

Chapter 31

Aging in Place: Maintaining Your Independence at Home

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Exhibit 31A. What Is Your “Aging in Place” IQ? Are You Ready?

“Aging in place” is a rapidly expanding movement with emphasis on creating a safe and workable alternative to the traditional model of out-of-the-home living and care for aging adults. This model utilizes all available financial resources of the aging adult and all available community resources to create a safe environment for the individual to maintain

his or her independence in the least restrictive environment possible. The number one choice of aging adults is to “stay put” and to continue living in their own homes.

This chapter discusses the “aging in place” model, universal design of homes, and suggestions to assist Denver metro area aging adults to remain living independently in their homes. Aging adults in other communities can use this model to explore resources available in their communities.

31-1. Demographics

The State of Colorado had a 14.1 percent increase in its total population from 2010 to 2019, growing 713,644 — from 5.03 million to 5.7 million people with a projected population of 5,763,976. However, during this same time period, the aging adult population (comprised of people 65+ years of age) increased as follows: The 65- to 74-year age group increased 24 percent; the 75- to 84-year age group 69 percent; and the 85+ age group 49 percent. Colorado’s 65 and older population, by 2030, is projected to be 25 percent larger than it was in 2010, increasing from 550,000 to 1,250,000. Between 2010 and 2020, 155 Coloradans per day are turning 65 years old.

Colorado ranks 21st in the United States in the number of baby boomers (those born between 1946 and 1964) as a percentage of the state’s total population. Colorado ranks third in the United States out of states with the fastest growing senior populations. In 2011, the first baby boomers turned 65, qualifying them for Medicare and full-benefit Social Security Retirement Income. Colorado is ranked fourth in the Best States in America for Aging by *U.S. News & World Report* (9/2019).

Colorado will not realize the full impact of its aging baby boomers for another 15 or 20 years. Currently, 66 percent of Colorado’s total senior population is between the ages of 60 and 74. Baby boomers comprised 1.3 million people, or 26 percent of Colorado’s total population, in 2010. The 65 and older age group is forecast to increase by 61 percent in the decade from 2010 to 2020, from 549,629 to 891,970.

The Denver metro area presently has 46.7 percent of the state’s senior population and will experience higher growth in this age group than the entire rest of the state. Overall, the Denver region has a lower concentration of older adults than the nation as a whole, at 12 percent versus 16 percent. More than one in four people in Denver will be 60 years of age or older by 2030. In 2003, it was one in eight.

Eight counties comprise the Denver Regional Council of Governments (DRCOG): Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Gilpin, and Jefferson. Adults aged 60 to 74 comprise 66 percent of the DRCOG Denver region’s population. Forty-five percent of all Coloradans aged 65 and older live in four front range counties: Arapahoe, Denver, El Paso, and Jefferson. The Denver region will see a 36-40 percent increase in the 60+ population over the next 10 years. (See DRCOG “Boomer Bond Program,” <https://drcog.org/services-and-resources/boomer-bond>.)

The DRCOG Denver region statistics include the fact that older women are three times more likely to live alone than older men. Fifty percent of the older adults living alone are ages 75 and older. Also, 77.4 percent of all groups of older adults live in owner-occupied

units, with 80 percent of the 60- to 74-year age group, 74.4 percent of the 75- to 84-year age group, and 56.5 percent of the 85+ age group.

As the demographics change, so, too, will the demands of our aging population to challenge the paradigm and the demand for home-based care and aging in place, rather than receiving care and living outside an aging adult's home, such as in an assisted living facility.

31-2. Aging in Place

"Aging in place" is defined by the National Aging in Place Council as the ability to continue to live in the familiar environment of one's home in a safe, independent, and comfortable manner, regardless of age, income, or ability level. To accomplish this goal, an aging adult's home must have easy access in and out of the primary entrance; be free of clutter; and have safe, non-slip flooring surfaces, wide hallways, good lighting, easy access to bathroom and sleeping areas, and stable furniture. The very best time and way to accomplish this goal is before there is a crisis and a need for barrier-free and easily accessible living.

Aging adults are encouraged to obtain universal design in any new home and to implement these modifications in any existing home. Many good checklists are found on the AARP website. See "Resources" in section 31-12.

31-3. Creating an Aging in Place Plan

All of us want to be able to stay in our self-chosen home and age in the best possible environment and manner available to us. I have written and lectured on this topic for over a decade. However, in June 2014, I had a first-hand, eye-opening experience that made me question my own ability to age in place, and changed my thinking about what is most important to all of us baby boomers and aging adults striving to successfully age in place.

First of all, **you have to have a plan!** Successful aging in place does not just happen. You need to facilitate this event. After I wrote this chapter, I found an excellent resource: "Act III: Your Plan for Aging in Place." See "Resources," section 31-12. Start creating or revising your plan now. The Covid-19 pandemic changed and accelerated many aging adults' plans, both positively and negatively. Take time to re-evaluate your plan and your priorities.

