

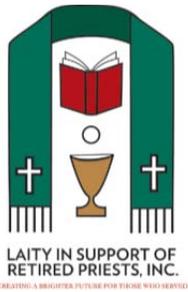
**Center for Applied Research in the Apostolate
Georgetown University
Washington, DC**

Diocesan Provision of Retirement Services for Priests



June 2013

Mary L. Gautier, Ph.D.
Carolyn Saunders, M.S.



Laity in Support of Retired Priests, Inc.

CREATING A BRIGHTER FUTURE FOR THOSE WHO SERVED

LSRP is a group of concerned Catholic laity and clergy, formed in 2007 to understand and address the issues facing diocesan priests in their retirement years.

Incorporated in the state of Florida as a not-for-profit 501(c)(3) organization, LSRP has four primary goals:

- To enhance the lives of diocesan priests in their retirement
- To create an awareness with the laity of the plight of many diocesan priests in retirement
- To form a national association of senior diocesan priests to deal with issues of isolation, loneliness and to speak with a uniform voice
- To develop guidelines for a just and equitable pension and benefit plan



Center for Applied Research in the Apostolate at Georgetown University

PUTTING SOCIAL SCIENCE RESEARCH AT THE SERVICE OF THE CHURCH SINCE 1964

CARA is a national, non-profit, research center that conducts social scientific studies about Catholicism and the Catholic Church. Founded in 1964, CARA has been affiliated with Georgetown University since 1989. CARA has three major dimensions to its mission: to increase the Church's self-understanding; to serve the applied research needs of Church decision-makers; and to advance scholarly research on religion, particularly Catholicism.

CARA's policy is to let research findings stand on their own and never take an advocacy position or go into areas outside its social science competence. All CARA researchers have advanced degrees in relevant social science disciplines. CARA researchers are active in the academic community, publishing and presenting research about the Catholic Church.

For information about this study or to order additional copies of this research, contact:

Laity in Support of Retired Priests, Inc. (LSRP)
P.O. Box 1019
Bonita Springs, FL 34133-1019

Email: info@lsrpinc.org
Web: LSRPinc.org

© 2013 Center for Applied Research in the Apostolate (CARA). No portion may be duplicated or copied without express written consent from CARA. For information about the work of CARA, contact: Center for Applied Research in the Apostolate, 2300 Wisconsin Ave NW, Suite 400, Washington, DC 20007
Phone (202) 687-8080 Email car@georgetown.edu Web cara.georgetown.edu

Diocesan Provision of Retirement Services for Priests

Table of Contents

Executive Summary	1
Major Findings.....	1
Introduction.....	3
Part I: Overview of Responding Dioceses	4
Size of Active and Retired Presbyterate	4
Benefits for Incardinated Priests	6
Part II: Housing and Specialized Care Services for Retired Priests	8
Housing.....	8
Specialized Residential Care.....	9
Provision of Long-Term Care.....	11
Specialized Care Used by Priests.....	13
Funding for Special Care Facilities.....	14
Part III: Financial Aspects of Retirement Care for Retired Priests.....	15
Distribution of Costs for Special Care Facilities	15
Diocesan Preparation for Long-Term Care Costs.....	18
Long-Term Care Insurance	19
Long-Term Care Insurance Monthly Premiums	20
Social Security, Private Insurance, and Medicaid	22
Part IV: Open-Ended Questions.....	23
What Does the Diocese Do Best in Caring for Its Retired Priests?	23
Recommendations to Improve Care for Retired Priests	25
Appendix I: Response Frequencies.....	27
Appendix II: Answers to Open-Ended Questions.....	32

**Center for Applied Research in the Apostolate
Georgetown University
Washington, DC**

Diocesan Provision of Retirement Services for Priests

Executive Summary

In September 2012, Laity in Support of Retired Priests, Inc. (LSRP) commissioned the Center for Applied Research in the Apostolate (CARA) at Georgetown University to conduct a study of diocesan practices and policies for the long-term care of diocesan priests in retirement. The purpose of this research is to learn about the types of arrangements that are in place in dioceses to assure that priests have access to certain healthcare and related support services that may be needed in retirement, such as assisted living, skilled nursing, memory care, and hospice care. The research was conducted through an online survey of diocesan human resources personnel or diocesan fiscal managers. The survey is designed to measure the costs incurred for using each of these services and determine how these services are funded, i.e., directly by the diocese or shared in some way with the priests. The survey determines the extent to which priests are expected to spend down their individual assets in order to qualify for Medicaid. Finally, the survey determines the extent to which dioceses have made arrangements to acquire long-term care insurance for their priests. This report summarizes findings of this survey, which surveyed one representative from each diocese.

The survey instrument was designed by CARA in March 2013 in collaboration with representatives from LSRP. The survey consists of 50 closed-ended questions and two-open ended questions designed to evaluate the provision of retirement services for priests in each diocese. The survey was programmed online by CARA and in early April 2013 CARA emailed the survey link to the most appropriate contact at all 176 U.S. archdioceses and dioceses, as identified through *The Official Catholic Directory* and diocesan websites. After numerous follow-up emails from mid-April through mid-May 2013, 102 dioceses responded to the survey and three dioceses declined to participate. This represents a 60 percent overall response rate.

Major Findings

- On average, almost one-third of incardinated priests in a diocese (31 percent) are retired or semi-retired. The typical retirement age for priests on average nationally is 71 and the average age of semi-retired or retired priests is 78.
- Almost all responding dioceses say that health insurance (98 percent), prescription drug insurance (95 percent), and dental and/or vision insurance (89 percent) are currently provided

by their diocese for its incardinated priests. Close to two-thirds (62 percent) pay Medicare supplemental insurance premiums for their priests.

- On average, more than eight in ten retired and semi-retired priests in a diocese (82 percent) are in independent living. Four in ten responding dioceses provide priests' retirement residence(s) for retired priests who are capable of independent living. One in five dioceses provides a priests' retirement residence for retired priests in need of assisted living or skilled nursing care.
- Half of responding dioceses (50 percent) require priests to spend down personal assets to qualify for Medicaid coverage. Six in ten responding dioceses (58 percent) say that when diocesan priests require the services of a special care facility (such as assisted living, memory care, skilled nursing, or hospice), the priests receiving those services pay for them with their own or family resources. Four in ten responding dioceses (44 percent) share the cost of those special care services with the priest.
- Dioceses most commonly use a retirement fund for priests to pay for costs associated with special care facilities used by retired priests. On average, over one-third of costs for special care facilities (36 percent) are paid for by a retirement fund for priests.
- Six in ten responding dioceses (60 percent) do not include anticipated costs for the long-term care of incardinated priests in the diocesan budget (i.e., no advance funding). However, about seven in ten respondents think that their diocese is "very well" or "somewhat" prepared to meet the long-term care needs of their retired priests "at this time" (69 percent) and "in the next five years" (70 percent).
- About one quarter of respondents (24 percent) say that the diocese has arranged for some or all of its incardinated priests to be covered under a long-term care insurance policy. Dioceses that do have a long-term care policy for priests average 90 percent of priests covered by this policy. Nine in ten report the premiums for this policy are paid by the Diocese, averaging \$84 per priest per month.
- On average, 95 percent of priests incardinated in a diocese are enrolled in Social Security. Over half of dioceses (56 percent) report that all their priests are enrolled in Social Security. Dioceses report, on average, that just over a quarter (27 percent) of the priests who are receiving special care services are enrolled in Medicaid.

**Center for Applied Research in the Apostolate
Georgetown University
Washington, DC**

Diocesan Provisions of Retirement Services for Priests

Introduction

In September 2012, Laity in Support of Retired Priests, Inc. (LSRP) commissioned the Center for Applied Research in the Apostolate (CARA) at Georgetown University to conduct a study of diocesan practices and policies for the long-term care of diocesan priests in retirement. The purpose of this research is to learn about the types of arrangements that are in place in dioceses to assure that priests have access to certain healthcare and related support services that may be needed in retirement, such as assisted living, skilled nursing, memory care, and hospice care. The research was conducted through an online survey of diocesan human resources personnel or diocesan fiscal managers. The survey is designed to measure the costs incurred for using each of these services and determine how these services are funded, i.e., directly by the diocese or shared in some way with the priests. The survey determines the extent to which priests are expected to spend down their individual assets in order to qualify for Medicaid. Finally, the survey determines the extent to which dioceses have made arrangements to acquire long-term care insurance for their priests. This report summarizes findings of this survey, which surveyed one representative from each diocese.

The survey instrument was designed by CARA in March 2013 in collaboration with representatives from LSRP. The survey consists of 50 closed-ended questions and two-open ended questions designed to evaluate the provision of retirement services for priests in each diocese. The survey was programmed online by CARA and in early April 2013 CARA emailed the survey link to the most appropriate contact at all 176¹ U.S. archdioceses and dioceses, as identified through *The Official Catholic Directory* and diocesan websites. After numerous follow-up emails from mid-April through mid-May 2013, 102 dioceses responded to the survey and three dioceses declined to participate. This represents a 60 percent overall response rate.²

¹ The Archdiocese for the Military Services, the Diocese of St. Thomas, VI, and all U.S. Eparchies and Archeparchies were not included in this population.

² Responding dioceses do not differ from non-responding dioceses in terms of the size of the presbyterate overall or in terms of the proportion of active priests or retired/sick/absent priests in the presbyterate. Nationally, according to figures reported in *The Official Catholic Directory 2012*, dioceses and archdioceses in the United States average 148 diocesan priests, with 64 percent active in ministry and 31 percent retired, sick, or absent. Responding dioceses average 142 diocesan priests, with 64 percent active in ministry and 32 percent retired, sick, or absent. Non-responding dioceses average 156 diocesan priests, with 65 percent active and 31 percent retired, sick, or absent.

Part I: Overview of Responding Dioceses

This section of the report provides a brief overview of responding dioceses, with a focus on the size of the dioceses as measured by the number of active and incardinated priests as well as the retirement benefits offered by these dioceses.

