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Representing the Special Needs Family: What You and Your Clients Need to Know

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I. Introduction:

In today's complex and rapidly evolving healthcare landscape, seniors and individuals with special needs face a series of challenges within the Medicaid funded service delivery system. With more and more Americans facing unique health concerns and increased vulnerability, navigating a system that is meant to provide essential support have led to a host of obstacles. From limited access to specialized care to bureaucratic hurdles and fluctuating funding, the intersection of aging and disability within the Medicaid framework presents pressing concerns that demand comprehensive attention and real solutions. This writing will address the multifaceted challenges that seniors and those with special needs encounter, shedding light on the urgent need for reforms to ensure equitable and effective healthcare provisions for this ever growing population.

II. Demographics

A. Seniors

With a population of over 55 million Americans aged 65 and above, comprising 17% of the nation, the significance of addressing this demographic's healthcare needs cannot be overstated. An astonishing 25% of these individuals are projected to reach the age of 90, while 10% are anticipated to surpass the age of 95. The landscape is set to witness a significant shift, with expectations that the over 65 population will soar to approximately 73 million by 2050, accounting for 22% of the total population and growing at a rate of 10,000 individuals per day. Notably, the most rapidly expanding segment within this group is those aged 85 and older.¹

The impending challenges of providing adequate care to this population is compounded by the prevalence of Alzheimer's Disease, affecting over 6 million Americans currently. This number is projected to triple by 2050, with a concerning subset of approximately 250,000 cases diagnosed in individuals under the age of 65. In the year 2020 alone, 20 million adults needed assistance in performing activities of daily living. Among these, 1.5 million were residing in nursing homes, one million in residential care, while the remaining 17 million were living in the community.² This demographic shift is set to have a profound impact on the healthcare landscape, particularly in rural areas where over 65 individuals are

¹ Administration of Community Living: 2021 Profile of Older Americans (November 2022), *available at* <https://acl.gov/aging-and-disability-in-america/data-and-research/profile-older-americans> (last visited August 7, 2024).

² Caring for the Future: The Power and Potential of America's Direct Care Workforce (2021)PHI, *available at* [phinational.org](https://www.phinational.org) (last visited August 7, 2024).

expected to comprise 38% of the population by 2030³, as the caregiver population, which is already under great strain, continues to decrease.

B. Individuals with Disabilities

More than 60 million Americans are currently living with a disability, representing 18% of the nation's population. This demographic encompasses a diverse spectrum, including one in six children aged 3 to 17 who are diagnosed with a developmental disability. As of 2020, one in 36 children is diagnosed with an autism spectrum disorder.⁴ As more individuals are diagnosed with developmental disabilities while life expectancies for this population continues to rise, the role of Direct Support Professionals (DSPs) takes on added urgency as does the need for a clear understanding of the interplay between aging and disability-related issues in accessing care.⁵

An illustration of the challenges lies in the waitlists for state Home and Community-Based Services (HCBS) observed at the close of 2021. An increase of approximately 17,000 individuals with Intellectual and Developmental Disabilities (IDD) was recorded on these waitlists, culminating in a total of 481,601 nationwide.⁶

C. Birth Rate/Caregiver Workforce

The dynamics of the current demographic landscape are marked by a series of shifts that hold critical implications for the provision of care and support for seniors and individuals with disabilities. One prominent trend is the staggering 20% decline in the US birth rate since 2007, a pattern mirrored internationally. This decrease in birth rates corresponds to a smaller workforce, contributing to a reduction in available family caregivers. This transformation is evidenced by a 6% rise in caregivers managing the responsibilities of more than one person between 2015 and 2020, underscoring the evolving caregiving landscape.⁷

A significant aspect of this evolution is the increased demand for skilled caregivers, a result of the shifting emphasis from post-acute care in nursing homes to community-based settings.⁸ With care periods lengthening – the average duration now standing at 4.5 years – and 29% of caregivers extending their support for five years or more, up from 24% in 2015, the need for able-bodied and compassionate caregivers grows ever more critical.⁹ The smaller workforce combined with the aging population is poised to exert fiscal pressure on vital social insurance programs such as Social Security, Medicare and Medicaid, which rely heavily on tax revenues for funding. In response to this coming challenge, some states are considering different approaches, such as Long-Term Care insurance funded through employee

³ Id.

