CAREGIVER PAY

Medicare GUIDE and caregiver pay programs: a 2026 state-by-state guide for families

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If you care for a parent or spouse with dementia, you have probably seen posts promising that "Medicare will now help." Part of that is true. Medicare's GUIDE program is real, costs eligible families nothing, and gives you a care navigator, a 24/7 support line, caregiver training and, for some families, paid respite. But Original Medicare does not pay family members to provide care. That money, when it exists, comes from the VA, Medicaid, state aging programs and the tax code.

This guide explains what GUIDE actually offers under the 2026 rules, who qualifies for respite, how to enroll, and every other way a family caregiver can get paid, reimbursed or relieved. Florida is the worked example, and a separate section shows what changes in other states.

Fact check: what the GUIDE posts get right and wrong

Most online posts about GUIDE are mostly accurate. They tend to leave out the 2026 rule changes that decide who actually gets the respite money, and claims about which companies are "approved partners" can only be partly checked in public records.

What the post says	Verdict	What the official CMS rules say
Medicare has a program called GUIDE for dementia families	Accurate	GUIDE (Guiding an Improved Dementia Experience) is a CMS Innovation Center model that began July 1, 2024 and runs through June 30, 2032. It is a voluntary test, offered only through participating organizations in their own service areas.
You get a care navigator who coordinates with her doctors and is your one point of contact	Accurate, with a limit	Every participant must assign a care navigator who connects the patient and caregiver to clinical and community services. GUIDE does not replace her doctors; she keeps the right to see any provider who accepts Medicare.
You get a 24/7 support line from the start	Accurate once enrolled	Participants must run a round-the-clock support line. Services start after an in-person assessment (including a home visit) and CMS confirmation of eligibility, which CMS returns within 15 business days of the submission.
Families further along get respite care	Accurate, but narrower than implied	Respite is paid only for people with moderate or severe dementia who have an unpaid primary caregiver and live in a private home. The cap is $2,625 per program year (July 1, 2026 to June 30, 2027).

What the post says	Verdict	What the official CMS rules say
Eligibility: dementia diagnosis, Original Medicare A and B, at home or approved community setting, not in hospice or a long-term nursing home	Accurate but incomplete	Medicare must also be the primary payer, she cannot be in PACE, and she must live in the participant's ZIP code service area. Memory care units are not eligible. Assisted living qualifies only if that facility is a CMS-approved partner of the participant.
No cost is mentioned	Good news the post omits	GUIDE waives the usual 20% Part B coinsurance for both the monthly care management and the respite services. Participants may not bill families for either.
"Tendercare is an Approved GUIDE Program Partner"	Partly verifiable	Tendercare's help center says it is a CMS-approved partner of Lifetime Redesign OT, PLLC (doing business as Vela Health), and independent GUIDE directories list that company as a participant. CMS publishes participants but not their partners, so the partner approval itself cannot be confirmed publicly. Your paperwork may name Vela Health rather than tendercare. Before enrolling, confirm the participant serves your ZIP code.

The rule of thumb: any referral service may be legitimate, but always find out which CMS-listed GUIDE participant actually holds the contract, and confirm it serves your ZIP code.

What GUIDE is and what you actually get

GUIDE pays a participating dementia care program a monthly fee to manage the whole picture for one person with dementia and the family member who cares for them. CMS reports 292 participating organizations nationwide as of late October 2026.

Every GUIDE program must provide:

- **An interdisciplinary care team** that includes, at minimum, a care navigator and a clinician experienced in dementia care.

- **An initial comprehensive assessment**, including a home visit, covering memory, daily function, behavior, medical needs, dementia stage and caregiver strain. It is repeated yearly.
- **A written, person-centered care plan** built from that assessment.
- **Care navigation**: help getting to clinical services and to community supports such as meals and transportation.
- **24/7 access to a support line** for urgent questions.
- **Caregiver training and support**, adjusted as the caregiver's needs change.
- **Screening for practical needs** (food, transportation, finances) with referrals to local agencies.
- **Respite services** for eligible families (see the respite section below).

Three rules families should know before enrolling:

1. **She keeps her own doctors.** Enrolling does not change her Medicare benefits or limit which Medicare providers she can see.
2. **One GUIDE program at a time.** She can be enrolled with only one participant per month, but can switch programs at any time by telling the current one. Any unused respite balance moves with her.
3. **Contact frequency depends on need.** Families in the higher-need tiers must be contacted at least monthly (twice monthly for people with dementia who have no caregiver). Families in the lowest tier are contacted at least quarterly.