Size of Active and Retired Presbyterate

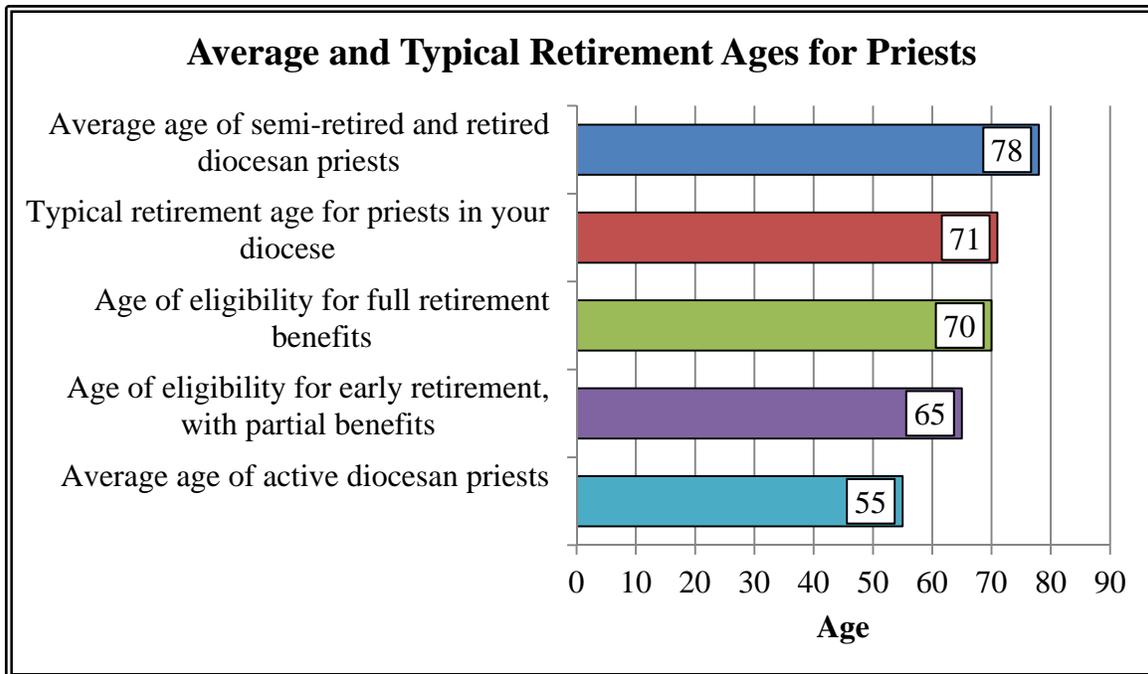
Responding dioceses have, on average, 96 active diocesan priests (excluding externs) and 44 semi-retired and retired priests. This means that, on average, almost one third (31 percent) of priests in the diocese are retired or semi-retired.

Total Number of ... (excluding externs)				
Descriptive statistics of responses:				
	Mean	Median	Minimum	Maximum
...active diocesan priests	96	77	12	578
...semi-retired and retired diocesan priests ³	44	33	3	209
<i>How many active incardinated priests will attain eligibility for full retirement within...</i>				
Descriptive statistics of responses:				
2013 – 2017	16	10	0	117
2018 – 2022	14	11	0	105
2023 – 2027	14	11	2	71

- Dioceses report that they expect an average of 16 priests (16 percent, on average, of their active diocesan priests) will attain eligibility for full retirement between 2013 and 2017. Another 14 priests per diocese, on average, will attain eligibility between 2018 to 2022 and 2023 to 2027. On average, this will be an additional 15 percent (of the priests they report in active ministry at this time) reaching retirement in each period.
- Half or more responding dioceses say that they expect at least ten priests will attain eligibility for full retirement between 2013 and 2017. They expect at least 11 more between 2018 and 2022 and another 11 between 2023 and 2027.

³ If respondents said that there were “0” semi-retired or retired priests in a diocese, the response was changed to missing as this was assumed to be a response error. We assume that every diocese has at least one retired or semi-retired priest.

On average, dioceses report the typical retirement age for their priests is 71.⁴ Dioceses report that the average age of the priests that are currently semi-retired or retired is 78.⁵ Nationally, semi-retired and retired priests have been in that status an average of seven years.



- Dioceses report that the average age of their active diocesan priests is 55. One diocese reported an average age of 40 for its active diocesan priests (the youngest average). At the other extreme, one diocese reported an average age of 64 for its active diocesan priests. The most common response to this question was 55.
- On average, priests become eligible for full retirement benefits at age 70 and for early retirement with partial benefits at age 65.⁶

⁴ Some respondents gave a range of numbers in response to this question on typical retirement age, e.g. “70-75”. In cases such as this, the mid-point of this range was taken as the response for the dioceses. If a response such as “70+” was found, this response was changed to 70. If the response “0” was found, this response was changed to missing.

⁵ In cases where respondents said the average age of a retired priest was “0”, their response was changed to missing. In one case, a respondent said “2”. This response was also changed to missing.

⁶ In some cases, respondents entered the age of eligibility for early retirement as “0”. In these cases, the response was changed to missing.

Benefits for Incardinated Priests

Almost all responding dioceses say that health insurance (98 percent) and prescription drug insurance (95 percent) are currently provided by their diocese.

<i>Which of the following benefits are currently provided by your diocese for its incardinated priests?</i>	
Percentage responding	
Health insurance	98%
Prescription drug insurance	95
Dental and/or vision insurance	89
Payment of premiums for Medicare supplemental insurance	62
Housing allowance	53
Personal retirement savings plan (e.g., IRA, 403b)	44
Car allowance	41
Priests' retirement residence(s) for retired priests capable of <u>independent living</u>	38
Long-term care insurance	27
An annuity program for diocesan priests	27
Hospice care	20
Priests' retirement residence for retired priests in need of <u>skilled nursing</u> care	20
Priests' retirement residence for retired priests in need of <u>assisted living</u> care	18
Memory care services	14

- Nine in ten responding dioceses (89 percent) say that the diocese provides dental and/or vision insurance for its incardinated priests.
- Over six in ten respondents (62 percent) say that the diocese pays premiums for Medicare supplemental insurance.
- More than half of respondents (53 percent) say that the diocese provides a housing allowance for its incardinated priests.
- At least four in ten responding dioceses say that incardinated priests are provided with a personal retirement saving plan (44 percent) and a car allowance (41 percent).
- A quarter of responding dioceses (27 percent) provide long-term care insurance. The same proportion provides an annuity program for diocesan priests.

- Almost four in ten responding dioceses (38 percent) say that the diocese provides priests' retirement residence(s) for retired priests capable of independent living. Two in ten (20 percent) provide a priests' retirement residence for retired priests in need of skilled nursing care and/or a retirement residence for retired priests in need of assisted living care. The same proportion provides hospice care for priests.
- One in seven responding dioceses provide memory care services (14 percent) for retired priests.

Part II: Housing and Specialized Care Services for Retired Priests

Part II of this report provides a more detailed description of the housing and specialized care services provided by dioceses for their retired priests. Specifically, this section looks at retirement housing and specialized care as well as the provision of long-term care, facilities used by incardinated priests, and funding for specialized care facilities.

Housing

Most dioceses report that the majority of their retired and semi-retired priests live in a private house, apartment, or condominium rented or owned by the priests themselves. On average, 62 percent of retired and semi-retired priests live in private houses, apartments or condominiums rented or owned by the priests.

What proportion of retired and semi-retired priests incardinated in your diocese live in:

Descriptive statistics

	Mean	Median	Minimum	Maximum
Private house, apartment, or condominium rented or owned by the priest	62%	63%	0%	100%
Rectory or other parish-provided housing	15	10	0	85
Privately owned retirement facility	7	2	0	80
Diocesan-sponsored retirement facility	7	0	0	50
Retirement facility sponsored by a religious community	4	0	0	50
Diocesan-provided housing away from a parish	3	0	0	42
Family-provided housing	2	0	0	75

- On average, about one in six retired or semi-retired incardinated priests (15 percent) in a particular diocese live in a rectory or other parish provided housing. Half or more dioceses report that 10 percent or less of their retired and semi-retired priests live in this type of accommodation.
- Fewer retired and semi-retired priests live in other types of housing. Dioceses estimate that, on average, just 7 percent of retired and semi-retired priests live in a privately owned retirement facility, a diocesan-sponsored retirement facility (7 percent), a retirement facility sponsored by a religious community (4 percent), diocesan-provided housing away from a parish (3 percent), or family-provided housing (2 percent).

Specialized Residential Care

At least half of responding dioceses say that 86 percent or more of their retired and semi-retired priests are currently in independent living. On average, dioceses report that more than eight in ten retired and semi-retired priests in a diocese (82 percent) are in independent living.

What proportion of the retired and semi-retired priests incardinated in your diocese currently are in:⁷

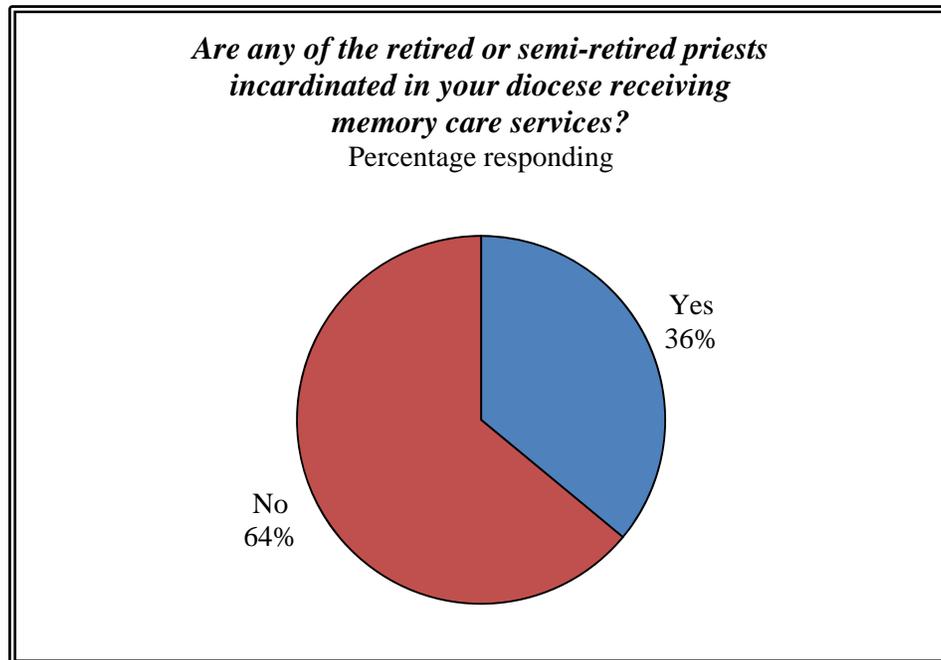
Descriptive statistics

	Mean	Median	Minimum	Maximum
Independent living – either alone or with other priests, but do not require any assistance with daily activities.	82%	86%	0%	100%
Assisted living – living in a residence that provides assistance with daily activities, such as dressing or bathing.	10	8	0	93
Skilled nursing care – living in a residence that provides care of chronic conditions or short-term convalescent or rehabilitative care that requires medical and nursing care.	7	5	0	60
Hospice care – receiving care during the last phases of incurable disease so they may live as fully and comfortably as possible, either at home or in a residential facility.	1	0	0	12

- On average, one in ten semi-retired and retired priests in a diocese (10 percent) are in assisted living.
- On average, less than one in ten semi-retired and retired priests in a diocese are currently in skilled nursing care (7 percent) or in hospice care (1 percent).