⁴ See Centers for Disease Control and Prevention, Data and Statistics on Autism Spectrum Disorders, April 2023, available at <https://www.cdc.gov/ncbddd/autism/data.html> (last visited August 7, 2024).

⁵ See *supra* n. 2.

⁶ 2023: The Case for Inclusion: Making Good on Our Nation's Promise of Community Inclusion for All, available at <https://caseforinclusion.org/> (last visited August 7, 2024). Interpreting the true significance of this surge can be intricate, given the variation in waitlist criteria across different states.

⁷ Caregiving in the U.S. 2020, AARP National Alliance for Caregiving, available at <https://www.aarp.org/ppi/info-2020/caregiving-in-the-united-states.html> (last visited August 7, 2024).

⁸ See *supra* n. 2.

⁹ See *supra* n. 7.

contributions. Washington state, for instance, has initiated this model with contributions commencing in July 2023, and benefits projected to be accessible to qualified individuals by 2026.¹⁰

The necessity for private funding in support and care for seniors and individuals with disabilities is apparent. A quarter of family caregivers currently report out-of-pocket expenses related to their caregiving responsibilities, with a significant 20% indicating substantial financial strain resulting from their caregiving roles.¹¹ As this landscape continues to evolve, it is evident that a multi-faceted approach (both with public funds and private funds) will be required to provide care and support to this vulnerable demographic across all domains.

D. The Care Industry

The landscape of caregiving and long-term support services (LTSS) is undergoing significant transformations, with far reaching implications. An alarming projection indicates a steep decline in the caregiver support ratio, plummeting from 31:1 in 2016 to 12:1 by 2060, reflecting the proportion of individuals aged 18-64 in relation to those aged 65 and above.¹² Within the realm of LTSS, three industries—home care, residential care, and nursing homes—play distinct roles, with nursing homes experiencing the slowest growth rate.¹³ In fact, over 550 nursing homes out of 15,600 have closed since June 2015, attributed in part to the rise of for-profit corporate ownership and subsequent facility sales.¹⁴

This trend of for-profit expansion extends to home care services, paralleling the dynamics seen in nursing homes, with the for-profit segment reaching up to 76% in 2017.¹⁵ While federal law mandates state Medicaid programs to cover institutional care, states possess the ability to opt out of Home and Community-Based Services (HCBS). And even those that don't opt out, have mechanisms to create plans of service, but limited workforce and/or available staff to allow for the credible implementation of these plans.

These challenges are reflected in the difficulties caregivers face in accessing affordable services within their locality. 27% of caregivers report encountering obstacles in this regard, marking an increase since 2015.¹⁶ A decline in caregiver-reported health status compounds these concerns, underscoring the interplay between caregiver well-being and the ability to provide effective care and support.¹⁷

¹⁰ See wacaresfund.wa.gov (last visited August 7, 2024). A critical review of this program as currently implemented results in an objective determination that while providing a benefit, it is a small one when contrasted with what can often be catastrophic costs of long term care.

¹¹ 2022 National Strategy to Support Family Caregivers, available at <https://acl.gov/CaregiverStrategy> (last visited August 7, 2024); see also Voices of Paid and Family Caregivers for Medicaid Enrollees Receiving HCBS (2021), KFF, available at <https://www.kff.org/medicaid/issue-brief/voices-of-paid-and-family-caregivers-for-medicaid-enrollees-receiving-hcbs/> (last visited August 7, 2024).

¹² See *Voices supra* n. 11.

¹³ See *supra* n. 2.

¹⁴ Seniors and staff caught in the middle of nursing homes' quest for profit (2020), *The Guardian*, available at <https://www.theguardian.com/us-news/2020/jul/30/care-homes-seniors-nursing-homes-flipping-profit>, (last visited August 7, 2024). In addition, from the author's experience staffing strains at the same time states are implementing safe staffing legislation are also impacting the operation of for profit and not for profit nursing homes alike, i.e. nursing homes that are not closing are choosing to shrink in size and "repurpose" their spaces to accommodate private pay residents in independent and assisted living units.

¹⁵ See *supra* n. 2.

¹⁶ See *supra* n. 7.

¹⁷ *Id.*

As we navigate the complexities of this evolving landscape, it is evident that comprehensive strategies and policies are essential to ensure that seniors and individuals requiring long-term support receive quality care, while also addressing the well-being of their (often already overextended) caregivers.

