doctors, nurses, and other skilled health caregivers with the efforts of the friars and the community to provide physical and spiritual support at this critical time.

IV. Organ Transplants and Donations

Closely related to advanced directives is the issue of organ donations. Pope John Paul II in recognizing the need for organ donors said, “Christians should accept this as a challenge to their generosity and fraternal love so long as ethical principles are followed.” The

principles are outlined in *Ethical and Religious Directives for Catholic Health Care Services*. The NCCB document distinguishes two kinds of organ donors: (1) Individuals who arrange by means of some form of advance directive that after death their organs and bodily tissue be used for transplants or research; (2) And donors, who while living, give blood, tissue, and the whole or part of an organ to save the life or substantially improve the life of another person. The *Ethical and Religious Directives* document cited above states:

The transplantation of organs from living donors is morally permissible when such a donation will not sacrifice or seriously impair any essential bodily function and the anticipated benefit to the recipient is proportionate to the harm done to the donor. (n. 30).

The Province of Our Lady of Consolation appreciates the life-giving benefits of organ donation and encourages its members as part of their ministry to promote public awareness of the need for transplants in the name of Christ who laid down his life for others. The Province, while recognizing that it must be a personal decision, supports the friars who choose to donate blood, organs and tissue to enhance the lives of others. Friars who make this choice should be guided by prudence and be informed as to ways of implementing their choice.

1. The Living Will and other forms of advance directives are appropriate for making one's desires regarding organ donation known. In drawing up advance directives friars must carefully phrase any instructions about withholding certain life-prolonging procedures and "heroic measures." Terminating all life support systems and the withholding of "heroic measures" that stop blood circulation make organ donation (including eyes) impossible. (At the time of death a medical team determines which, if any organs and tissue, can be used for transplantation. The organs [liver, heart, lungs, kidneys, and pancreas] of individuals over 75 years old are not usually accepted for transplants, but age limit is not a factor regarding intestines, corneas, bone marrow, cartilage, tendons and skin.)
2. Friars who wish to be organ donors at the time of death are advised to fill out a "donor card" and carry it. Under the Uniform Anatomical Gift Act and similar laws the "donor card" is a legal document in all fifty states. Many states incorporate a donor card as part of the driver's license. Should a friar change his mind about donating his organs, he simply destroys the card.
3. Friars who see themselves as "*living donors*" and feel impelled to sacrifice a major organ (e.g., kidney, eye) for a blood relative should consult with the Minister Provincial before making a commitment. Such an action, though well intentioned and beneficial to others, may have long-term consequences for the individual as well as the fraternal community.

APPENDIX A

FINANCIAL SUPPORT OF ELDERLY, INFIRM AND “RETIRED” FRIARS

The statutes of Our Lady of Consolation Province state:

40. Every friary to which is assigned a friar who is elderly or infirm may receive financial support drawn from the “Senior Friar’s Account [Fund]” in the amount determined by the Minister Provincial and his Definitory. The province support to the friary is to cover all the needs of the concerned friar.

Provincial policy provides financial support for friars who are retired. A “retired” friar is one who is unable to continue in full-time ministry by reason of age or physical disability. The exact amount of such support is negotiated with the local guardian according to the friar’s needs, taking into account the extent to which he can earn some income for his support, the amount of Social Security and or SSI income to which the friar is entitled, the financial situation of the local friary, and the cost of living in a specific area.

Friars who are over age 62 or who are mentally or physically disabled are encouraged to seek government benefit assistance according to their individual eligibility profiles. Income assistance is potentially available through Social Security and Supplemental Security Income (SSI).

When a friar reaches age 62, he is eligible to apply for Social Security income unless he is employed in a secular taxable job. Friars with taxable income must wait until they reach Full Retirement Age (FRA), as determined by Social Security regulations, before they may apply for Social Security income. The Province Health Care Manager assists friars with making application for Social Security income as appropriate. The Health Care Manager also assists friars with making application for Supplemental Security Income (SSI) if the friar qualifies according to the eligibility regulations. All Social Security and SSI income is direct deposited into the central Province account. The income is then forwarded to the appropriate local friary each month.

Friars are also encouraged to seek medical coverage through Medicare (Parts A and B, and Medicare D Prescription Coverage), Medicaid, and the Qualified Medicare Beneficiary (QMB) programs as a means of assuring that most health care costs are provided through available programs.

Elderly, infirm and retired friars, who seek Province financial support above what is available through Social Security and SSI income, or through the local friary, should submit a yearly budget of anticipated expenses.

In addition, the Commission on Health & Wellness has at its disposal a limited “discretionary fund” to fund special requests of senior friars (e.g., travel) that are not covered in their annual budgets or by other commissions or the local friary. Requests should be directed to the chairman of the Commission. Approval of each request depends on availability of funds. Priority is given to friars who have not previously received grants.