⁷ For each responding diocese, the sum over the four types of living should have been equal to 100 percent. For some responses, this was not the case, so responses were edited accordingly. If the sum over the four types of living was equal to 10, responses were reweighted to be equal to 100 percent. If the sum over the four types of living was equal to the number of retired and semi-retired priests in the diocese, the responses was reweighted to be in percentages instead of a head count. In some cases, if the proportion listed as living in assisted living, skilled nursing care or hospice care was given and was less than 100 percent *and* the proportion of retired priests was left empty, it was assumed that all other retired priests were in independent living.

Over one-third of responding dioceses (36 percent) say that they have retired or semi-retired priests receiving memory care services.



Provision of Long-Term Care

Half of responding dioceses (50 percent) say that their priests are required to spend down personal assets to qualify for Medicaid coverage.

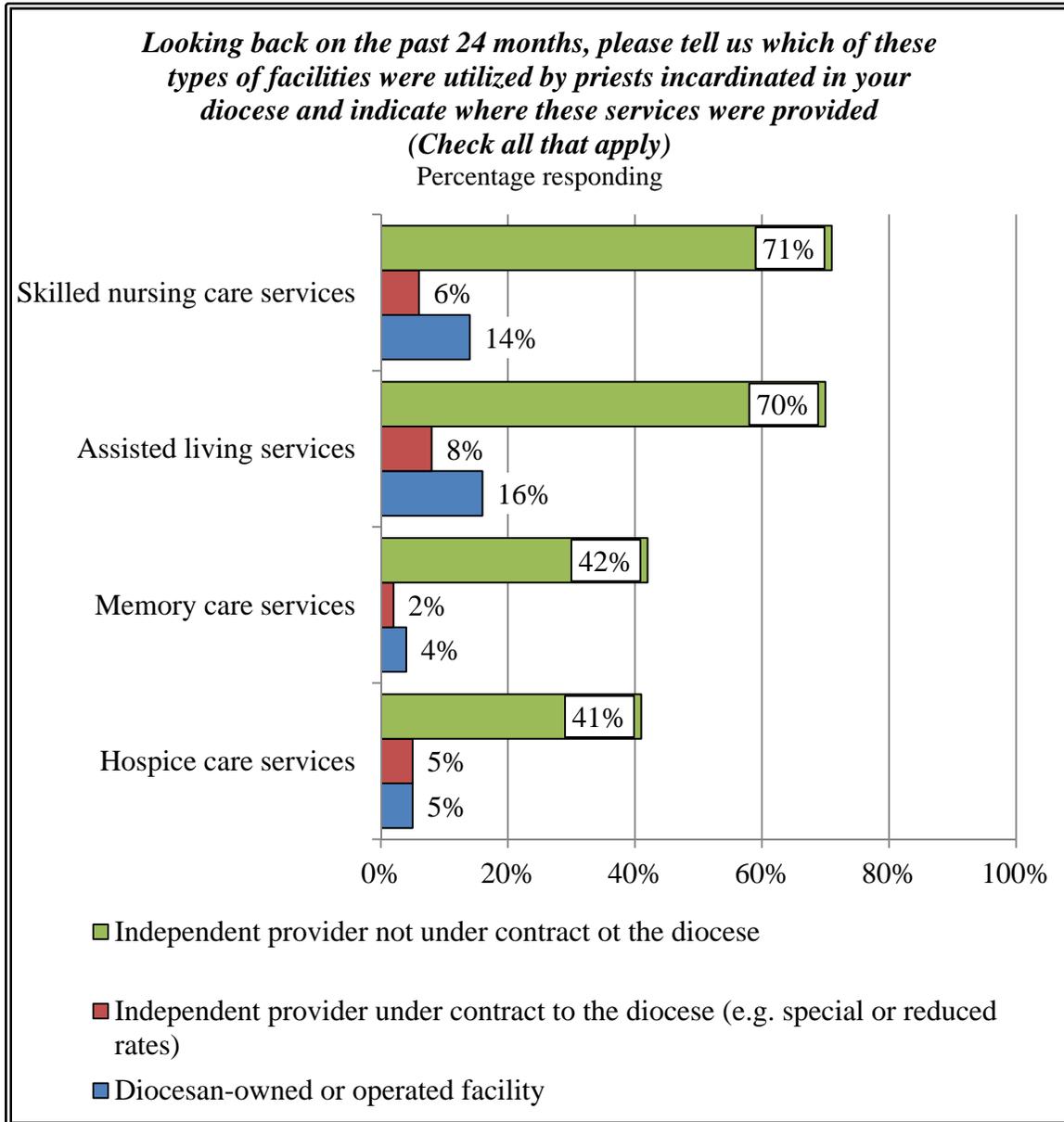
<i>How does this diocese currently provide for the long-term care of incardinated priests (Check all that apply)?</i>	
Percentage responding	
Priests are required to spend down personal assets to qualify for Medicaid coverage	50%
Diocese contracts with an independent provider for services on an as-needed basis	35
Priests are encouraged to acquire long-term care insurance on their own (e.g., Knights of Columbus)	31
Diocese provides long-term care insurance for incardinated priests	24
Diocese arranges for care provided through a publically-funded Medicaid program	21
Diocesan owned and/or operated care facility	13
Diocese has a contract with an independent provider for services at a special or reduced rate	6
Other (please describe):	25

- About one-third of responding dioceses say that the diocese contracts with an independent provider for long-term care services on an as-needed basis (35 percent) or that priests are encouraged to acquire long-term care insurance on their own (31 percent).
- About a quarter of responding dioceses say that the diocese provides long-term care insurance for incardinated priests (24 percent) or the diocese arranges for care provided through a publically-funded Medicaid program (21 percent).
- More than one in ten (13 percent) responding dioceses have a diocesan owned and/or operated care facility providing long-term care of incardinated priests. Half as many responding dioceses (6 percent) have a contract with an independent provider for long-term care services at a special or reduced rate.
- One quarter of respondents (25 percent) say there is some other system in place to provide for long-term care of incardinated priests. Most responses in the “other” categories describe some system whereby the diocese and priest share the cost of long-term care. The responses given by dioceses in this “other” category include:

- A benevolent fund is available for priests needing financial assistance.
- Archdiocese pays for assisted living and nursing home care.
- Diocesan funded Retired Clergy Health Plan provides medical and long-term care benefits.
- Diocese arranges for care provided through a facility nearby the residence of the priest.
- Diocese asks priests to pay 50 percent as long as they have assets. Diocese pays half or more as needed.
- Diocese pays expenses if [the] priest not ready to go to nursing/assisted living facility.
- Diocese provides subsidy to priest to combine with Social Security to cover the cost.
- Diocese will assist, if necessary, after priest exhausts personal assets, and is utilizing public funded programs.
- If a priest exhausts his financial resources, he can request supplemental assistance from the Diocese.
- If LTC Insurance isn't enough the diocese covers the balance.
- LTC for currently retired priests and life insurance with a LTC rider on active priests.
- Negotiated percentage of the priest's pension...The Diocese has primary responsibility.
- No specific policy is in place.
- Nursing Home Policy provided by diocese; priest gives pension to be part of this policy
- Personal arrangements.
- Priest pension, 403b and Social Security is applied to LT care, Diocese backfills any shortfall.
- Priests are asked to contribute toward their care if they are able to do so.
- Priests are expected to make arrangements for their care following retirement, which may include being in residence in a rectory or purchasing a house or condo and establishing a contingency plan to provide for any acute medical care they may need in the future.
- Priests pay a percentage of nursing home care costs until personal assets are spent down, then they apply for Medicaid and the Diocese pays the rest at 100 percent.
- The diocese steps in financially when personal savings are exhausted.
- There is an emergency fund after the priest's funds run out that supplies for his needs.
- Three carriers.
- [We are] creating a LTC Plan.
- We are in the process of building a diocesan owned retirement center (independent living only).

Specialized Care Used by Priests

Most specialized care services that have been utilized by dioceses in the past two years were provided by an independent provider not under contract to the diocese.⁸



- Seven in ten responding dioceses say that they used skilled nursing care services (71 percent) and assisted living services (70 percent) provided by an independent provider not under contract with the diocese for priests in the past 24 months.

⁸ Note that percentages do not sum to 100 percent because respondents were asked to check all options that applied.

- Over four in ten responding dioceses used memory care services (42 percent) and hospice care services (41 percent) provided by an independent provider not under contract with the diocese in the past 24 months.
- About one in six respondents say that their diocese used skilled nursing care services (14 percent) and assisted living services (16 percent) provided by a diocesan-owned or operated facility.
- Less than one in ten responding dioceses report using all other combinations of facility/provider in the past 24 months.

