Aging in Place

Your Guide to Staying Safely at Home

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Many people are increasingly opting to live out their years in the comfort of their own home, perhaps with help from relatives or with in-home skilled nursing care, rather than move to a care facility. Aging in place enables older adults to remain independent and keep their own schedule. It is also less expensive than living in a facility, though it takes a coordinated approach to create a safe environment with home modifications and family or paid caregivers.

As people stay healthier longer, aging in place is becoming more feasible.

This guide will help you:

- **Learn how to make a home safe for aging in place**
- **Access technology that will assist the senior and caregivers**
- **Protect against fraud**
- **Manage the financial aspects of aging at home**

Pros and Cons of Aging in Place

Aging in place is an attractive option for many adults. As with any important choice though, there are pros and cons to consider.

PROS

- Lower Cost
- Familiarity and Comfort

CONS

- Less Socialization
- Safety

Home Safety Checklist: 10 Steps to Make a Home Safer

Addressing safety concerns in the home is crucial for those who opt to age in place. Falls can be life threatening and are one of the most expensive accidents, with one out of five falls causing a serious injury. Here are some potential problems to consider and their solutions.

1 Review Bathroom Surfaces

Possible Hazard
Slippery bathroom surfaces and towel racks inappropriately used as assistance can lead to falls.

Remedy
Professionally installed grab bars and non-slip mats, decals, non-slip flooring make bathrooms safe.

2 Replace the Bathtub

Possible Hazard
Stepping in and out of a bathtub can cause the resident to become off-balance and fall.

Remedy
Installing a walk-in shower or rotating tub seat that moves a senior in and out of a tub prevent falls.

3 Add Stair Assist Devices

Possible Hazard
Stairs can be difficult to climb and cause falls.

Remedy
A stair lift or relocating the senior to first floor living within the home.

4 Remove Loose Rugs

Possible Hazard
Throw rugs and cords can cause a resident to trip and fall.

Remedy
Remove throw rugs and secure edges of carpets that cannot be removed. Relocate all cords out of pathways and secure them with cord ties or tape.

5 Dim Lighting

Possible Hazard
Poor lighting can make it difficult to see stairs, doorways, furniture, and obstacles.

Remedy
Install brighter bulbs with motion sensors. Add additional lighting where necessary.

6 Watch for High Shelves and Cupboards

Possible Hazard
Inaccessible cupboards and shelves.

Remedy
Move items to lower levels or provide a slip-free stool or a grabber tool.

7 Add Safety Equipment to the Kitchen

Possible Hazard
A stove can cause fires and burns.

Remedy
Keep a fire extinguisher next to the stove, ensure smoke alarms are in working order, provide microwaveable meals, install an automatic stove shut-off system, or have a caregiver prepare meals.

8 Add a Telephone to Every Room

Possible Hazard
Telephones that are difficult to reach or access make getting help a challenge.

Remedy
Place phone extensions in every room on a low surface, have the senior carry a cell phone in his or her pocket, or wear or emergency contact system with a panic button.

9 Replace Balky Door Locks

Possible Hazard
Locks that stick or lock by mistake, as well as locks on interior doors, can lead to a senior being locked out of the home or unable to get out of the home in an emergency.

Remedy
Replace locks with easy-to-use models. Remove or disable locks on interior doors.

10 Add Chairs & Toilet Assist Devices

Possible Hazard
Difficulty getting up from a seated position

Remedy
Motorized recliners with lift and elevated toilet seats can allow someone to remain independent.

7 Home Modifications that Make Aging in Place Possible

Although you may not need wider doorways today, it's important to modify your home before you might actually need to so the home is safe and accessible if or when the time comes. If you hire a contractor, be certain to use one who is licensed and bonded. Check with the Better Business Bureau and your local chamber of commerce for complaints against contractors you are considering. Always have a written contract that specifies the work you need done and the cost.

Consider the following modifications:

Widen Doorways
Doors in older homes are not wide enough to accommodate wheelchairs. Although you may not need a wheelchair now, using one in the future may be necessary. Widen doorways to accommodate this.

Augment Stairways
Stairs can present a challenge for a disabled person or anyone with aged, reluctant joints. Installing a lift or elevator can ensure easy access to all floors in the home.