Who qualifies under the 2026 rules

She must meet every item below. CMS checks eligibility itself after the GUIDE program submits the assessment.

- Has dementia at any stage (mild, moderate or severe), attested by a dementia-qualified clinician on the program's roster. Mild cognitive impairment alone does not qualify.
- Enrolled in both Medicare Part A and Part B.
- Not in Medicare Advantage, a Special Needs Plan or PACE.
- Medicare is her primary insurance.
- Not enrolled in the Medicare hospice benefit.
- Not a long-term nursing home resident (CMS defines this as a stay of 101 days or more).

- Not already enrolled with another GUIDE program.
- Lives in the program's ZIP code service area.
- Lives in a private home, or in a residential care community (such as assisted living or an adult family care home) that CMS has approved as that program's partner.

What changed on July 1, 2026. Memory care units are no longer eligible settings; a person who moves into one is disenrolled after a 15-day transition period. Assisted living residents can stay in GUIDE only if their facility signs a CMS-approved partnership agreement with the program. All residents of assisted living and similar communities now sit in a separate tier that does not include respite.

Model tiers decide respite. The program scores dementia stage (Clinical Dementia Rating or FAST scale) and caregiver strain (the 22-item Zarit Burden Interview). CMS uses those scores to assign one of six tiers:

Living situation	Tier	Dementia stage	Caregiver strain	Respite paid?
Private home, with unpaid caregiver	Low complexity dyad	Mild	Any	No
Private home, with unpaid caregiver	Moderate complexity dyad	Moderate or severe	Low to moderate	Yes
Private home, with unpaid caregiver	High complexity dyad	Moderate or severe	High	Yes
Private home, no caregiver	Low complexity individual	Mild	None listed	No
Private home, no caregiver	Moderate to high complexity individual	Moderate or severe	None listed	No
Approved residential care community	RCC tier	Any	Any	No

A reassessment can move her to a new tier: every 180 days for a change in dementia stage or caregiver status, and every 30 days for a change in where she lives. If her memory or daily function has clearly declined, or your own strain has grown, ask the program for a reassessment. It may be what unlocks respite.

The respite benefit: how much and how it works

Eligible families get up to $2,625 of respite per program year (July 1, 2026 to June 30, 2027), at no cost to them. That buys roughly 76 hours of in-home help, or 25 adult day center days, or 8 days of round-the-clock facility care, or a mix.

Setting	Billing unit	2026 base rate	Cap alone buys about
In-home respite (must be offered by every program)	4 hours	$138	19 visits (76 hours)
Adult day center, medical or social (optional)	1 day	$104	25 days
24-hour facility stay (optional)	24 hours	$321	8 days

Rules that matter when you plan a break:

- **Who qualifies:** only the moderate and high complexity dyad tiers, meaning moderate or severe dementia plus a named unpaid caregiver, living in a private home.
- **Ask early which settings your program offers.** In-home respite is required; adult day and facility respite are at the program's option.
- **The cap resets every July 1.** Unused money does not carry over. A person who enrolls mid-year still gets the full annual amount, so plan to use it before June 30.
- **No surprise bills.** The program may not charge you for respite up to the cap or bill you for the difference. You can choose to pay privately for more.
- **Medicaid families:** GUIDE respite is meant to add to Medicaid respite, not replace it. The program must coordinate with her Medicaid plan so the same hours are not billed twice.
- **Switching programs:** her remaining respite balance follows her to the new GUIDE program.

A safety note on respite. A new aide or a new setting is a change in routine, and changes in routine are when people with dementia are most likely to fall or wander. Before the first respite visit, walk the aide through her home: where she gets up at night, which doors she tries, what helps her calm down, and how she moves best between bed, chair and toilet.

How to enroll, and what to ask first

You enroll directly with a GUIDE participant that serves your ZIP code. There is no application to Medicare itself.