Funding for Special Care Facilities

Almost six out of ten responding dioceses (58 percent) say that when diocesan priests require the services of a special care facility, the priests receiving services pay for them with their own or family resources.

<i>When diocesan priests require the services of a special care facility such as those described above, how are the costs for these services typically funded (Check all that apply)?⁹</i>	
Percentage responding	
Priests receiving services pay for them with their own or family resources	58%
The cost of services is shared between the diocese and the priest receiving services	44
The diocese assumes the full cost for services rendered to incardinated priests	13

- More than four in ten respondents (44 percent) say the cost of special care facility services are shared between the dioceses and the priest receiving the service.
- Just over one in ten responding dioceses (13 percent) say that the diocese assumes the full cost for services rendered to incardinated priests.

⁹ Note that percentages do not sum to 100 percent because dioceses were allowed to select more than one response to this question.

Part III: Financial Aspects of Retirement Care for Retired Priests

Part III of this report looks at the financial aspects of retirement care for retired priests. Topics covered include who pays for special care facilities, diocesan preparation for long-term care costs, diocesan arrangements for long-term care insurance policies and social security, private insurance and Medicaid for incardinated priests.

Distribution of Costs for Special Care Facilities

The fund most commonly used by dioceses for costs associated with special care facilities for priests is a retirement fund for priests. On average, over one-third of costs for special need facilities (36 percent) are paid for by a retirement fund for priests.

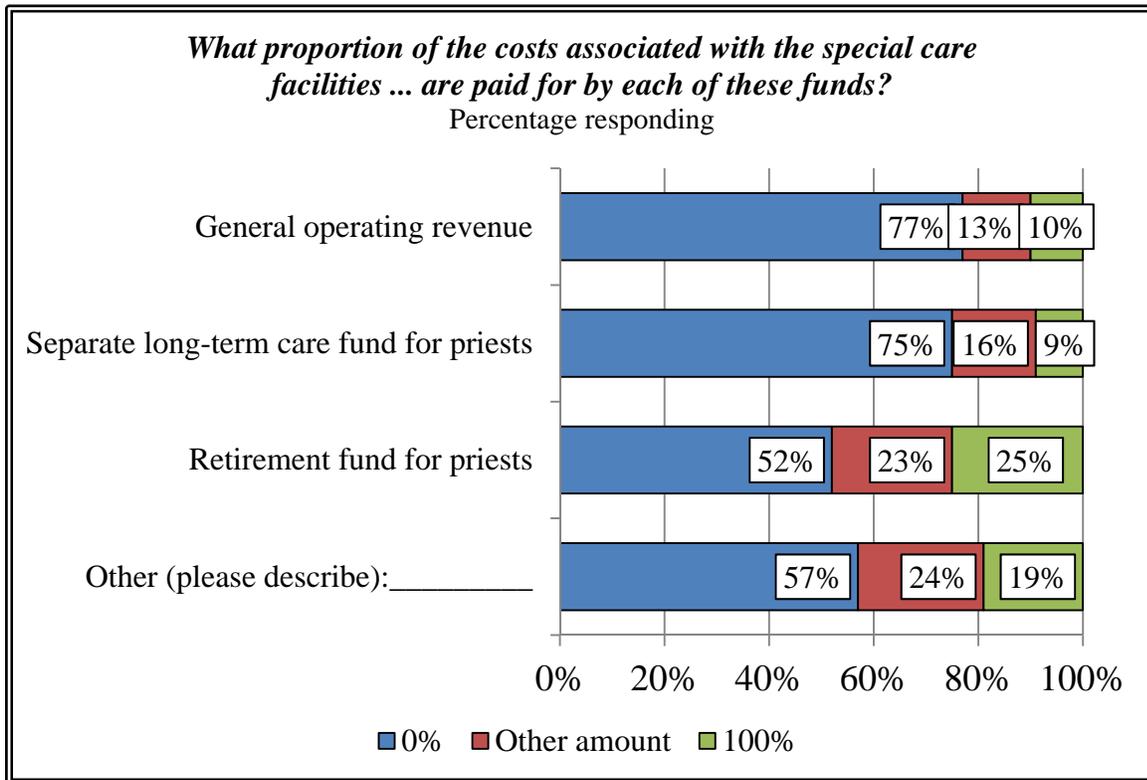
<i>What proportion of the costs is associated with the special care facilities ... are paid for by each of these funds?¹⁰</i>				
	Descriptive statistics			
	Mean	Median	Minimum	Maximum
Retirement fund for priests	36%	0%	0%	100%
General operating revenue	16	0	0	100
Separate long-term care fund for priests	16	0	0	100
Other (please describe):	32	0	0	100

- Overall, dioceses report that on average they fund about one-sixth of the costs associated with special care facilities for priests (16 percent) out of general operating revenue. The same proportion, on average, is funded by a separate long-term care fund for priests.
- On average, dioceses nationally fund one-third of the costs of special care facilities (32 percent) through other sources besides the priests' retirement fund, a long-term care fund for priests, or general operating revenue. The most commonly mentioned additional sources of funding are some sort of long-term care insurance or the priest's own funds, although other sources are also given. The "other" responses to this question include:
 - A portion of the Archbishop's Catholic Appeal is allocated to retired priests and pays for long-term care facilities

¹⁰ Some editing to the original responses was needed, as it was apparent that some respondents had misread or misinterpreted the question. The sum over all four types of funding should have been equal to 100% and for some responses, this was not the case. In some cases, a respondent had entered "0%" for each and every type of funding. In cases where this had happened, the responses were changed to missing. If the sum over all four types of funding was not 100%, but another value, entries were re-weighted to sum to 100%. If a number that was not "100%" and was less than 100% was entered into one type of funding, and all others were "0" or left blank, then the percentage needed to make total funding equal to 100% was entered in the "other" category.

- Absorbed by budget of facility
- By priests
- By separate long-term care fund for priests, only if necessary
- Custodial care fund
- Depends on circumstances
- Depends on what the insurance pays
- Have not experienced this
- Individual's arrangements
- Infirm Priest Fund
- Infirm Priest fund when personal finances are limited
- Life insurance/long-term rider
- Long-term care benefit
- Long-term care insurance up to limit; balance paid by priest and / or retirement fund for priests
- Long-term care insurance benefit provides up to \$6,000.00 a month, if over that amount the priest pays from his own resources
- Long-term care insurance and priest fund
- Mostly priest's own funds, diocesan funds during initial need for care
- Personal funds
- Personal or Medicaid
- Premium for Medicare Advantage Plan and \$220/month for ILS services are paid from retirement fund
- Priest
- Priest Benefit fund which is budgeted annually; general operating as needed.
- Priest paid with own funds
- Priest pays a portion of their income towards care.
- Priest pays from own insurance
- Priest personal pay
- Priest uses his funds; Archdiocesan facility provides all needed care in excess of personal funds
- Priest's Savings, Annuities, Investments
- Priests Assets
- Priests spend down personal assets to qualify for Medicaid
- Priests personal savings
- Pro-rata parish assessments
- Special needs fund - covers the costs not covered by health plan or long-term care

Many dioceses report that they use several different funding sources to pay for special care facilities for priests.

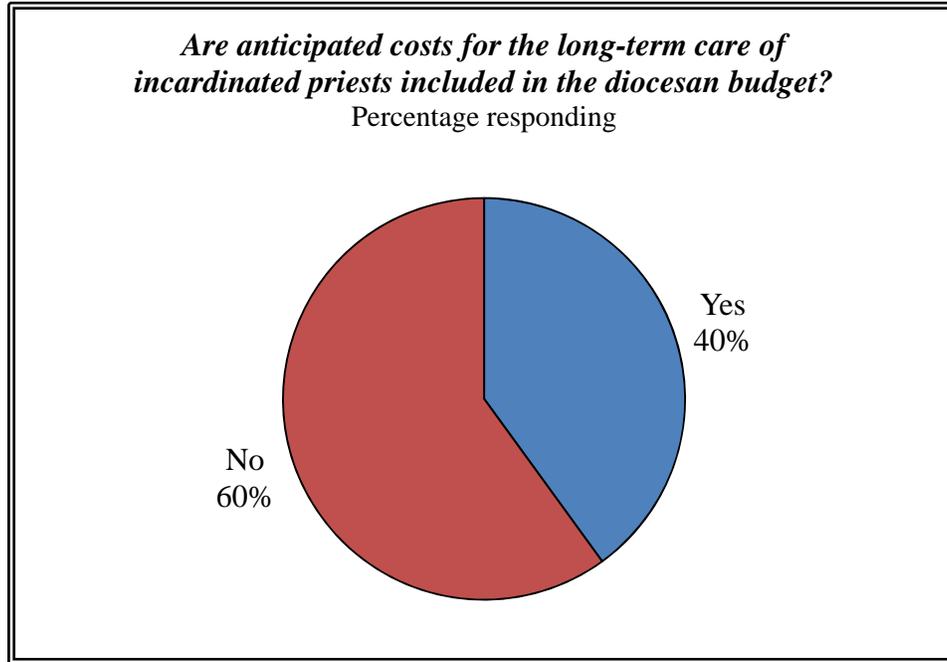


Altogether, six in ten responding dioceses (63 percent) use only one source to fund the costs of special care facilities for their incardinated priests (not show in the figure above).

- A quarter of dioceses (25 percent) report that all costs (100 percent) associated with special care facilities for incardinated priests are funded by a retirement fund for priests.
- One in five dioceses (19 percent) report that all costs for these facilities are funded in some other way.
- One in ten dioceses use either general operating revenue or a separate long-term care fund for priests exclusively (100 percent) to fund the costs for special care facilities for priests.

Diocesan Preparation for Long-Term Care Costs

Six in ten responding dioceses (60 percent) report that the diocesan budget does not include anticipated costs for the long-term care of incardinated priests.



Nevertheless, about seven in ten respondents say that the diocese is at least “somewhat” prepared to meet the long-term care needs of their retired priests “at this time” (69 percent) and “in the next 5 years” (70 percent).