III. Advising Families in the Current Environment

A. Objectives

The challenges many of our clients, and indeed many of us, are grappling with are deeply resonant and universal. Preparing for a future where parents can no longer provide the same level of care and support necessitates a profound reevaluation of roles and responsibilities within families. The shift places younger family members, often children, in the role of caregivers, a role they might not have initially foreseen due to the scarcity of available providers.

Indeed, the landscape of care alternatives is somewhat confined, centering around family members, friends, Medicaid-funded programs, and privately paid supports. Technological advancements hold potential solutions in certain areas, possibly fostering greater independence for individuals with disabilities. Nevertheless, a safety net remains essential, as complete self-reliance might not always be achievable.

Navigating this intricate landscape calls for a multifaceted approach rather than a one-size-fits-all solution. The objective is to facilitate a thorough understanding of the challenges at hand, enabling families to comprehensively assess available resources. Encouraging families to take proactive steps within their sphere of influence is paramount, particularly in bolstering private sources of funding to meet the evolving needs of aging individuals and those with disabilities. This might encompass self-planning and future-oriented financial arrangements, as well as seeking new methods to ensure a secure and supported journey as individuals transition through various stages of life.

Ultimately, the path forward is about fostering awareness, empowering families with knowledge, and guiding them to make informed decisions tailored to their unique circumstances. By promoting a holistic perspective and equipping families with the tools to navigate these challenges, we can contribute to creating a more resilient and supportive environment for individuals facing the complexities of aging and disability and their families.

B. Service Delivery: Then & Now

The shifting demographics of our population, coupled with the heightened demand for support services, coincide with a period of significant transformation within organizations that provide these vital services. Concurrently, the landscape of available funding for these services is also undergoing notable shifts. In the past, individuals seeking support and services could rely on larger, integrated organizations to provide comprehensive care.

However, the transition away from the traditional model was aimed at offering greater flexibility and choice to individuals with disabilities and their families. These programs, at least in name, became “person centered”. While this shift held the promise of empowerment, it has posed new challenges for many. The complexities of the new system have led some to find it more difficult to navigate and manage.

A striking 26% of caregivers reveal that they encounter difficulties when it comes to coordinating care across different providers, highlighting a pressing issue within the evolving landscape.¹⁸

This paradigm shift, though well-intentioned, underscores the importance of a delicate balance between flexibility and manageability. As the structure of support services adapts to accommodate changing needs, it becomes increasingly crucial to ensure that individuals and caregivers are equipped with the resources and tools necessary to effectively navigate these new person centered programs and the bureaucracy that comes along with them. By recognizing and addressing the challenges that can arise from these changes, we can work towards optimizing the delivery of support services and enhancing the quality of care for those who rely on them.

C. Families as Advocates, Natural Supports and Caregivers

Family support relationships encompass a diverse range of roles and dynamics that play a pivotal part in the well-being and care of individuals with disabilities and aging family members. The most common family support relationships are:

Parent Supporting a Child with a Disability: Parents often assume the roles of advocates, coordinating medical care, facilitating access to community-based services, and overseeing the overall well-being of their child. They work to ensure their child's integration into educational and social settings, as well as managing benefits and financial matters.

Child Supporting a Parent with a Disability: When roles shift, adult children may take on caregiving responsibilities for their parent. This may involve providing practical support, arranging medical care, and ensuring their parent's comfort and quality of life.

Spouse Supporting Husband/Wife: Spouses provide emotional and practical support, coordinate medical needs, and may take on caregiving duties as their partner's health declines.

Sibling Supporting Brother/Sister: Siblings often become advocates and natural supports, offering companionship, assistance with daily tasks, and ensuring their sibling's overall well-being.

Children Supporting Aging Parents: Adult children may transition into caregiver roles for their aging parents, assisting with daily activities, medical needs, and decision-making.

Within these roles, family members take on various functions:

Advocates: Advocates oversee community-based services, communicate with service providers, manage benefits, and ensure their loved one's rights and needs are met.

Natural Supports: These unpaid supports flow naturally from family and community relationships, ranging from assistance with daily tasks to emotional support. Natural supports are essential for everyone and are even more critical for individuals with disabilities and seniors as most Home and Community Based programs require some involvement from natural supports in the development of a plan of care.

Caregivers: Caregivers, whether family members or paid third parties, provide direct care to individuals with disabilities, children, or the elderly. This role can be intensive and time-consuming, contributing to declining family dynamics and often leading to significant relational challenges.

