All Articles

Caring for a Parent on Medicare? How a Patient Advocate Can Help

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KEY POINTS

- Medicare covers skilled, part-time home health care (nursing, therapy, and home health aide visits) when a doctor certifies your parent is homebound.
- Medicare does not pay family members for caregiving, and it doesn't cover 24/7 care or custodial care when that's the only care needed.
- The "caregiver" Medicare covers is a home health aide from a Medicare-certified agency, tied to a skilled care plan, not the family member doing most of the work.
- The biggest job is coordination: medications, appointments, insurance calls, programs, and paperwork that add up to a job of their own.

- A Solace advocate can take on the coordination and Medicare navigation for your family, with most patients paying nothing out of pocket.

Caring for aging parents can mean being their scheduler, translator, and assistant all at once. Medicare covers the medical side — including doctors, hospitals, and skilled home health care — but it leaves gaps around the daily, hands-on support many families need. There's more help available outside of simple coverage, from underused Medicare benefits to federal and local programs. This guide walks you through what's covered, what isn't, and where to find the rest.
This weight isn't yours to carry alone.

A patient advocate can handle the work, leaving you more time and energy to be there with your family. Covered by Medicare at little to no cost.

See If You Qualify →

The role of a caregiver, the role of an advocate

One in every four U.S. adults is a caregiver, and more than half handle medical tasks like injections, wound care, and medication management. Unless they work in the healthcare industry, these people are untrained, yet tasked with huge responsibility. And the rest of the job can be just as heavy; insurance calls, planning, keeping multiple doctors on the same page.

A healthcare advocate can provide dedicated support for the coordination involved in your parent's care and may be covered by Medicare at no cost. An advocate is an experienced healthcare professional who is personally assigned to a patient. They can help navigate insurance, paperwork, appointments, and coordination across your parent's care. An advocate will work with the patient's family and caregivers, and keep everyone in the loop.

Below, we'll walk through the Medicare benefits and other support available to your family.

63 million

Americans are family caregivers — nearly **1 in 4** adults.

What does Medicare cover?

Medicare is health insurance, but it does have some caregiving benefits built in.

- **Will Medicare pay for someone to help at home?** Sometimes. If a doctor certifies your parent is homebound and needs skilled care, Medicare covers part-time or intermittent home health, such as nursing, therapy, and home health aide visits. This coverage is generally up to 8 hours a day or 28 hours a week. Medicare never covers around-the-clock care.
- **Can Medicare pay you to care for your parent?** No. Original Medicare doesn't pay family caregivers, even if you're putting in hours a day and your own job is

affected. However, some families do get paid through Medicaid self-directed care programs, VA caregiver benefits, or state programs, just not through Medicare itself.

- **Can you get a caregiver through Medicare?** Yes. You have to go through your parent's doctor and receive a face-to-face visit, a homebound certification, a written order for skilled care, and services delivered by a Medicare-certified home health agency.

Those are the rules in brief. Our full guide to Medicare caregiver coverage walks through the qualification process and other programs in depth.

Who counts as a caregiver in Medicare's eyes?

"Caregiver" means one thing at your kitchen table and something much narrower under Medicare's caregiver rules.

- **A family caregiver** is the unpaid spouse, daughter, son, or friend providing care. Medicare doesn't pay, license, or certify family caregivers, and there's no application to become one.
- **A home health aide** is a professional employed by a Medicare-certified agency. Medicare covers aide visits only while your parent is also receiving skilled care (nursing or therapy) under a doctor's plan of care.
- **Skilled care** is care that requires a licensed professional, like wound care or physical therapy.
- **Custodial care** is help with daily living, like bathing, dressing, or meals. Medicare doesn't cover it when it's

the only care needed, but may cover it in conjunction with skilled care or certain diagnoses.

Medicare is beginning to offer more formal support for family caregivers. As of 2024, Medicare pays clinicians to formally train family caregivers, and its GUIDE dementia program adds caregiver education, a 24/7 support line, and an annual respite benefit for eligible families.

How to simplify caregiving tasks

Family caregivers average 27 hours of care a week, and most of those hours fall into the following five buckets. None of them can be eliminated entirely, but all of them can be made lighter with the right systems, and in some cases, benefits your parent already has.

- **Medication management.** Ask the pharmacy about medication synchronization, which aligns all refills to a single monthly pickup, and about 90-day fills for maintenance prescriptions. Once a year, ask your parent's doctor or pharmacist for a full medication review to catch drugs that can be simplified or stopped.
- **Appointments.** Keep a one-page health summary: current medications, conditions, allergies, and recent hospitalizations. Bring copies to every visit so you're never re-explaining from memory. Ask which follow-ups can happen by telehealth instead of a drive and a waiting room.
- **Insurance and paperwork.** Match every bill against its explanation of benefits before paying, and don't pay when they disagree. If coverage is denied, appeal.