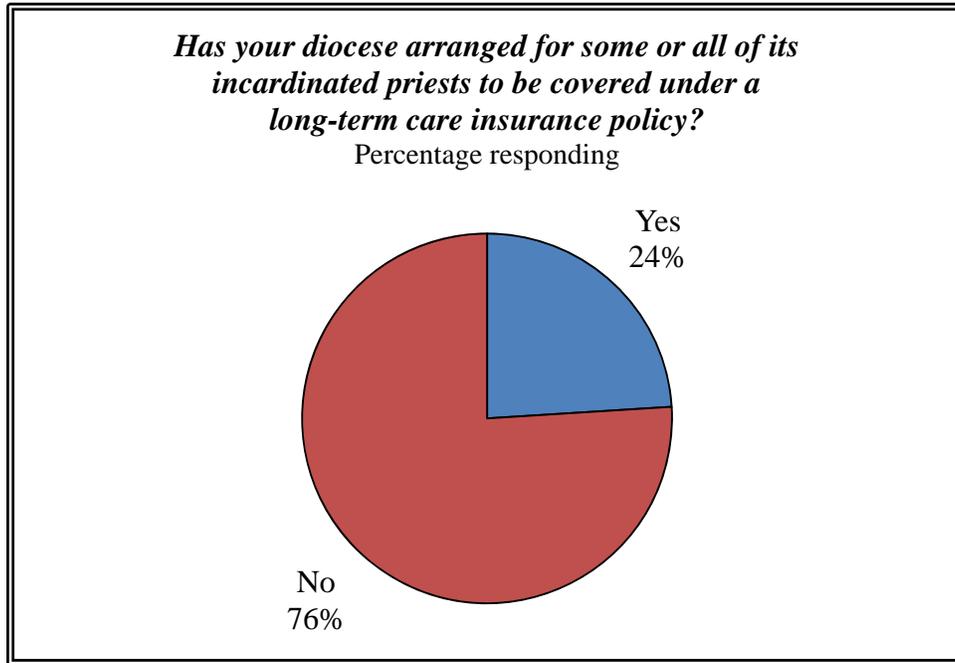
In your opinion, how well-prepared is your diocese to meet the long-term care needs of its retired priests?
Percentage responding

	“Very well” or “Somewhat”	“Very well” only
At this time?	69%	35%
In the next 5 years?	70	27
In the next 10 years?	66	26

About a third of respondents (35 percent) think that their diocese is “very well” prepared to meet the long-term care needs of its retired priests at this time, but just over a quarter think their diocese is “very well” prepared for these needs in the next five years (27 percent) or in the next ten years (26 percent).

Long-Term Care Insurance

About one-quarter of respondents (24 percent) say that their diocese has arranged for some or all of its incardinated priests to be covered under a long-term care insurance policy.



When asked which company provides their long-term care insurance program, respondents are most likely to respond UNUM (Unum Life Insurance Company) or that they are self-insured. Providers mentioned by responding dioceses include:

- C.N.A Insurance Companies
- Catholic Mutual
- Genworth & John Hancock
- Genworth Life; MetLife
- John Hancock; MetLife; Genworth
- KNIGHTS OF COLUMBUS
- LTC Strategy. Com John Hancock / TransAmerica
- Mutual of Omaha and MedAmerica
- Nationwide
- New York Life
- New York Life
- Private actuarial firm
- SelectBlue
- Self-funded program
- Self-insured

- Self-insured
- Self-insured with third party administrator
- Unum Life Insurance Company
- We are self-insured; we have a fund for our infirm priests.

Long-Term Care Insurance Monthly Premiums

Among dioceses that have arranged for their priests to be covered under a long-term care insurance policy, the average current monthly premium per covered priest is estimated to be \$84.

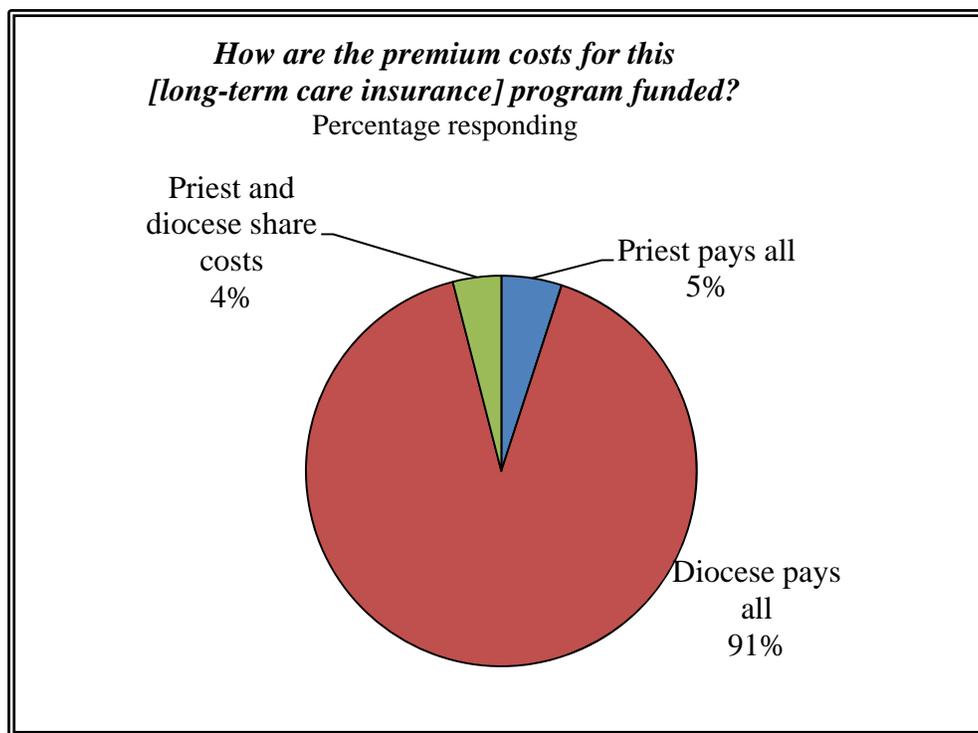
<i>What is the current monthly premium [for a long-term care insurance policy] per covered priest?</i>			
Descriptive statistics			
Mean	Median	Minimum	Maximum
\$84	\$63	\$25	\$250
<i>What percentage of eligible priests are currently covered by this plan?</i>			
90%	100%	27%	100%

Dioceses that reported that they have arranged for long-term care insurance for their priests were then asked to declare the current monthly premium per priest that they pay. Upon examining the responses to this question it was apparent that some of these data were entered incorrectly – with values ranging from \$36 to \$12,006. The most reasonable of two possibly corrections were then made to bring the data into a more reasonable range:

- a. Dividing the response by 12 (under the assumption that the respondent had entered the annual premium instead of the monthly premium per priest). This calculation was done for values between \$300 and \$1,500.
 - b. Dividing the response by the number of incardinated priests in the diocese: active, semi-retired and retired (assuming the respondent entered the total premium per month and not the premium per priest). If the respondent indicated that the proportion of priests in the diocese that are covered by long-term care insurance was less than 100 percent, this number is adjusted accordingly to account for this. This calculation was done for values above \$1,500.
- Examining the cleaned data, the average currently monthly premium per priest is \$84 and half of responding dioceses pay a monthly per priest premium of \$63 or more.

- The minimum monthly per priest premium is \$25 and the maximum is \$250.
- Dioceses that have arranged for some or all of their incardinated priests to be covered under a long-term care insurance policy report that, on average, 90 percent of their eligible priests are covered by long-term care insurance.

In more than 90 percent of dioceses that have arranged for some or all of their incardinated priests to be covered under a long-term care insurance policy, the diocese pays the premium costs.



One diocese reported that the priest and the diocese share the cost of the premium. In that case, the diocese pays 90 percent of the cost of the premium and the priest pays 10 percent of the premium.

Social Security, Private Insurance, and Medicaid

On average, dioceses report that 95 percent of the eligible priests in the diocese are enrolled in Social Security. Over half of responding dioceses (56 percent) say all their priests are enrolled in Social Security (not shown in table).

	What proportion of...			
	Descriptive statistics			
	Mean	Median	Minimum	Maximum
...the eligible priests in your diocese are enrolled in Social Security?	95%	100%	0%	100%
...the incardinated priests in your diocese are covered by private long-term care insurance (not by a diocesan-funded or diocesan-offered insurance policy)?	5	0	0	90
...the priests in your diocese who are receiving special care services ...are enrolled in Medicaid?	27	0	0	100

- On average, dioceses report that of one in twenty incardinated priests (5 percent) in the diocese are covered by private long-term care insurance. Close to two in three responding dioceses (63 percent) say that none of their incardinated priests are covered by long-term care insurance (not shown in table).
- Nationally, responding dioceses report that just over a quarter of their priests who are receiving special care services (27 percent) are enrolled in Medicaid. More than half of responding dioceses (54 percent), report that none of their priests who are receiving special care services are enrolled in Medicaid (not shown in table).

Part IV: Open-Ended Questions

What Does the Diocese Do Best in Caring for Its Retired Priests?

Respondents were asked to describe, in their own words, what the diocese does best in caring for its retired priests. There were three recurring themes in these responses: ensuring that all financial needs of retired priests are met, the quality of the facilities for and people working with retired priests, and ensuring the continued involvement of retired priests in the community. Each are discussed in more detail below, with examples of respondent comments in each area. A full list of responses can be found in Appendix II.

Ensuring that all financial needs of priests are met

Many respondents said that what their diocese does best is to provide financially for its retired priests. Within this field, respondents talked about covering health costs, long-term care costs, housing costs, and continued income and stipends after incardinated priests have reached retirement age. Some of the comments provided by respondents include the following (responses have been lightly edited for clarity):

The Diocese provides pension benefits and medical care for retired priests.

Provides one of the best retirement packages in the country, including a full salary as a retirement salary (\$2,000 a month), membership in a Mutual Benefit Society for all Incardinated priests which provides (currently about \$700 a month), an IRA funded by his institution of \$2,500 a year contribution, along with encouraging each priest to contribute, and mandatory Social Security eligibility. The diocese also "puts away" a regular percentage of the Diocesan Assessment to be used to assist any priests who need help with retirement expenses (not just incardinated priests).