The following items are critical to having a successful aging in place plan and include:

- 1) **Wear a smart watch.** Both Apple and Samsung make excellent and cost-effective devices that allow you to easily make calls and read emails and text messages. They have many available applications, including fall detection, emergency response, medication reminders, and fitness and health trackers. This recommendation is especially important for people who live alone. You will have an increased sense of safety knowing you always have a means to get help, regardless of your situation.

- 2) **Designate an appropriate health care advocate.** This person may or may not also be your agent under a Medical Power of Attorney. Have her or him physically with you 24/7 if you are hospitalized and with you at medical appointments and at your telehealth visits. Your health care advocate can help keep you safe and also will hear medical and other information given to you that you might not hear or understand.
- 3) **Execute current Medical and Financial Powers of Attorney.** I recommend you designate a person who lives locally to be your agent under a Medical Power of Attorney. Medical providers seem not to converse well with out-of-town individuals.
- 4) **Develop and have supportive and kind relationships** with yourself, family members, friends, and neighbors. You cannot successfully age in place in a vacuum. You will need help. Unless you are a person of unlimited financial resources, you may need unpaid assistance. See also Section 31-10, "Home Care," for information about paid assistance.
- 5) **Make all necessary home modifications.** You need a safe and appropriate home environment. This might be your current home or a different home. See Section 31-5, "Creating a Safe Environment," and Section 31-6, "Seniors Handyman and Home Modification Programs."
- 6) **Install a lock box near the outside of your front door.** I recommend using the type that attaches to the door or house trim versus the type that loops over the door-knob. These lock boxes cost around \$30 and are significantly less expensive than the cost of replacing or repairing your front door if the firemen have to break it open to reach you in an emergency.
- 7) **Cell phone.** Always carry your cell phone with you everywhere, or wear a smart watch, especially if you are outdoors. Also, have an easy-to-reach telephone on each level of your home, especially in your bathrooms, bedroom, and kitchen.
- 8) **Plan for potential functional and physical changes** due to any progressive medical conditions and diseases you have. See also Section 31-9, "Emergency Response Systems."
- 9) **Arrange affordable, easily accessible, and safe transportation.** Your 18- or 85-year-old friend might be "affordable and accessible" but also could be a very unsafe driver. Be smart. Uber and Lyft may be good options.
- 10) **Maintain your health** through proper nutrition, hydration, exercise, and compliance with medication and medical advice. See Section 31-7, "Nutrition."
- 11) **Develop a home safety and evacuation plan.** Prepare for any potential natural disasters, have a home evacuation plan, and have working smoke alarms, carbon monoxide detectors, and a fire extinguisher. See Section 31-8, "Disaster Evacuation Plans," and Section 31-9, "Emergency Response Systems."

31-4. Covid-19 Pandemic Takeaways

There are not enough adjectives to describe the Covid-19 pandemic, the events of 2020 and 2021, and their effect on everyone, both young and old. However, for so many reasons, this pandemic affected aging adults at a different rate and intensity. I worked as a healthcare professional, doing home health physical therapy during the pandemic. These are my positive takeaways from Covid-19 and how aging adults will see a benefit to their physical, emotional, and spiritual well-being. When creating your successful aging in place plan, think about these suggestions as you look at your home, your lifestyle, and your goals.

- 1) **Telehealth.** It's here to stay. I believe Medicare and other insurances will continue paying for it because it keeps people of all ages, especially aging adults, healthier. No longer will aging adults not obtain prompt medical attention because of lack of transportation, inclement weather, or feeling too sick to leave their homes. Explore getting good technology that allows you to have successful medical provider visits. Also, invest in a blood pressure cuff, thermometer, pulse oximeter, and scale so you have your vital information available for him or her.
- 2) **Technology.** Love it or hate it, technology will allow aging adults to safely age in place. We've seen an exponential expansion since March 2020. Assess your preferences. Then invest in reliable computers and other technology to make your home safer and more livable and your life more enjoyable. Invest in a larger monitor or TV to make viewing enjoyable. Technology can include web cameras so someone can monitor your safety, fall motion sensors, medication boxes with alarm reminders, and you telling "Alexa" to turn on the lights, shut the blinds, play music, or answer your questions.
- 3) **Video conferencing.** As we all have experienced during this pandemic, there are many positive attributes of this technology. The majority of us have heard of or used Zoom, FaceTime, GoToMeeting, Facebook Messenger, or Skype to work, talk with friends, have group meetings and events, take classes, stay connected with family and friends, celebrate life events, and attend legal proceedings. No longer will aging adults miss out on seeing such life events as weddings because they can't travel. They'll be able to see it on Zoom. The adverse effects of social isolation have been huge on everyone, especially aging adults. As part of your plan, explore all video conferencing options to maintain your emotional, spiritual, and physical well-being for now and the future. Install your technology in a room you enjoy, that has adequate light and comfortable space.
- 4) **Remote work.** Being able to work remotely or telecommuting significantly benefits aging adults who want to continue working as long as possible. It is a flexible working arrangement that requires a reliable computer and internet connection, time and task management skills, comfort with technology and digital communication, and good written and oral communication skills. Many aging adults have had the ability to make this transition during the pandemic and know the benefits and challenges it can present. The most important requirement is to have a dedicated workspace in which all your needed technology fits and that provides privacy from your household members. If your aging in place plan includes a new home or remodeling your current one, evaluate this need.