1. **Confirm her coverage.** Check her card or call 1-800-MEDICARE (1-800-633-4227). If she has a Medicare Advantage plan, she cannot join GUIDE unless she changes to Original Medicare. That is a larger decision about doctors, drug coverage and supplemental insurance, so talk it through first with your state's free State Health Insurance Assistance Program counselor (called SHINE in Florida).
2. **Find programs near you.** Use the CMS GUIDE participant list and the CMS participant map. Also ask her neurologist, primary care office or a regional Memory Disorder Clinic which GUIDE programs they work with.
3. **Call two or three programs** and ask the questions below.
4. **Give consent and complete the assessment.** The program visits the home, scores dementia stage and caregiver strain, and submits the results to CMS.
5. **Wait for confirmation.** CMS issues a final decision within 15 business days, and the program must send you a written notice within 45 days after that. If CMS says no, the letter states the reason, and you can ask to be re-evaluated if things change.

Questions to ask any GUIDE program or referral service

- Are you the CMS-listed GUIDE participant, or a partner of one? If a partner, which participant, and what is its GUIDE ID?
- Is our ZIP code in your service area?
- Who will our care navigator be, and will we meet them in person or only by phone and video?
- Which respite settings do you offer here (in-home, adult day, overnight facility), and which local agencies provide them?
- How do we reach the 24/7 line, and who answers it?
- How will you share information with her current doctors and pharmacy?
- Will we ever be asked to pay anything? (The answer should be no for GUIDE services.)
- If we download an app or create an account, what personal and health data do you collect and share?

Every way to get paid, reimbursed or relieved

Original Medicare does not pay family members to provide care. Money for family caregivers comes from four places: the VA, Medicaid, state aging programs, and the tax code. Medicare's role is respite (GUIDE and hospice) and paid caregiver training. The Medicaid and state tables below use Florida as the worked example; the next section shows what changes in other states.

Medicare

Program	What it provides	Who qualifies	Pays a family caregiver?	Start here
GUIDE respite	Up to $2,625 a year of in-home, adult day or facility respite, no cost to the family	Moderate or severe dementia, unpaid caregiver, private home, enrolled in GUIDE	No; pays respite providers	A GUIDE program in your ZIP code
Hospice inpatient respite	Up to 5 days at a time in a Medicare-approved facility, on an occasional basis; the patient may owe 5% of the approved amount	Enrolled in the Medicare hospice benefit (which ends GUIDE enrollment)	No	Her hospice team
Caregiver training services	Medicare pays her doctor, nurse practitioner, mental health clinician, or physical, occupational or speech therapist to train you in daily care, safe movement and behavior management; she must consent, and sessions can be done by telehealth	Training must support her treatment plan; billed to her Part B, so usual cost sharing applies outside GUIDE	No; pays the clinician who trains you	Ask her doctor or therapist for caregiver training

Caregiver training is the most overlooked benefit on this list. A physical or occupational therapist can teach you safe transfers, how to help her up after a fall without hurting either of you, and how to set up the bathroom and bedroom so she can do more for herself.

Veterans Affairs

Program	What it provides	Who qualifies	Pays a family caregiver?	Start here
Program of Comprehensive Assistance for Family Caregivers (PCAFC)	Monthly stipend to the Primary Family Caregiver: 62.5% (Level 1) or 100% (Level 2) of the federal GS-4, Step 1 annual pay for her area, divided by 12; plus at least 30 days of respite a year, training, counseling and health coverage if uninsured	Veteran with a service-connected rating of 70% or more who needs in-person personal care for at least 6 months	Yes, stipend	VA Caregiver Support Line 1-855-260-3274
Program of General Caregiver Support Services	Training, coaching, peer support and help finding services	Caregivers of any veteran enrolled in VA health care	No	Caregiver Support Coordinator at her VA medical center
Veteran-Directed Care	A flexible monthly budget the veteran or family manages to hire their own aides, which can include a family member or neighbor	Enrolled in VA health care, needs help with daily activities, offered where the local VA medical center runs it	Yes, as a hired aide	VA social worker

Program	What it provides	Who qualifies	Pays a family caregiver?	Start here
Pension with Aid and Attendance	Cash benefit: VA pays the difference between countable income and a cap of $29,093 a year for a single veteran or $34,488 with one dependent (Dec. 1, 2025 to Nov. 30, 2026). Net worth limit $163,699	Wartime veteran or surviving spouse with limited income who needs help with daily activities	Indirectly: the cash can pay a caregiver, and care costs reduce countable income	An accredited Veterans Service Officer (free)
VA respite care	In-home, adult day or VA nursing home respite, up to 30 days per calendar year	Veteran enrolled in VA health care who needs a caregiver	No	VA social worker