There should be no financial stress on the part of individual priests related to health and long-term care benefits.

The facilities for, and people working with, retired priests

Several respondents talked about the great facilities provided by the diocese for retired and semi-retired priests. Such services included offices within the diocese devoted to helping priests transition from being active to retired, workshops for retired priests and active priests whose sole job was to serve the retired priest community. Some exemplary responses include:

Personal outreach through Retired Priests Coordinator / Payment of health insurance, auto insurance / Regular annual meetings to explain benefits /

Payment of annual Convocation, annual retreat, and all continuing education programs

The Archdiocese has invested in a position to care for the retired clergy and those from religious orders who assist the diocese. This is a full time position and assisted the retired clergy in any and all requests of the retired priests. The position works directly with the Vicar of Clergy and can also report directly to the Archbishop in emergency situations

An active priest is assigned to full time ministry for our retired priests, especially taking care of the ones who are in assisted living and nursing care. Care is provided on an individual basis as the need arises. Communication between the Archdiocese and the retired priest is very good.

Ensuring the continued involvement of retired priests in the community

Another strength that several respondents mentioned was the efforts of the diocese to ensure that retired priests continue to be involved in the community, be it by communal living and meals, continued involvement in diocesan/parish activities and transportation to activities and Mass if needed as well as other provisions. Some responses include:

Our Diocese makes conscious effort to include the retired priests in retreats, formation events, support groups, and deanery meetings. This allows them to be in the loop of the Diocesan events and help them to be integral part of presbyterate.

The retired priests continue to stay active and connected to the other priests and the Diocese.

Provide diocesan housing including housekeeping, all meals as a group, chapel for group celebrations of Eucharist, lounge for social time for priests, help with transportation if needed, people looking out for them if they get temporarily ill, social interaction with diocesan staff.

Recommendations to Improve Care for Retired Priests

Respondents were asked what they would recommend to improve care for retired priests in their diocese. There were several reoccurring themes in the responses to this question: the need for more/better retirement homes or living facilities for retired priests, more assistance in preparing priests for retirement and greater provision and finances for long-term care needs and other services. Each of these are discussed in more detail below. A full list of responses can be found in Appendix II.

The need for more/better retirement homes

Some respondents say that there is a need for more or better retirement homes for retired priests in their diocese. Others also state the need for other live-in care facilities for those in need of more supervised care. Some responses include (responses have been lightly edited for clarity):

A retirement home(s) would be desirable but not all would want to live in such a setting. They were accustomed to living alone when active and would hesitate to live in a common area or complex.

Build a new assisted living facility with a memory care unit to prepare for future needs.

More retirement housing, a staff person dedicated solely to the care of retired priests, some better access to assisted living and skilled nursing facilities.

Assistance in preparing for retirement

Several respondents indicate that they feel that priests in their diocese are ill-prepared for retirement, both spiritually and practically, and say that better preparing priests for retirement would be beneficial. Some examples of responses include (edited lightly for clarity):

Assist priests in preparing well for their retirement years, including discussions concerning long-term care.

Continue to develop a greater understanding for the need to plan emotionally, spiritually, financially and physically for retirement well before the actual retirement date. Help educate family/friends of priests on the policy and procedure for retirement. Continue to provide solid resources to encourage promote and implement good healthy living in all ages allowing priests to serve and minister as fully as possible.

Improve training throughout priest career to prepare for retirement.

Long-term care needs

Many respondents also speak of the need for better long-term care facilities in their diocese, or the need to increase funding to support those who need long-term care. Responses include:

Establish a Diocesan Long-term Care Agreement with a local Catholic skilled nursing facility that would not require priests to use their savings or other monetary assets to pay for their own nursing or skilled nursing care. This program would also assist our priests in preparing for the eventuality of needing acute or skilled nursing care.

Have long-term care coverage and have better awareness of their daily living needs. Also provide memory care services.

Long-term care insurance has been investigated several times but nothing has been done due to the cost.

Appendix I: Response Frequencies



Diocesan Provision of Retirement Services for Priests

Center for Applied Research in the Apostolate (CARA)
Georgetown University, Washington, DC

Below are the combined survey responses. Each set of response options is calculated out of 100%. Non-response rates (NR) are the percentage of respondents who did not answer each question, calculated separately out of 100%. A total of 102 dioceses responded to this survey.

Diocesan Retirement Benefits

Please respond to these questions about priests incardinated in your diocese:

Mean	NR		
70	01	1.	Age of eligibility for full retirement benefits.
65	29	2.	Age of eligibility for early retirement, with partial benefits.
71	01	3.	Typical retirement age for priests in your diocese.
96	03	4.	Total number of active diocesan priests (do not include externs).
55	05	5.	Average age of active diocesan priests.
44	06	6.	Total number of semi-retired and retired diocesan priests (do not include externs).
78	12	7.	Average age of semi-retired and retired diocesan priests.

How many active incardinated priests will attain eligibility for full retirement within:

Mean	NR		
16	09	8.	2013-2017
14	11	9.	2018-2022
14	11	10.	2023-2027

%		Which of the following benefits are currently provided by your diocese for its incardinated priests?
53	11.	Housing allowance.
41	12.	Car allowance.
98	13.	Health insurance.
95	14.	Prescription drug insurance.
89	15.	Dental and/or vision insurance.
27	16.	Long-term care insurance.
62	17.	Payment of premiums for Medicare supplemental insurance
27	18.	An annuity program for diocesan priests.
44	19.	Personal retirement savings plan (e.g., IRA, 403b).
38	20.	Priests' retirement residence(s) for retired priests capable of <u>independent living</u> .
18	21.	Priests' retirement residence for retired priests in need of <u>assisted living</u> care.
20	22.	Priests' retirement residence for retired priests in need of <u>skilled nursing</u> care.
14	23.	Memory care services.
20	24.	Hospice care.

Housing and Special Care Services for Retired Priests

25. What proportion of the retired and semi-retired priests incardinated in your diocese live in:
NR = 05

Mean	
15%	a. Rectory or other parish-provided housing
03%	b. Diocesan-provided housing away from a parish
62%	c. Private house, apartment, or condominium rented or owned by the priest
02%	d. Family-provided housing
07%	e. Diocesan-sponsored retirement facility
04%	f. Retirement facility sponsored by a religious community
07%	g. Privately owned retirement facility

100%

26. What proportion of the retired and semi-retired priests incardinated in your diocese currently are in: **NR = 16**

Mean	
82%	a. Independent living – either alone or with other priests, but do not require any assistance with daily activities.
10%	b. Assisted living – living in a residence that provides assistance with daily activities, such as dressing or bathing.
07%	c. Skilled nursing care – living in a residence that provides care of chronic conditions or short-term convalescent or rehabilitative care that requires medical and nursing care.
1%	d. Hospice care – receiving care during the last phases of incurable disease so they may live as fully and comfortably as possible, either at home or in a residential facility.

100%

26a. Are any of the retired and semi-retired priests incardinated in your diocese receiving **memory care services**? 35% Yes 65% No **NR = 09**

How does this diocese currently provide for the long-term care of incardinated priests
 (Check all that apply)?

%	NR		
13	01	27.	Diocesan owned and/or operated care facility
06	01	28.	Diocese has a contract with an independent provider for services at a special or reduced rate
35	01	29.	Diocese contracts with an independent provider for services on an as-needed basis
21	01	30.	Diocese arranges for care provided through a publically-funded Medicaid program
50	01	31.	Priests are required to spend down personal assets to qualify for Medicaid coverage
24	01	32.	Diocese provides long-term care insurance for incardinated priests
31	01	33.	Priests are encouraged to acquire long-term care insurance on their own (i.e., Knights of Columbus)
25	01	34.	Other (please describe):

35. Looking back on the past 24 months, please tell us which of these types of facilities were utilized by priests incardinated in your diocese and indicate where these services were provided (Check all that apply):

Special Care Facility	Diocesan-owned or operated facility	Independent provider under contract to the diocese (e.g., special or reduced rates)	Independent provider not under contract to the diocese
a. Assisted living services	16%	08%	70%
b. Memory care services	04%	02%	42%
c. Skilled nursing care services	14%	06%	71%
d. Hospice care services	05%	05%	41%

When diocesan priests require the services of a special care facility such as those described above, how are the costs for these services typically funded?

%

58	36.	Priests receiving services pay for them with their own or family resources
44	37.	The cost of services is shared between the diocese and the priest receiving services
13	38.	The diocese assumes the full cost for services rendered to incardinated priests

Financial Aspects of Retirement Care for Retired Priests

What proportion of the costs associated with the special care facilities described on the previous page are paid for by each of these funds?

NR = 33

16%	39. General operating revenue
36%	40. Retirement fund for priests
16%	41. Separate long-term care fund for priests
32%	42. Other (please describe): _____

100%

43. Are anticipated costs for the long-term care of incardinated priests included in the diocesan budget?

40% Yes

60% No

NR = 02

In your opinion, how well-prepared is your diocese to meet the long-term care needs of its retired priests:

	Not at all	Only a little	Somewhat	Very well	NR
44. At this time?	16%	15%	34%	35%	00
45. In the next 5 years?	15%	15%	43%	27%	02
46. In the next 10 years?	14%	20%	40%	26%	02

47. Has your diocese arranged for some or all of its incardinated priests to be covered under a long-term care insurance policy? 24% Yes 76% No NR = 00

47a. If yes, which company provides this insurance program: _____

47b. If yes, what is the current monthly premium per covered priest:
Mean = \$84 NR = 79

47c. If yes, what percentage of eligible priests are currently covered by this plan:
Mean = 90% NR = 78

47d. If yes, how are the premium costs for this program funded: proportion paid by priest:
Mean = 05% NR = 78
proportion paid by diocese:
Mean = 95% NR = 78

48. What proportion of the eligible priests in your diocese are enrolled in Social Security?
Mean = 95% NR = 02

49. What proportion of the incardinated priests in your diocese are covered by private long-term care insurance (not by a diocesan-funded or diocesan-offered insurance policy)?
Mean = 05% NR = 29

50. What proportion of the priests in your diocese who are receiving the special care services described on the previous page are enrolled in Medicaid? Mean = 27% NR = 23

51. In your opinion, what does this diocese do best in caring for its retired priests?

52. What would you recommend to improve care for retired priests in this diocese?

53. May we contact you for additional information or discussion on this topic?
90% Yes 10% No NR = 1

Name of person completing this form: _____

Position: _____ Arch/Diocese: _____

Phone: _____ E-mail: _____

**Thank you for completing this survey.
Please use the contact information below if you have any questions.**

**Center for Applied Research in the Apostolate (CARA) at Georgetown University
2300 Wisconsin Ave NW, Suite 400, Washington, DC 20007
Phone: (202) 687-8080 Fax: (202) 687-8083
©2013 CARA, All rights reserved.**

Appendix II: Answers to Open-Ended Questions

Q51. In your opinion, what does this diocese do best in caring for its retired priests?