¹⁸ See *supra* n. 7.

The importance of family caregivers is monumental, with over 53 million individuals providing support to older people and those with disabilities, enabling them to remain in their communities.¹⁹ As DSPs leave the field due to low wages, family members are increasingly stepping into this role for a myriad of reasons, not the least of which are feelings of guilt and shame around the declining health of a family member.

Recognizing the complexities and significance of family support relationships is crucial for designing effective policies and support systems that acknowledge and address the challenges faced by these caregivers, ensuring the well-being of both caregivers and their loved ones.

D. Family Support Cycles

Family support cycles encompass intricate patterns of care and assistance that evolve over time, particularly in scenarios involving traditional families, children with disabilities, and aging parents or spouses. Each cycle is uniquely shaped by changing roles, evolving needs, and the interplay of available support options:

Traditional Family Cycle:

Parents initially provide support to their children, addressing their evolving needs. Over time, children grow and become more independent, necessitating a different and less intensive level of support from parents. As parents themselves age, children step in to offer increased support, often assuming caregiving responsibilities. Parents may eventually become caregivers to each other, further complicating their roles and relationships. When the children can no longer provide sufficient support, families may turn to formal support options like nursing homes or home care.

Child with a Disability Cycle:

Parents shoulder extensive support for their child with a disability throughout their lives. As parents age, maintaining the same level of support becomes increasingly challenging. Replacing parental support is intricate, often requiring a combination of Medicaid services, family and friend networks, private pay services, and technology. It's rare for a single individual to fully replace the multifaceted support parents provide (without cost), often necessitating a team approach. Changes in the support system can trigger far-reaching effects, creating a ripple across the family's dynamics.

Spouse and Children as Caregivers Cycle:

When an aging spouse or parent faces a disability, support needs tend to increase. However, maintaining current levels of support can become difficult due to various factors, including the aging of the spouse and geographical separation of children. Similar challenges may arise in sibling caregiver relationships, where the aging of a caregiving sibling necessitates a secondary transition in caregiving. The impact of an evolving and potentially strained service delivery system is evident in the increasing prevalence of caregivers taking on multiple caregiving roles simultaneously.²⁰

As support systems falter, families often find themselves grappling with mounting responsibilities and complex care arrangements, many of them falling into the “sandwich” generation where care is needed both for an aging parent and a disabled child. This intricate interplay between family dynamics and external support systems underscores the critical need for comprehensive and sustainable care structures

¹⁹ See *supra* n. 11.

²⁰ See AARP *supra* n. 7.

that can effectively address the evolving needs of individuals with disabilities and aging family members while recognizing the burden on caregivers.

E. Planning for Transition

Clients navigating the complexities of family support systems and natural supports must realistically assess the roles and capabilities of family members and others in their network. While the potential for assistance and support from these sources is valuable, it's crucial to temper expectations with a pragmatic understanding of each individual's capacity and willingness to contribute.

Commencing early planning for the transition of caregivers and advocates is essential, even if some families resist due to the strong identification with these roles. Exploring the extent of the "bench" available to the client involves evaluating the current and potential sources of support. As life expectancies of individuals with disabilities increase, planning becomes more critical than ever.²¹ It's important to recognize that suitable Medicaid-funded supports may not be a guaranteed option, highlighting the need for proactive planning.

Key considerations include:

- Assessing the number of people available for support and assistance, as well as understanding their capabilities and commitments.
- Realistic expectations from family and natural supports, accounting for their limitations and strengths.
- Anticipating the level of support from community-based service providers, given the evolving landscape of human services and trends over the years.
- Confidence in the ability of Medicaid-funded services to bridge support gaps and whether they can provide the necessary advocacy and coordination.
- Evaluating the effectiveness of Medicaid-funded Care Managers or Service Coordinators and their potential to optimize services.
- Gauging the current state of services and housing options, and considering potential future changes or declines.
- Exploring the reliability of staffing and the likelihood of turnover in community-based support settings.

Overall, it's crucial to foster a comprehensive and realistic understanding of available resources, while also acknowledging potential challenges and uncertainties. By developing a plan that encompasses family, natural supports, community services, and proactive measures, clients can strive to create a well-rounded support structure that safeguards the well-being and quality of life for individuals with disabilities and aging family members.