Florida Medicaid

Program	What it provides	Who qualifies	Pays a family caregiver?	Start here
Statewide Medicaid Managed Care Long-Term Care, Participant Direction Option	She hires, schedules and supervises her own workers for companion, homemaker, attendant, personal care and nursing services; the plan sets the pay rate	Medicaid eligible (income up to 300% of the SSI benefit rate or through an income trust, plus asset limits), nursing home level of care by CARES assessment, age 65+ or disabled adult, living in her own or a family member's home	Yes, as a hired worker; confirm with the plan's case manager whether a spouse may be hired	Aging and Disability Resource Center screening via 1-800-96-ELDER

Enrollment is not immediate. Applicants are screened, given a frailty-based priority score and placed on a statewide list. A 2026 law (CS/HB 1121, effective July 1, 2026) renamed it a "pre-enrollment list" and moved release screening to the local Aging and Disability Resource Centers. Screen early, and ask for a rescreening when her condition worsens, including after a fall or a hospital stay.

Florida Department of Elder Affairs (non-Medicaid)

Program	What it provides	Who qualifies	Pays a family caregiver?	Start here
Home Care for the Elderly	Monthly basic subsidy to the caregiver (the department's handbook sets it at $160), plus special subsidies for supplies, equipment, ramps and home modifications, and since July 2026 food and nutritional supplements	Age 60+, low income, at risk of nursing home placement, living with an approved adult caregiver	Yes, a subsidy (not a wage)	Elder Helpline
Alzheimer's Disease Initiative respite	In-home, adult day, emergency and extended respite up to 30 days, plus caregiver training and Memory Disorder Clinics	Caregivers of adults with diagnosed or suspected Alzheimer's or a related dementia; available in all 67 counties	No	Elder Helpline
Community Care for the Elderly	Adult day care, respite, personal care, homemaker, meals, home nursing and more, with sliding-scale co-payments	Age 60+ and functionally impaired	No	Elder Helpline
National Family Caregiver Support Program	Counseling, support groups, training, respite and limited one-time help such as home modifications or supplies	Adult family caregivers of someone 60+ or of someone with Alzheimer's	No	Your Area Agency on Aging
RELIEF	Trained volunteers give in-home respite, mainly evenings and weekends	Caregivers of people with dementia or frail elders	No	Your Area Agency on Aging

Program	What it provides	Who qualifies	Pays a family caregiver?	Start here
Florida Alzheimer's Center of Excellence	New under the 2026 law: care consultation, support groups, training and caregiver support services, subject to funding	A household member caring at home for a Florida resident with diagnosed or suspected dementia	No	Elder Helpline

Taxes, insurance and private agreements

Option	What it does	Key limits
Child and Dependent Care Credit	Starting with tax year 2026, credits 20% to 50% of up to $3,000 in care costs for one qualifying person ($6,000 for two or more)	You must pay for care so you can work, and the person must be unable to care for themselves; the top rate goes to lower incomes
Dependent care FSA	Pay care costs with pre-tax wages, up to $7,500 per household in 2026 ($3,750 married filing separately)	Employer must offer it; the same dollars cannot also be used for the credit
Medical expense deduction	Qualifying care costs above 7.5% of adjusted gross income can be itemized	Ask a tax professional what qualifies
Long-term care insurance	Pays care costs once benefit triggers are met, usually help with 2 or more daily activities or a cognitive impairment such as dementia	Some policies pay cash or allow family caregivers; most require licensed providers. Read the policy and file the claim early
Personal care agreement	A written contract in which she pays a family member a fair rate for care	Needed to keep payments from being treated as gifts if she later applies for Medicaid; have an elder law attorney draft it
Credit for Caring Act (H.R. 2036 / S. 925)	Would create a nonrefundable credit of up to $5,000 for working family caregivers	Proposed only; not law as of this writing

What changes from state to state

GUIDE, VA benefits, Medicare caregiver training, hospice respite and federal tax breaks work the same in every state. What changes is Medicaid's willingness to pay family members, state tax credits, paid family leave, and the names and rules of state-funded aging programs.