Raise or Lower Accessed Items
Raising or lowering things like shelves, cabinets, and dishwashers can place items needed for daily life within easy reach.

Add a Bath and Laundry
Add a first-floor bedroom, full bath, and laundry. Remodeling your home so that everything you need is on the first floor will make the home accessible for many years.

Make Bathrooms Accessible
In addition to small modifications like grab bars, it may make sense to remodel the bathroom to allow a wheelchair accessible shower area.

Add Ramps
If you need a wheelchair or anticipate needing one, ramps make it possible to remain at home and enter and exit your home without assistance.

Remove Carpeting
Installing hardwood, laminate, or tile floors to replace carpeting, which can cause tripping.

6 Technologies to Enable Aging in Place

New technology is making it easier and safer for adults to age in place. Reminders from automated medication dispensers keep people on track with their prescriptions while voice-activated switches can adjust air conditioners, computers, and other types of equipment.

These are among the devices that families are embracing:

Home Monitor Sensor System
What It Does
Monitors doorways and rooms and alerts caregivers if the senior has not moved in a certain amount of time or has not entered or exited a room on schedule (for example if she did not leave the bedroom by 8 a.m. an alert would be sent).
Cost
Minimum $150 for barebones system with no upper limit for sophisticated systems

Mobile Personal Emergency Response System
What It Does
Sometimes called an mPERS device, this is a wrist-worn device that monitors health (such as blood pressure, heart rate, glucose, etc.) and sends the information to caregivers or health professionals. Includes a panic button. Hi-end models include GPS locator, and non-emergency one touch calling. The medication alarm provides reminders about taking pills. Some models have fall alerts, notifying a caregiver or emergency services of a fall.
Cost
$65 and more, plus monthly service fee

Telehealth Monitoring
What It Does
Less high-tech than an mPERS, it takes vitals and transmits them over phone lines to health care providers to monitor patients after hospitalizations or for chronic illness.
Cost
Medicare may cover cost. Devices otherwise start at $100

Simplified Tech Products
What It Does
Devices include Jitterbug, grandPad and others. All feature large displays with oversized (by a teenager's standard) fonts and buttons. Some offer simplified functions and enhanced security. Depending on the device, they make cell phone calls, Skype voice and video chat, email, and Internet access. The devices are designed to make modern technology easier for seniors who may feel leery about cell phones or tablets, and allow them to stay connected with family.
Cost
$75 and up for the Jitterbug plus monthly service. grandPad service is $60 per month.

Pill Dispenser With Monitoring
What It Does
Alerts you by phone call or alarm when it is time to take medication and electronically reports to a caregiver what medication has been dispensed, how much, and at what time.
Cost
Two cost models: Some have high-upfront cost ($400+) with no monthly fee. Others have no upfront cost but charge $45 and more per month

Meal and Grocery Deliveries
What It Does
Online ordering of meals and groceries with delivery means healthy meals are just a click away. For example, Amazon Fresh delivers groceries according to a schedule you set.
Cost
Varies.

Managing the Cost of Home Care

Aging in place may be your optimal choice but it's important to have a realistic idea about the costs involved. An important factor to take into account is that although you can calculate the type of care you need today, it is hard to know what the future holds. Your needs may stay the same or increase as years pass.

7 out of 10
People who will require long term care services and support during their lives

$20/hour
The national median pay for a home health aide

40%
Family members of seniors who spend more than $5,000 of their own money on caregiving costs annually

1 out of 3
Family members of seniors who work more than 30 hours a week for giving care to a senior

$59,480
Alaska's average salary for a home health aide — the nation's highest

$36,600
Louisiana and West Virginia's average salary for a home health aide – tied for the nation's lowest

Source: Genworth 2015 Cost of Care Survey

Calculate Home Care Costs

- Will you need home care and what level of care? Aides, LPNs, and RNs have escalating rates.
- How many hours of care per day and per week will you need?
- How much care can you count on family members to provide and how many hours of professional care will you need?
- What kind of care can you predict needing in the future as you age?
- How much will your other health care costs be in addition to in-home care?
- Will you need home modifications?
- What kinds of technology do you need to invest in to make living at home feasible?
- Will you have transportation costs (to medical appointments, social events, errands, etc.)?
- Do you need homemaking services (cleaning, cooking, laundry, grocery shopping)? How many hours a week?
- Have you calculated your rent/mortgage, utilities, and home repair costs for the coming years and taken those into account?