F. Testing the Waters

Encouraging the client to proactively engage with community-based service providers can be a strategic approach to gauging their capabilities and establishing realistic expectations for future support

²¹ See *supra* n. 2.

needs. By conducting a systematic test of the system, the client can better understand what can be reasonably anticipated from these providers. This approach involves the following steps:

Test the System: Collaborate with community-based service providers to assess their responsiveness, reliability, and effectiveness when additional support is required. This trial period will allow the client to gauge the provider's ability to meet the identified needs and offer insights into the quality of care and services.

Identify Transitionable Tasks: Work with the client to identify specific tasks or responsibilities that can be gradually transitioned to Medicaid-funded service providers. This could include routine activities or specific care tasks that the client currently manages. By gradually transitioning tasks, the client can actively support the process while still being available to intervene if necessary.

Monitor and Evaluate: During the transition phase, closely monitor the provider's performance and the client's comfort level with the arrangement. Regular evaluations will provide valuable insights into the provider's ability to meet expectations and the client's overall satisfaction.

Assess the Outcome: If the transition test yields positive results and the client is satisfied with the level of support provided by community-based service providers, it can provide a sense of comfort and assurance about future transitions. This success can serve as a foundation for expanding the role of these providers in the client's support network.

Learn from Challenges: If the transition does not proceed as smoothly as expected, the client gains valuable information about the limitations of the system and the need for additional family or privately funded supports. This insight informs future decision-making and helps identify areas where alternative solutions or supplementary resources may be necessary.

By adopting this approach, the client can make informed decisions about the future allocation of caregiving and support responsibilities. It provides a proactive way to explore the capacity and reliability of community-based service providers while safeguarding the client's ability to intervene and adjust plans as needed. Ultimately, this strategy empowers the client with a clearer understanding of available options and the ability to make well-informed decisions about the transition of support responsibilities and allocation of resources.

G. Educating the Successors

Educating potential successors and advocates is a necessary step in ensuring a smooth transition of care and support responsibilities. By providing intended successors with the necessary knowledge and insights, the client can help establish a robust support system for the future. Here are some recommended steps:

For Adult Siblings and Advocates:

1. **Attend Life Plan/Care Planning Meetings:** Encourage adult siblings and advocates to actively participate in Life Plan or care planning meetings. These gatherings provide a comprehensive understanding of the individual's needs, preferences, and goals, enabling successors to make informed decisions and contribute meaningfully.
2. **Visit Residences and Meet Providers:** Arrange visits to the individual's residence to meet staff and professional service providers. This firsthand experience fosters a personal connection and a deeper understanding of the individual's daily routines and support requirements.

3. **Review Service and Care Plans:** Provide copies of service and care plans for review. This documentation offers insights into the individual's specific needs, medical requirements, and support strategies.
4. **Realistic Self-Assessment:** Encourage adult siblings and advocates to realistically evaluate what they can contribute to the individual's care and support. This self-assessment helps set clear expectations and prevents overcommitment.

For Everyone:

1. **Open and Honest Discussions:** Foster open and honest conversations among family members about their willingness and capacity to provide support. Address any concerns or limitations upfront, ensuring that everyone's commitments align with their capabilities.
2. **Realistic Expectations:** It's essential to have realistic expectations about the level of support family members can provide. If a family member is unable to contribute minimally at present, it may not be practical to expect a substantial increase in their involvement in the future.

By educating successors and having transparent discussions, the client can lay the groundwork for a seamless transition of care. These proactive efforts help ensure that responsibilities are distributed effectively and that the individual's well-being remains a priority even as the client's direct involvement evolves over time.

H. Allied Professionals

Creating a comprehensive support team with specialized professionals is crucial to ensuring the well-being and financial security of individuals with disabilities and seniors. These professionals can provide specialized knowledge and guidance tailored to the unique needs of the client and their family. Here's how each member of the support team can contribute:

1. **Special Needs Estate Planning/Elder Law Attorney:** A specialized attorney who understands the nuances of Special Needs Estate Planning, Elder Law, and the Medicaid funded service delivery system can help create legally sound plans that safeguard the individual's financial future while ensuring continued eligibility for government benefits.
2. **Geriatric Care Manager:** A Geriatric Care Manager can play a vital role in coordinating care services, identifying suitable in-home caregivers, and exploring community-based residential options. They provide expertise in optimizing care arrangements for seniors or individuals with disabilities.
3. **Government Benefits Consultant:** This consultant can navigate the complex landscape of federal, state, and local benefits and programs, ensuring that the individual with a disability accesses all available resources to support their needs.
4. **Accountant:** An accountant well-versed in the intricacies of Special Needs Trusts (SNTs) can handle income tax returns for trustees of SNTs, parents, and individuals with disabilities. Their expertise ensures compliance and maximizes financial efficiency.
5. **Investment Professional:** An investment professional familiar with the specific disability-related considerations can tailor portfolio allocation and cash flow management for SNTs, aligning investments with the individual's needs and goals.