100% healthcare coverage

A Catholic sponsored retirement facility will provide assisted living, and skilled nursing care for priests. The fees depend upon the financial resources of the priest. If the priest is able to pay the normal full cost, he is required to do so. If he is only able to pay a portion of the cost, the facility will adjust its fees accordingly.

a) Has a full-time Director for Clergy Outreach (Retirement) with caring, qualified staff / b) Offers a diocesan facility for care of our priests / c) Creates community living that respects their dignity and priestly identity

All clergy are encouraged to participate in the "St. Joseph's Society" clergy retirement fund for the Diocese. Also, retired clergy may live in any of the rectories in the diocese.

All incardinated retired priests have a priests pension, social security, private 403 B, Medicare, supplemental health insurance and long-term care insurance and some priests have private resources. If they do not have their own residence the priest can live in a rectory.

All levels of care (independent living, home health, ALF, SNF, hospice) are available within facilities of Archdiocese; priest uses his funds, when spent, Archdiocese guarantees full care for life in its facilities.

An active priest is assigned to full time ministry for our retired priests, especially taking care of the ones who are in assisted living and nursing care. Care is provided on an individual basis as the need arises. Communication between the Archdiocese and the retired priest is very good.

Archdiocese assumes cost of care for retired priests needing level of care above independent living. Retired priests in independent living are paid salary equivalent plus housing allowance.

Assure them that all of their essential needs will be taken care of.

Continues to find way to supplement the Priests' Retirement Fund; gives priests the opportunity to participate in a 403 retirement plan; offers "pre-retirement" information and seminars and encourages participation by all active priests; steps in when a priest's finances or insurance are insufficient to allow him to stay in the facility where he is comfortable (though there are limits to this).

Delegate for Senior Priests attends to the needs of the retired priests. The diocese is aware of various issues identified through the regular visitation and communication through the Delegate for Senior Priests Office. Workshops on preparing for retirement, adjusting to retirement and ongoing continuing education for those retired are handled through the

Delegate for Senior Priests. The presbyterate is very helpful in encouraging, welcoming and including the retired priests to participate in spiritual, social and diocesan gatherings as they are able.

Ensures that priests will have appropriate care for their entire lives

Evaluating each priest's individual needs and responding to them accordingly; having a person on staff as a resource person to coordinate the service delivery of supporting the needs of the retired priests. /

Excellent health care coverage.

Fully insured to cover all their needs

Funds the retirement needs currently at 89% will fully fund within 5 years

Give generous retirement benefits

Has a Senior Priest Advisor for retired priests. / Maintains excellent medical and dental plan coverage. / Maintains a good retirement plan.

Have regular contact through the Vicar for retired and infirm priests. We also provide funding if they don't have the funds to cover their needs.

Insurance Coverage / Care Facilities Assistance / Death Expense Insurance / Reimbursement of retreat and continuing education costs (\$950 yearly limit)

It assists priest in locating a retirement center in another diocese and it offers financial support, if needed. The diocese also is helpful to retired priests wanting to remain active and, if possible, to reside in a parish. It also provides a monthly pension and, if all goes well, will soon begin providing a long-term health care policy to all incardinated priests. It also sponsors an annual diocesan collection to assist infirm and needy priests. If any priest, regardless of age, is in need the diocese will provide.

It has a 1/2 time Vicar for Senior Priests who assists priests as they transition from being an active priest to being a senior priest. He helps retiring and retired priests with spiritual issues, financial issues, health care systems, housing options, and different supports that can keep them independent as long as possible. We do have excellent health care coverage for senior priests. The Human Resources Director does an excellent job navigating insurance issues.

It provides a livable pension and housing allotment when combined with Social Security and private savings. It also provides a very good medical insurance benefit for the retired priests with modest deductibles and copays for doctor visits, outpatient testing, drugs, dental and eye care and other medical services

Long-term care and pension

Long-term care insurance and all health insurance is paid for by the retirement fund or the diocese.

Maintains personal contact by Bishop, Chancellor and Finance Office Staff

Making sure they are always taken care of

Not much really. It's a pretty basic living.

Noteworthy inter-relationship, support and personal communication

Nothing

Our diocese does very well in offering our retired priests a manageable retirement benefit and seeing that their housing and medical needs are met. They are regularly invited to diocesan gatherings and are often encouraged to exercise their ministry. When special needs arise, our diocese is very responsive and ready to assist generously.

Our Diocese makes conscious effort to include the retired priests in retreats, formation events, support groups, and deanery meetings. This allows them to be in the loop of the Diocesan events and help them to be integral part of presbyterate.

Our general operating guidelines are that the retired priest receives a pension benefit based on his service, and with this and social security plus any other independent savings is required to provide for his own future. The best item right now is our post-retirement medical insurance, which is fully provided for by the Diocese. The Diocese will provide financial assistance for priests in need on a case by case basis.

Our Vicar General / Director of Clergy Personnel is also a licensed nurse. He is able to assess the needs of the priests and assists the priests with healthcare decisions from a professional standpoint.

Personal outreach through Retired Priests Coordinator / Payment of health insurance, auto insurance / Regular annual meetings to explain benefits / Payment of annual Convocation, annual retreat, and all continuing education programs

Provide diocesan housing including housekeeping, all meals as a group, chapel for group celebrations of Eucharist, lounge for social time for priests, help with transportation if needed, people looking out for them if they get temporarily ill, social interaction with diocesan staff.

Provide pension, health care at little or no cost to the retired priest, with long-term care and assisted-living benefits.

Provides an adequate pension benefit and has made provisions to fund health care and long-term care needs of our priests.

Provides an appropriate retirement pension, when added to the social security benefit, that allows the retired priest the means for independent living in his retirement, and when dealing with long-term care issues with his own means. Since the inception of the diocese, no retired priest has needed the diocese to provide additional resources for long-term care, though most have needed some form of it near the end of their lives.

Provides good retirement benefits through priest fund and 403-B options. Maintains adequate funding for Medicare supplemental medical care.

Provides one of the best retirement packages in the country, including a full salary as a retirement salary (\$2,000 a month), membership in a Mutual Benefit Society for all Incardinated priests which provides (currently about \$700 a month), an IRA funded by his institution of \$2,500 a year contribution, along with encouraging each priest to contribute, and mandatory Social Security eligibility. The diocese also "puts away" a regular percentage of the Diocesan Assessment to be used to assist any priests who need help with retirement expenses (not just incardinated priests).

Providing Retirement Pension with Health Care excluding Long-term

Purchasing long-term care policies for priests who qualify medically, and for those who don't qualify medically, reserving an annual premium amount similar to those who qualify.

Reasonable cost for diocesan retired housing. The retirement residence is of good quality and provides very good service

Retirement funds are closely monitored by elected group of priests with assistance from diocesan finance and insurance office.

The Archdiocese has invested in a position to care for the retired clergy and those from religious orders who assist the diocese. This is a full time position and assisted the retired clergy in any and all requests of the retired priests. The position works directly with the Vicar of Clergy and can also report directly to the Archbishop in emergency situations.

The best thing we do is deal with them on an individual basis.

The Diocese allows for priests who have reached the age of 70 and choose to remain in active ministry to receive their full retirement stipend, as well as their full salary, as a way for the priests to prepare for retirement. Also, the Diocesan Bishop has made known to retired priests his willingness to allow retired priests to reside in rectories not being utilized for retirement housing. At this time, no priests have accepted this offer due to the fact that the majority of the priests have their own homes.

The Archdiocese of Denver has invested in a position to care for the retired clergy and those from religious orders who assist the diocese. This is a full time position and assisted the retired clergy in any and all requests of the retired priests. The position works directly with the Vicar of Clergy and can also report directly to the Archbishop in emergency situations

The Diocese largely through the Priest Health and Retirement Association provides a number of retirement benefits to its retired priests which includes: a pension (with a housing allowance), Medicare supplement at no cost to the priest, nursing care at no cost for 2 years and then at 50% for 2 more years, provide subsidized housing for retired priests, and have provided assisted living.

The Diocese pays for medical bills outside of what is covered by the medical plan / Plans activities and includes retired priests in all Archdiocesan functions

The Diocese provides a defined monthly pension and group health insurance benefits.

The diocese provides a full package of health related benefits including a supplemental retirement payment for Part D pharmacy benefits. Each is also fully covered by fully funded long-term care policy and fully funded Medicare supplement policy. Both of these are supplemental with assistance for any extraordinary costs from the priest fund of the diocese. Limited housing options are also made provided; only a few have optioned to private residence by personal choice; active rectories and six dedicated individual houses are provided at minimal costs for utilities and routine maintenance.

The Diocese provides pension benefits and medical care for retired priests.

The diocese provides pension, health care, opportunities for housing and fraternal support.

The dioceses paid for priest retreat and priest convocation. If there is a true need they can get extra help.

The long-term care benefit as well as the pension benefit ensures that the priest will have adequate care in retirement and illness.

The pension plan currently provides a monthly benefit of \$1,195. / The Vicar for Priest provides some level of pastoral care for the retired priests.

The priests in this Diocese are looking out for each other and we make the sick are cared for.

The retired priests continue to stay active and connected to the other priests and the diocese.