Denials are reversed on appeal far more often than most families expect.

- **Coordination between doctors.** If your parent sees multiple specialists, ask the primary care office whether they offer Chronic Care Management, a Medicare benefit that assigns staff to coordinate between visits. For heavier coordination needs, a patient advocate can help manage this work, along with insurance, paperwork, and future care plans.
- **The invisible load.** Groceries, safety checks, and being the one who notices when something's off. This is the hardest bucket to delegate, which is exactly why the visible buckets above should be systematized or handed off to an advocate.

AARP estimates unpaid family caregiving is worth more than $1 trillion a year nationwide. That's the scale of what families are carrying, and it's why the systems and support available are worth setting up now rather than later.

Resources for caregiver support

If caring for your parent is starting to crowd out your job, your health, or your relationships, seek support. Getting help lets you keep showing up as their son or daughter, not just their case manager.

- **Use respite care.** Adult day programs, short facility stays, or in-home help can buy you time off. For dementia families, Medicare's GUIDE program may help fund it.

- **Contact your local Area Agency on Aging.** They can connect families with transportation, meal programs, and caregiver support groups in your parent's community.
- **Bring in a healthcare advocate.** An advocate can help with the coordination, insurance struggles, and Medicare navigation that take up your time and energy.

Getting help doesn't mean doing less for your parent. It means making more room for the moments that matter beyond managing their care.

Handling caregiver burnout

Caregiver burnout can build gradually when the responsibilities of caring for someone else leave little time or energy for yourself. It isn't weakness, and it isn't rare. Caregiving is often ongoing, with few opportunities to step away. Getting support before you reach your limit can make the work more sustainable.

> **39%**
>
> of family caregivers experience high emotional stress because of caregiving — and **1 in 5** rate their own health as fair or poor.

One in every four adults is a caregiver. Of these, 94% care for adults, and one in three is under age 50. 29% are sandwich generation caregivers, supporting both children and adults.

Watch for the warning signs:

- Exhaustion that a night of sleep doesn't fix
- Irritability or resentment
- Pulling away from friends, hobbies, and the things you used to enjoy
- Getting sick more often, or skipping your own appointments
- The feeling that no one else can do it right, so you've stopped asking
- Anxiety or depression

If several of those sound familiar and persistent, that's a cue to bring in help. Our guide to caregiver burnout goes deep into this topic and its remedies.

What happens after you tap "See If You Qualify"

1. **Answer a few quick questions** — Tell us about your parent's coverage and what's going on. It takes about a minute.
2. **Talk with a Solace physician** — A short call to understand your family's situation and match you with the right advocate.
3. **Your advocate gets to work** — They start coordinating care, handling the calls and paperwork, and keeping you in the loop.

What are you waiting for?

Find your advocate →

FAQ

1. Does Medicare pay for caregivers to help my parent at home?

Medicare pays for limited caregiver help only when it's skilled, part-time or intermittent care ordered by a doctor, and your parent is homebound. It typically covers up to 8 hours per day and 28 hours per week of combined skilled nursing and home health aide services.

2. Will Medicare pay me to care for my own parent?

No. Original Medicare does not pay family members wages for caregiving, no matter how much care you provide. Some family caregivers can be paid through other programs — Medicaid self-directed care, VA caregiver benefits, or state programs — but not through Medicare itself.

3. Who qualifies as a caregiver under Medicare's rules?

Medicare distinguishes between a family caregiver (an unpaid relative) and a home health aide provided through a Medicare-certified agency. Only the agency-provided aide is covered, and only when tied to a skilled care plan for a homebound patient. Family members are not paid or certified as caregivers by Medicare.

4. How do I get a caregiver through Medicare for my parent?

Your parent needs a face-to-face visit with a doctor who certifies they're homebound and need skilled, intermittent care, then the services must be delivered through a Medicare-certified home health agency. Coverage is for skilled needs (nursing or therapy), not standalone personal care. A step-by-step walkthrough is linked in the section above.

5. What does Medicare not cover for caregiving?

Medicare does not cover 24/7 in-home care, custodial or personal care when it's the only need, homemaker services, or wages for family caregivers. These gaps are often filled through Medicaid, long-term care insurance, veterans benefits, or state programs.

6. How do I take care of an aging parent without burning out?

Build a support network early, share tasks across family members, use respite care, and treat your own health as part of the care plan. Warning signs of burnout include constant exhaustion, resentment, and withdrawal — persistent symptoms are a signal to bring in outside help such as a healthcare advocate.

REFERENCES

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