6. **Life Insurance Professional:** A life insurance expert who understands that disabilities need not preclude insurability can assist in securing coverage to provide for the individual's spouse and children, ensuring financial stability.

By assembling a support team comprised of these specialized professionals, the client can develop a comprehensive and sustainable plan that addresses all aspects of care, finances, and well-being for individuals with disabilities and seniors. This collaborative approach ensures that each component of the support structure is meticulously designed to meet the unique needs and circumstances of the individual and their family.

I. Empowering Agents & Advocates

Empowering agents and advocates with the necessary information and legal authority is pivotal to ensure a seamless transition and well-coordinated support system for the senior or person with a disability. The client can take several steps to facilitate this process:

1. **Guardianship/Conservatorship:** If appropriate and necessary, the client can establish guardianship or conservatorship for the individual with a disability. This legal arrangement grants the appointed guardian or conservator the authority to make decisions on behalf of the individual in various aspects of life, ensuring their well-being and financial security.
2. **Advance Health Care Directives:** Create Advance Health Care Directives, such as a Health Care Proxy or Living Will. These documents outline the individual's medical wishes and designate a trusted advocate to make healthcare decisions if the individual becomes incapacitated.
3. **Caregiver Succession Plan:** Establish a clear and documented caregiver succession plan that outlines roles, responsibilities, and steps for transition. This plan helps ensure that support responsibilities seamlessly transfer to designated caregivers or advocates.
4. **Supported Decision Making:** In states where Supported Decision Making is recognized, explore this alternative to guardianship. It allows individuals with disabilities to make decisions with the assistance of trusted supporters, ensuring their autonomy while maintaining a support network.
5. **Durable Power of Attorney.**

By addressing these legal and procedural elements, the client ensures that agents and advocates have the necessary authority and guidance to make informed decisions on behalf of the individual. An inclination to help, without legal authority to do so, leaves families with less options and ultimately more expense with resources being directed towards gaining that authority rather than being able to take action in a moment of crisis. This approach not only streamlines decision-making processes but also upholds the individual's rights and well-being while promoting a cohesive and supportive network of care.

J. Estate & Financial Planning to Address the Need for Private Funding

Establishing trust arrangements, such as Third-Party Supplemental (Special) Needs Trusts, can serve as effective tools for managing funds on behalf of a person with a disability while safeguarding their eligibility for Medicaid and other means-tested benefits. These trusts provide a structured way to ensure that private funds are available to enhance the individual's quality of life and support their needs, without jeopardizing access to essential government assistance.

By taking steps to secure private dollars through trust arrangements, the client can encourage family members and others to become more involved in providing support for the person with a disability.

These funds can cover necessities as well as enriching experiences, offering flexibility and enhancing the individual's overall well-being.

It's important to recognize that while siblings and other caregivers may have genuine intentions to contribute, they may not be able to provide the same level of time and attention as a parent. Having private funds available can bridge this gap and provide access to additional resources, including hiring private-pay aides and advocates who can navigate the complex service delivery system.

Revising expectations about the use of funds left in trust for family members with disabilities is a practical approach. This allows for a more comprehensive and balanced approach to supporting their needs, recognizing that private funds can play a vital role in augmenting government funding.

Additionally, considering financial support for disability service providers is crucial. Agencies struggle with inadequate reimbursement rates, which impact staffing and service quality. Directing some funds toward these providers can help improve their viability, ensuring that high-quality care is available for individuals with disabilities for years to come.

VI. Conclusion

The intricate landscape of care for seniors and individuals with disabilities necessitates a unified and forward-looking approach. As we navigate the challenges posed by an aging population, shifting demographics, and a strained support system, it is clear that a full-throated response is imperative. By fostering collaboration among families, caregivers, professionals, and policymakers, meaningful change can be achieved and a more resilient foundation for the of seniors and individuals with disabilities can be established.