The same in every state

- **GUIDE:** identical federal rules and the same $2,625 respite cap. Only availability differs, because each program serves its own ZIP codes.
- **VA programs:** PCAFC, Veteran-Directed Care (where the local VA medical center runs it), Aid and Attendance and VA respite follow federal rules.
- **Federal tax:** the Child and Dependent Care Credit, dependent care FSA and medical expense deduction.
- **National Family Caregiver Support Program:** funded in every state through the local Area Agency on Aging, though each agency sets its own services.

What varies

Topic	What varies	Where things stand	How to check your state
Medicaid paying relatives	Who can be hired through self-directed home care, and whether a spouse can be paid	In KFF's 2025 survey, every responding state paid family or friends through at least one waiver. 44 states allowed waiver payments to spouses and other legally responsible relatives, usually only for "extraordinary care" beyond ordinary family help; only 6 allowed it through the regular state plan. Alaska reported no self-direction option	Ask the state Medicaid agency or Aging and Disability Resource Center which waiver serves older adults and whether a spouse may be hired

Topic	What varies	Where things stand	How to check your state
Structured family caregiving	A daily stipend paid through an agency to a live-in family caregiver, with nurse and coach oversight	KFF reports it for older adults and people with disabilities in Connecticut, Georgia, Indiana, Louisiana, North Carolina, North Dakota, Ohio, Rhode Island and South Dakota; for Alzheimer's in Missouri; and as standalone programs in Massachusetts and Nevada (Nevada's for dementia caregivers)	Ask the state Medicaid agency; some states exclude spouses
Waiting lists	Whether you can enroll right away in Medicaid home care	Many waivers cap enrollment and keep waiting or priority lists, as Florida does	Get screened early and ask about priority rules
State caregiver tax credits	Whether family caregivers get a state credit for out-of-pocket costs	Nebraska: 50% of eligible costs, up to $2,000, or $3,000 if the person is a veteran or has dementia; income under $50,000 ($100,000 joint); apply first, annual cap applies. Oklahoma: expanded by a 2026 law so all filers can claim up to $3,000, starting with 2026 returns. A few other states have smaller or narrower credits	Your state department of revenue
Paid family leave	Partial wages while you take time off to care for a family member	Programs exist in California, Colorado, Connecticut, Delaware, Maine, Maryland (benefits start 2028), Massachusetts, Minnesota, New Jersey, New York, Oregon, Rhode Island, Washington and the District of Columbia. Elsewhere, eligible workers have unpaid, job-protected federal FMLA leave	Your state labor department or employer HR

Topic	What varies	Where things stand	How to check your state
State-funded aging programs	Names, eligibility and waiting lists for non-Medicaid help such as respite, adult day care and caregiver subsidies	Florida's Home Care for the Elderly, Alzheimer's Disease Initiative and Community Care for the Elderly are Florida programs; other states run their own versions under different names	The Eldercare Locator (1-800-677-1116) connects you to your local Area Agency on Aging

One caution for every state: the 2025 federal budget law reduces federal Medicaid spending, and KFF notes that most home care programs are optional for states. Some states may trim waiver slots or family caregiver payments in coming years, so confirm current rules before you plan around them.

Action plan: which programs to check first

Most families qualify for more than one program, and many can be combined. Start with the row that matches her situation, then work down the list.

If she...	Check first	Then check
Has dementia and Original Medicare, lives at home	GUIDE	Alzheimer's Disease Initiative respite, Community Care for the Elderly, National Family Caregiver Support Program
Has a Medicare Advantage plan	Her plan's own caregiver and respite benefits; SHINE counseling before any switch	Alzheimer's Disease Initiative respite, National Family Caregiver Support Program
Has low income and few assets	Medicaid long-term care screening now, because of the pre-enrollment list	Home Care for the Elderly; GUIDE if she also has Original Medicare
Lives with you and you want to be paid	Medicaid Participant Direction Option (if eligible); Home Care for the Elderly subsidy	Personal care agreement drafted by an elder law attorney
Is a veteran or a veteran's surviving spouse	VA Caregiver Support Line; Aid and Attendance through a Veterans Service Officer	Veteran-Directed Care; PCAFC if service-connected rating is 70% or more

If she...	Check first	Then check
Has long-term care insurance	Her policy's benefit triggers and whether it pays family or cash	GUIDE and state programs for the gaps
Is in assisted living	Whether her facility is a CMS-approved GUIDE partner (no respite in this tier)	Medicaid long-term care, which can cover assisted living services
Is entering hospice	Hospice respite (up to 5 days at a time)	National Family Caregiver Support Program for the caregiver
You work and pay for her care	Child and Dependent Care Credit or dependent care FSA	Medical expense deduction

Outside Florida, replace the Florida program names with your state's versions, and add any state caregiver tax credit or paid family leave program from the state-by-state section.