The Vicar for retired priests assists them to get the proper medical care and legal assistance to get their affairs in order

There are two locations where retired priests can live together for companionship and spirituality. Active priests come to one of the locations for their evening meal. The other is not so highly organized. We are grateful to have a very good pension plan and health insurance program in this day and age. We do have the funds to provide for priests in crisis situations. We have a retired priest as Vicar of Retired Priests who looks after our needs.

There should be no financial stress on the part of individual priests related to health and long-term care benefits.

They are ours to care for after retirement as they have cared for our Parish families.

This is a small diocese in number of priests. The priests all know each other and take care of each other

To ensure that those who are in need of skilled nursing services receive those services.

Tries to help pay for medical and prescription expenses when we can.

Unique retirement benefits paid at age 65 1000/month until full retirement--then 1200 plus insurance, co-pays 100,000 life insurance -can be fully drawn down for long-term health care

Very dedicated priest in charge of Ministerial Leadership and another very dedicated priest a 'retired priest liaison' who provide one on one counsel to priests as needed. Archdiocese gives transparent information on current funding status of retirement and postretirement benefit actuarial liabilities.

We contract with a local Catholic hospital for 30 hours per week of an RN's time to serve as a caseworker for all of the retired priest and, on occasion, for a non-retired priest who is facing major health challenges.

We cover hospitalization, dental and auto insurance in addition to the retirement stipend. / Our Ministry to Priests office keeps in touch on a regular basis with retired priests.

We do best in making them aware of all the benefits available to them.

We educate them from the very beginning that they are responsible for their own needs; that retirement planning requires the Priests Pension Plan, Social Security participation, and personal savings. This includes savings for anticipated health needs, and end of life care needs. Our priests understand this and appreciate the guidance provided.

We explain available benefits and assist in retirement planning. We assist the priest in communication with insurers, social security administration, and service providers

We have a deacon who acts as an outreach coordinator to our retired. He visits them, assesses needs and assists them in locating resources, etc., within their communities. This has been very successful.

We have a dedicated staff person who assists the priests with insurance issues, Medicare, doctor appointments, retirement planning, transportation, attends medical appointments with them when necessary, assists with long-term care needs and placements, communicates with Bishop and clergy and family members.

We have a Delegate for Retired Priests, who does an excellent job of keeping in touch with our priests and keeping the communication lines between diocesan offices and the priests open.

We have a Retired Priest Ministry program that pays for a Religious/Nurse Practitioner who, along with 2 volunteers, takes personal care of our retired priests' health issues.

We have an Assisted Living Residence for 16 priests mainly supported through Catholic Charities and a monthly room and board by its residents

We have made parish rectories and independent care services available to priests who retire and want to remain in a parish setting with other priests.

We make sure their basic needs are met.

We make sure they get what they need.

We provide a decent monthly pension as well as funding for out of pocket medical expenses (including prescriptions).

We provide a solid slate of benefit programs ranging from supplemental health care coverage, dental and vision, and a priest pension plan. In addition we have staff members and volunteers that provide supportive services on a case by case basis.

We provide complete medical services for all retired priests. We have a contracted social worker who works with the retired priests.

We provide for all medical expenses; there is no out of pocket cost for them. We have a pension plan. They receive a housing allowance.

We try to meet the basic needs of each priest based on their own unique circumstances.

Q52. What would you recommend to improve care for retired priests?

A commitment to allocate additional funds for the Defined Benefit Pension Plan to increase the level of funding is needed. / A geriatric psychologist to assist retired priests in transitions to assisted and skilled nursing and with losses associated with age would be a valuable resource not currently available.

A facility of some type for retired priests to live in community.

A Long-term Health Facility for the retired priest with a Catholic presence.

A proactive program needs to be put into place so that individual priests better plan for their retirement years.

A retirement home(s) would be desirable but not all would want to live in such a setting. They were accustomed to living alone when active and would hesitate to live in a common area or complex

A retirement residence for those priests who have no residence of their own.

Although it is cost prohibitive, it would be good to do more in terms of extended care.

Appoint a pastoral care advocate

Assist priests in preparing well for their retirement years, including discussions concerning long-term care.

Auto insurance coverage.

Better communication of the benefits that are available

Better communication, especially with priests not resident within diocese

Better monitoring of the priests' circumstances. Housing.

Build a new assisted living facility with a memory care unit to prepare for future needs

Continue to develop a greater understanding for the need to plan emotionally, spiritually, financially and physically for retirement well before the actual retirement date. Help educate family/friends of priests on the policy and procedure for retirement. Continue to provide solid resources to encourage, promote and implement good healthy living in all ages allowing priests to serve and minister as fully as possible.

Continue to increase retirement benefits.

Currently being studied by request of our new Bishop

Educating the younger priests about savings is crucial and I think we don't provide the personal portion of caring for them well.

Enrolling in long-term care insurance

Establish a Diocesan Long-term Care Agreement with a local Catholic skilled nursing facility that would not require priests to use their savings or other monetary assets to pay for their own nursing or skilled nursing care. This program would also assist our priests in preparing for the eventuality of needing acute or skilled nursing care.

Establish a vicar for retired priests

Establish clear guidelines for retirement eligibility.

Getting long-term insurance for those in nursing homes/facilities.

Giving me a health care power of attorney so we can be in touch with family in the event we need to reach someone quickly (HIPAA prevents a provider from talking to me); have someone to call on retired priests periodically; preparing active priests for retirement by occasionally conducting workshops about what to expect (paying for own residence, food, etc.).

Go to a salary-based compensation package so that diocesan priests can invest in personal savings plans and pay a decent amount into Social Security to get a larger benefit.

Have long-term care coverage and have better awareness of their daily living needs. Also provide memory care services.

Help for priests who need care but want to stay at home or in a rectory

I think their care is adequately provided for in our diocese at this time.

I think they are doing well and happy with the option of independent living or moving to the diocese provided housing when they are not so independent. Finances do not seem to be a problem. With the exception of two priests in the past 15 years, when needed all have been able to afford their nursing home care. Actually, when priests go to a nursing home they have not lived long after that. They remain living at the diocese provided housing as long as possible.

If all priests would plan for the future health care needs.

If we had additional funds, we could enhance our pension benefits for retired priests.

Improve training throughout priest career to prepare for retirement

Increase monthly pension received

Increase the daily amount for long-term care.

Increase the education for all priests regarding how to plan for retirement so that they will know what to expect and how to prepare.

Increased fundraising for endowment fund to cover all medical expenses.

Investing in long-term health care insurance would be a very fine thing to do.

Long-term care insurance would be nice if we could afford it.

Long-term care policy

Long-term planning of future costs.

Long-term care insurance / retirement facility in the diocese

Long-term care insurance has been investigated several times but nothing has been done due to the cost.

Look into long-term care for priests where the diocese would accept at least part of the premium. The earlier the better.

More extensive funding plan is needed as well as a formal oversight structure

More funds set aside for this purpose.

More home health services

More retirement housing, a staff person dedicated solely to the care of retired priests, some better access to assisted living and skilled nursing facilities

More than half of our priests are retired. We could do more for intentional visits, checks on how they are doing, help in dealing with insurance, health and other questions.

Negotiate access to health care facilities in the area for the use of priests

No recommended improvements at this time.

No thoughts

Not much; our diocese is very generous.

Nothing

Nothing at this time. Perhaps we should look into long-term care insurance.

Organize laity to make regular visits.

Our Diocese is still lacking an independent living facility for those priests who wish to live in a community of priests. A committee has been set up to study various options at this present time.

Perhaps a diocesan owned priest retirement facility.

Plan for when they need to use a long-term care facility and do not have insurance or assets to cover the costs.

Prepare a good long-term disability program as well as long-term care

Providing some compensation for long-term-care insurance premiums.

Purchase a long-term care policy for all the Diocesan incardinated priest.

Some of our retired priests suffer from a loss of identity/purpose. We should consider how to build community and show appreciation for our priests.

Starting a LTC Plan and funding is well under way.

Taking into consideration its limited resources, I believe that the diocese should strive to provide a larger monthly pension benefits in order to relieve the financial stress on retired priests who once lived in rectories at no personal cost to themselves (while in active ministry), but now have to pay rent, utilities, food, etc.

The above arrangement is with the only Catholic facility in the diocese, and depends upon the availability of space at the facility. It would be helpful if the diocese had an formal contract with the facility guaranteeing one or two rooms. The other downside to this arrangement is the fact that the priest must go to this specific facility. This diocese covers a large area. The priest may have to move away from family or friends in order to use this facility.

The Vicar for retired priests and knowledge of what facilities are available or people to assist them

This topic is under examination at this time.

To provide additional support for home health care.

We are configuring a limited number of private apartments clustered around a chapel, access by private elevator, on the top floor of a senior housing (HUD 202 project) for priests wishing to rent; generally the priests do not wish congregate living in Archdiocesan facility until they are in need of supportive care; these apartments will be a bit of a test to see if a group of priests would enjoy retired life on the beach with fellow priests nearby; housing for older priests living alone is a concern / / Our priests' pension plan has just been reconfigured (1/1/2013); pre-retirement benefits have previously begun at 65 even while working; benefits earned will continue to be paid but retirement age increased to 68; pre-retirement benefits will be moved up to 70 for service after 1/1/2013

We are in the active stages of acquiring property to develop a retirement living facility for retired priests. We are also working on funding the future obligation to care for retired priests (based on an actuarial study we receive annually). We are also reviewing feasibility of long-term care insurance.

We continue to struggle to adequately fund the priests' retirement and retired clergy health plans.

We could begin earlier to prepare them for retirement - physically, emotionally, etc...

We do need to look at more specific strategies for dealing with long-term care such as skilled nursing and Alzheimers/Dementia care.

We need an assisted living facility/skilled nursing facility that provides care to priests. We hope to build one soon; people living near the site have sued trying to prevent us from being able to build.

We need to expand the housing that we already have. As the statistics indicate there will be more retired priests in the future and we need a good place for them to live. We also need to provide a place for nursing home care so that the priests do not have to live with the general population.

We need to look at long-term care in a suitable facility.