APPENDIX B

PROVINCE HEALTH INSURANCE, MEDICARE AND MEDICAID

The basic health care plan of Our Lady of Consolation Province is self-funded through a medical plan administrator. The local friary pays the monthly premiums for friars who are *de familia* in that house. The premium is figured on a complex formula that includes the Province's medical costs for the previous fiscal year.

Bills for medical and hospital services are submitted by the medical provider to the self-funded medical plan administrator. Prescription medicines are billed to a prescription benefit management service, which in turn bills the Province.

Before payment is made, all medical bills are checked by the administrator. Bills are cross-referenced to make sure any other insurance of the friar (Medicare, other employment-based insurance, etc.) has paid appropriately. The administrator of the self-funded medical program also provides insurance coverage for each friar's medical expenses which exceed the established "stop-loss" threshold.

When a friar reaches age 65, he is eligible under the Social Security Act for Medicare Part A and Part B. Medicare Part A covers hospital costs and Part B covers all other major medical expenses. The Province Health Care Manager assists friars with making application for Medicare at age 65. Medicare covers 80% of the hospital and medical costs; OLC pays the other 20% through the self-funded medical program, unless the friar has other supplementary coverage.

The Province Treasurer handles payment of the premiums for Medicare A & B. As of 2007, the Province has bought into the Social Security program and most friars have 40 qualifying quarters of participation, so Medicare Part A will have no monthly premium for those friars. Since 2006, Medicare Part B has a sliding scale of monthly premiums, based on individual taxable income. Medicare Part B premiums are deducted from the monthly Social Security check of most friars.

Beginning in 2006, friars participating in Medicare are also entitled to enroll in Medicare D Prescription Drug coverage. The Health Care Manager assists friars with enrollment in a Medicare D Prescription Drug Plan (PDP). If appropriate, the HCM also assists with application for the Low Income Subsidy assistance program, which pays the deductibles and monthly premiums for Medicare D, and which allows for minimal prescription copays.

The Medicare D program offers each beneficiary a choice enrollment into the Prescription Drug Plans (PDP) provided by a number of sponsoring companies. Once enrolled, the beneficiary will have to pay a monthly premium (which is usually deducted from the monthly Social Security check), meet an annual deductible, and then pay a co-pay for each prescription purchase. For friars who do not qualify for the Low Income Subsidy (LIS) program, the copays can sometimes be significant. If the local friary cannot afford the costs of these copays, they may request assistance from the Province Senior Friar Fund.

Friars over age 65 should be aware that if they encounter problems with prescription purchases, they are encouraged to notify the Health Care Manager right away. Also, friars should be aware that Medicare D offers an option for members to obtain 3-month supplies of prescription medicines through the mail.

Friars who are over age 65, or who are mentally or physically disabled, are encouraged to apply for other medical coverage through the Medicaid or Qualified Medicare Beneficiary (QMB) programs. Eligibility for these programs is based on income and asset limits. These limits differ from state to state. The Health Care Manager assists friars with determining eligibility, and with actual processing of benefit application. Full-range Medicaid programs or the QMB program act as a supplement to the friar's Medicare coverage, paying the monthly premiums for Medicare A, B and D, and also paying the remaining 20% of hospital and medical costs. These programs pay the annual deductibles for hospital and medical care. These programs also provide the subsidy for Medicare D for participating friars.

Friars who qualify for Medicare + Medicaid, or Medicare + QMB coverage, are removed from the self-insured medical program. Any medical bills which are incurred by these friars but which are not payable by Medicare, Medicaid or QMB will be paid by either the local friary or by the Province through the "Senior Care Fund".

Friars who participate in available government eligibility programs (Social Security, SSI, Medicare (A, B, and D), Medicaid and/or QMB) make a valuable contribution to the financial status of the Province, both through income received as well as through decreased medical costs to the Province.

APPENDIX C

Personal Health and Wellness Inventory Province of Our Lady of Consolation

“We seek to form a community of fraternal love and equality by supporting and calling one another to on-going conversion in our vowed life.” (from OLC Province Mission Statement)

“We are now fewer and older than before, but we OLC friars, are not afraid of challenges and we see the changes in our world as opportunities to renew our Gospel life in the church.” (from OLC Province Vision Statement)

Using the questions below spend some time in reflection on your personal health and wellness.

1. Do you eat a healthy diet, or would you say that you eat more unhealthy things (i.e., junk food, too much fast food)?
2. What are the dietary issues you would like to see addressed in your friary, if any?
3. What kind of exercise do you do and how regularly?
4. What kind of food supplements do you take, if any?
5. Do you use drugs (i.e. alcohol, tobacco products) or other mood altering substances? Are these harmful to your body? What can you do to stop from using these substances? What can your local community do to help you?
6. How frequently to you see a doctor for preventive health issues?