Who Pays for In-Home Care?

A variety of programs provide payment for home health care services. Here are the top five you should look to first.

Medicare

Medicare Part A and Part B cover home health care if a doctor states the patient is homebound and requires one or more of the following:

- Part-time skilled nursing care (less than eight hours a day for 21 days)
- Physical therapy
- Occupational therapy
- Speech-language services

If you have a Medicare health plan that is not original Medicare, check with your plan to determine what is covered. Medicare will only pay a Medicare-certified agency for your care, not an individual you hire. The agency should give you a Home Health Advance Beneficiary Notice, detailing how much of their services Medicare will cover and what you are responsible for. Medicare covers 100% of the home care and 20% of durable medical equipment. Home health aides are covered only if they are needed to support skilled nursing care. Homemaker services and meal delivery are not covered.

If you need full-time care, Medicare will not provide coverage for home health services. For help navigating your Medicare benefits, contact your State Health Insurance Assistance Program or BenefitsCheckUp.org. Also, read the Medicare and Home Health Care booklet.

Medicaid

Each state has its own program for Home and Community-Based Services (HCBS) run in partnership with Medicaid. Medicaid covers services to help you remain at home, such as personal care, laundry, cleaning, and case management. Medicaid's long-term care programs have additional rules that differ by state. It is an assets-based program, so check with your Medicaid office to determine eligibility or use the Medicaid eligibility checklist.

Veterans Benefits

U.S. Dept. of Veterans Affairs provides several types of services for veterans of armed services (as well as National Guard and Reservists) who served active duty and had other than dishonorable discharges. Skilled Home Health Services are available for short-term care. Homemaker and Home Health Aide services are available to post-9/11 veterans with medical discharges. The VA also offers home telehealth monitoring and respite care so family caregivers can take a break.

PACE programs

Program of All-Inclusive Care for the Elderly (PACE) is a Medicare program and a Medicaid state option that provides medical and social services to seniors who usually qualify for Medicare, Medicaid or both. It provides all the care and services covered by Medicare and Medicaid as authorized by the health care team. It also covers additional medically necessary care and services not covered by Medicare and Medicaid that the team may decide you need. PACE provides coverage for prescription drugs, doctor care, transportation, home care, checkups, hospital visits, and nursing home stays when necessary. Services are available to seniors eligible for nursing home care who are able to remain safely in their communities. Find information about PACE in your area.

Private Insurance

Your current private health insurance plan may have some coverage for home health care. Long-term care insurance policies provide coverage of home services as well and coverage will vary by policy. Medigap policies do not cover long-term care.

7 Simple, Vital Roles Relatives Can Play In Ensuring At-Home Success

Family caregivers can be key in aging in place plan. Even if professional home health and homemaking services are used, family is essential for helping a senior remain at home successfully. Family members can assist with:

1. Provide Transportation
   Going to medical appointments, activities, and shops keeps a senior active and involved.
2. Monitor Medication Use
3. Help With Basic Homemaking
4. Arrange and Provide Social Interaction
5. Plan Mental Wellness Activities
6. Oversee Finances
7. Note and Act on Changes to Health

Even caregivers can become ill or suffer an injury. If you're a primary caregiver helping with a relative who is aging in place and depending on you, it's important to have back up support and people to rely on for assistance.

It's also wise to have a financial and legal plan in place (including powers of attorney, living wills, and health care proxies or powers of attorney) so the caregiver has the authority necessary to continue giving care no matter how the situation may change. Support and assistance is available from the Family Caregiver Alliance.

Can Family Caregivers Be Paid?

As many as 70 million people provide unpaid home care for family members. Medicaid's Cash and Counseling program, which is available in some states, gives funds directly to seniors aging in place and allows them to budget how they want to spend that money for their own care. This can be used to pay a family caregiver.

If an aging adult pays a family member — with his or her own funds or Medicaid funds — the pay is taxable income that must be reported to the IRS. The senior, as the employer, is obligated to withhold taxes and report the payments. The IRS provides information on hiring household employees.