This week

1. Call the Elder Helpline (1-800-96-ELDER) and ask for a screening for every program she may qualify for.
2. Open the CMS GUIDE participant list and call the programs that serve your ZIP code.
3. If she is a veteran or surviving spouse, call the VA Caregiver Support Line.
4. Gather her Medicare card, insurance cards, diagnosis paperwork, medication list and income and asset statements.
5. Ask her doctor or therapist to schedule caregiver training.

Where home safety fits in

Several of these programs pay for the same things that keep a person with dementia safe at home:

- **GUIDE** requires a home visit as part of the first assessment.
- **Home Care for the Elderly** special subsidies can cover ramps, accessibility modifications and assistive devices.
- **The National Family Caregiver Support Program** can fund limited one-time home modifications and supplies.

- **Medicare caregiver training** lets a therapist teach you safe transfers and daily care routines in your own home.

When a care navigator or case manager visits, ask them to write any safety need (grab bars, door alarms, lighting, a ramp, a shower chair) into her care plan. **A need that is documented in a care plan is easier to get funded.** It also helps to bring a written list of near-misses: times she almost fell, got lost, left the stove on or tried to leave at night. Specific events carry more weight than "she's getting worse."

A professional home safety assessment can give you that list in writing, organized by room and by priority, so you walk into the care planning meeting with a plan instead of a worry.

Phone numbers to save

Who	Number	Use it for
Florida Elder Helpline	1-800-96-ELDER (1-800-963-5337)	Screening for Medicaid long-term care, Home Care for the Elderly, Alzheimer's Disease Initiative, Community Care for the Elderly; SHINE Medicare counseling
VA Caregiver Support Line	1-855-260-3274	All VA caregiver programs and the local Caregiver Support Coordinator
1-800-MEDICARE	1-800-633-4227 (TTY 1-877-486-2048)	Coverage questions and confirming Original Medicare
CMS GUIDE Model team	GUIDEModelTeam@cms.hhs.gov	Questions about the GUIDE model itself
Eldercare Locator (all states)	1-800-677-1116 (call or text)	Finding your local Area Agency on Aging and state caregiver programs outside Florida

Sources

All links below were opened and checked on November 7, 2026. Program rules change; confirm details with the program before acting.

CMS: GUIDE Model overview (page updated Oct. 27, 2026)

CMS: GUIDE Payment Methodology Paper, version 3.0 (effective June 1, 2026): eligibility, tiers, respite rates and the $2,625 cap, cost-sharing waiver

CMS: GUIDE participant list (spreadsheet)

CMS: Where Innovation Is Happening map

CMS: Caregiver Training Services FAQ

Tendercare: What is the Medicare GUIDE Program?

Tendercare: Is tendercare an official GUIDE provider?

VA: Program of Comprehensive Assistance for Family Caregivers

VA: Current pension rates for veterans

VA: Respite Care

Florida Health Justice Project: The Right to Participant Directed Care

Florida Senate: CS/HB 1121 bill summary

Florida Senate: CS/SB 1630 bill analysis (background on Medicaid long-term care, ADI, CCE, HCE and the Alzheimer's Center of Excellence)

Florida Department of Elder Affairs: Home Care for the Elderly handbook, chapter 11

Credit Karma: How much is the dependent care credit? (reviewed by a CPA, September 2026)

Sen. Susan Collins: Credit for Caring Act introduction

KFF: Medicaid's Home Care Support for Family Caregivers in 2025 (published Jan. 5, 2026)

NCSL: State Family and Medical Leave Laws

Nebraska Department of Revenue: Caregiver Tax Credit Act

Oklahoma House: Caring for Caregivers Tax Credit expansion becomes law (May 11, 2026)

Eldercare Locator

This article is general information, not legal, tax or financial advice. Eligibility depends on individual circumstances.

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