Finding the Right Home Care Providers

Finding good home health providers can be challenging. Here are some tips and resources to help you get started:

- Your state long-term care ombudsman offers a list of agencies and providers in your area.
- Your physician's office or geriatric care manager may be able to provide you with a list of agencies.
- Medicare's Home Health Compare allows you to locate and compare Medicare-certified agencies in your area.
- The Eldercare Locator can also locate private providers.
- Ask friends or local senior centers for recommendations.

Choosing a Safe & Effective Home Care Provider

- Determine which agencies are Medicare and/or Medicaid certified.
- Get references and check them.
- Find if the agencies do background checks on their workers.
- Make a list of services and special needs you need help with.
- Get a clear estimate of cost for the services and hours you need.
- Check with your state ombudsman for complaints against the agency, as well as your local Better Business Bureau.
- Use Home Health Compare to see how the agency stacks up against others in terms of the results they get for their patients.
- Ask what skills the caregivers have and what kind of education and training is required.
- Learn if the same caregivers will work with the senior on a regular basis.
- Request a documented care plan.
- Determine if the agency is bonded and insured.
- Ask what happens if a scheduled caregiver is ill or doesn't show up.
- Determine if the agency has experience with the particular medical needs involved in your case.
- Find out how the care is monitored and supervised. How often will a supervisor check in?
- Ask what kinds of records will be kept and how you can access them.

Preventing Senior Fraud

Con artists target seniors because seniors often have a nest egg, live alone, can be trusting, or may not be familiar with technology. The FBI lists the following as the most common fraud schemes older adults face:

- Door-to-door solicitations from people offering to do work around the house, saying they've been working at a neighbor's house and noticed your house needs repairs
- Telemarketing fraud where solicitors call and ask for money or personal information
- Lottery and sweepstakes schemes where con artists ask for money in exchange for the chance to win a prize or to pay for a prize to be mailed to a home
- Charity scams involving solicitations for causes and tragedies in order to get a credit card number

Expert Q&A: Age In Place Roundtable

William Leahy, Expert — **William Leahy, M.D.**, is a geriatric neurologist and the author of The Home Health Handbook. He is the founder of High School Home Health Education Foundation.

Mary Languirand, Expert — **Mary Languirand, Ph.D.**, practices psychology in Long Island, NY. She co-authored "How to Age in Place: Planning for a Happy, Independent, and Financially Secure Retirement."

Michael Saunders C, Expert — **Michael Saunders C.Tech, CSAHD**, is an architectural designer and home accessibility consultant. Saunders enjoys exploring the many ways our built environment impacts our lives, and helping people adapt their homes to meet their changing needs.

What does it take to age in place successfully?

William Leahy: Safety and security are the critical focus of aging. Independence is also critical to self-esteem and motivation. Safety and security should be analyzed in terms of physical, cognitive and emotional aspects. Individuals who age in place and their family should consider a plan B and plan C if there is deterioration in any of these aspects of daily living, and be prepared to implement such a plan. A local network of friends and colleagues or family to assist during the day, weekly or intermittently will assure for this independent living. Cognitive health, like physical health, requires some "exercise," thus living independently should allow for daily exposure to others for socialization and daily physical activity to the extent possible.

Mary Languirand: Mindful decision-making and careful advance planning can make it possible for people to identify, find and fund the settings and services they will need to live independently, safely and comfortably while remaining active and engaged socially throughout their retirement years. A carefully crafted financial plan is the bedrock of success, with well-diversified sources of income, realistic calculations about post-retirement expenses, and a thoughtful draw-down plan to make the money last a long lifetime.

Michael Saunders: The method I most frequently recommend to people is to create an aging in place plan. This is a long-term strategy that addresses the home, the community, and the personal support system. Not surprisingly, being strategic about the aging process yields a much higher likelihood of success than relying on chance, as many unfortunately continue to do.

Why is this becoming the mainstream choice of older adults and is it realistic?

William Leahy: The baby boom generation, like their parents, seek choices in their living in the elder years. These two generations also have become prudent about their futures and the economics of living longer on more limited pension and IRA savings. Both desire for choice and the economics of living into an extended future drive the wish to live independently.

Mary Languirand: As people are living longer, healthier lives, they are seeking post-retirement settings and lifestyles that will provide them with opportunities to keep doing the things they love to do, surrounded by people they love, for as long as they can. As community-based services tend to be far less expensive and more flexible than those provided in institutional settings, even those who need in-home care are often able to maintain maximum autonomy and independence at much lower costs.

Michael Saunders: People get attached to their homes, it's just human nature. When faced with options that seem as limited as staying in the home you love, moving to a new, unfamiliar home, or living in a long-term care facility, it's not so surprising that the vast majority choose the first option. For some this option is more realistic than for others.

What's most important in deciding where to live as you get older?

William Leahy: The place should be a function of the quality of life of the area. This quality of life is defined as where safety and security are realistically possible. The options require understanding of the opportunities in the community, i.e. health care facilities, activities for socialization and physical exercise.

Mary Languirand: Choosing the right retirement setting involves thinking about what you will need to live comfortably and safely as you age. This puts you into the odd position of having to guesstimate what your health status will be, the types of help you may need, the kinds of things you'll want to be doing, and with whom — possibly over the course of several decades. Good working knowledge of your own health history can make it possible to predict some of the types of support you will be likely to need over time. True aging in place includes having flexibility in choosing the settings and services you need as you age, which may well change over time.

Michael Saunders: The old real estate adage is true here: Location, location, location. This is where communities set up specifically for seniors have a leg up — most of the amenities are in place to meet the residents' needs. When making the decision, consider, take a good hard look at the surrounding community, and how it addresses your changing needs. How's the public transportation system? What community groups are in the area? How about healthcare? Even your own role. I've seen people live in their own home into their 100's, due in large part to the support they received from their immediate neighbors. A home can be modified to suit your needs, (but) the surrounding community cannot.

How important is technology to aging in place well?

William Leahy: Much of the technology over the past 20 years has developed to allow for rapid communication within communities and allowing individuals to acquire information or knowledge instantaneously. Medical technology is now expanding to allow for interaction between medical professionals and seniors at home which has increased efficiency of interaction and possibly outcome data.

Mary Languirand: Many time-consuming and effortful tasks can now be relegated to automatic status — banking can be paid online, house maintenance services can be put on schedules, medications and groceries can be ordered and delivered without ever moving from one's favorite chair. Home monitoring services can ensure that help would be summoned at the touch of a button, or extra security put in place remotely. Telehealth can make consultations with distant specialists quick and painless, facilitating rapid, expert treatment for even the most obscure ailments. As with anything, technology can make us more vulnerable, but it can also provide additional means of contact, communication and support that can make aging in place more feasible for more people.

Michael Saunders: Technology can be an invaluable tool, but you have to be selective. There is no shortage of new products rolling out daily, specifically targeting the aging in place market. When you're aging in place, you want to do so comfortably and safely, and sometimes it involves a balance between the two. There's no right or wrong answer when it comes to introducing technology into the home, the key is to ensure everyone involved is comfortable with the technology.

Resources

There's No Place Like Home For Growing Old
National Institute on Aging web page containing list of federal help available that older adults might want for independent living.

Healthy Aging & the Built Environment
Centers for Disease Control and Prevention (CDC) web page describing affordable, accessible and suitable housing options that can allow older adults to age in place and remain in their community. Extensive list of resources.

Healthy Aging Research Network Archives
List of resources covering environment and policy change, and brain health issues.

National Age In Place Council
Network of professionals from the private, public and non-profit sectors who can help older adults plan for their future housing and care needs.

AARP Aging in Place Survey
Survey of state and local livability policies and practices

Administration on Aging
The Administration on Aging promotes the well-being of older adults by providing services and programs designed to help them live independently in their homes and communities.

National Association of Area Agencies on Aging
Offers elder care locators, preferred providers and other links to develop livable communities for all ages.

Certified Aging-in-Place Specialists (CAPS)
The National Association of Home Builders (NAHB), in collaboration with AARP and other experts, developed the Certified Aging-in-Place Specialist (CAPS) designation. Certified Aging-in-Place Specialists understand the needs of the older adults and are knowledgeable about aging-in-place home modifications.

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