31-5. Creating a Safe Environment

Clutter, Lighting, and Rugs

Pick it up and store it, throw it away, or recycle it — but get rid of it now! Clutter, and too much “stuff,” present a very unsafe home environment ripe for causing medical conditions or falls that may result in serious physical injuries or even death. You need to have adequate maneuverability in all your rooms to access them safely, without risk for fall.

Throw rugs of any size are of significant concern for causing falls and injuries. The best advice is to remove them all. Always keep your bath rug off the floor until needed during bathing. If you cannot get rid of the rugs, at least secure the edges with two-sided tape. Carpeting should be in good condition, lay flat, and preferably be pile carpeting having a thickness of one-half inch or less.

As a friend or relative of an aging adult whose home shows safety concerns such as inadequate lighting, loose rugs, and lack of handrails or grab bars, it is your responsibility to express your concerns and assist the aging adult to rectify these safety issues. Faster than the blink of an eye, an aging adult can lose his or her balance, fall, and sustain an injury of some magnitude. Falls often occur because of inadequate lighting or when rushing to answer the phone or use the restroom.

Frequently, these injuries, such as head injuries and hip, arm, or back fractures, are very serious. If you are the aging adult, this type of fall accident and subsequent injuries may, unfortunately, cause you never to be able to return to living in your home. Do not take this chance: the odds are against you. Maintaining your safety and health is important. All of the rooms in your home must have good lighting, safe, non-slip flooring, and be uncluttered.

Stairs

How can you get into and out of your home? Where would you live if you could not get into your home because of stairs and structural barriers, or if you could get inside your home, but then could not access the bathroom or bedroom because of stairs? Universal design recommends that your exterior entrance be barrier free and that you get rid of any stairs, both outside and inside your home. This may mean exploring the option of modifying your home to make it accessible or moving to a universal design home. While your health is good and stable, explore all of your living options.

Anyone who is over 60 years old ought to live in a single-level home with step-free access. This is especially important for someone who already has challenging medical conditions such as stroke, brain injury, Parkinson’s disease, diabetes, heart or lung disease, or severe arthritis. Make a good decision now, without the additional stress of having the necessity to act.

When you either start to modify your home or look for a new one, first examine the entrance. Do you need a ramp? Is there adequate room for one? Can the surface be protected from adverse weather? The majority of folks go in through their attached garage entrance, as it usually affords the fewest number of stairs. Will this work for you?

If you need to install a ramp, the recommended ramp incline is a 12:1 ratio. This means that for every inch of height, the ramp must be 12 inches in length, which keeps the

incline safe and manageable for anyone propelling a wheelchair, pushing someone in a wheelchair, or walking up the ramp using a walker or cane. If there is inadequate room for a permanent ramp, explore whether there is adequate room for a portable ramp. Portable ramps tend to be lightweight and durable.

Steps into a home usually do not have handrailings, as most city building codes only require a railing if you have four or more steps. Do some good pre-planning and have stair railings installed on all your stairs, whether they are inside or outside stairs, preferably on both sides. AARP's website has a link to "certified aging in place" (CAPS) professionals who are trained in common remodeling projects and other home modifications that can help people live independently in their own homes. Additionally, rehabilitation professionals — physical and occupational therapists — can do home safety and accessibility assessments.

Once you are inside your home, assess your other stair issues. Do you have a multi-level home? Are your bathrooms only on different levels, and if so, how will you access them? Do you need to remodel your home to add a main floor bathroom or master bedroom suite? Are there any steps to other rooms or areas? If the need arose, are your stairways designed to accommodate a "stair glider" or could you have an elevator installed? Plan your future need for an elevator by having closets built stacked on top of each other; later, they can be used as the elevator shaft.

A stair glider is an adaptive apparatus that has a railing installed on the stairs with a seat attached to it and is electrically powered by the person sitting on it or walking on the stairs next to him or her. The cost of a new stair glider with installation varies depending on load capacity and type of stairway (for example, straight or L shaped).

If you have a flight of stairs with a platform halfway, or have two sets of stairs such as in a tri-level or bi-level, you may need to purchase a stair glider that go around turns to accomplish safe transit up or down these stairs. The recommended stair width in a new home is four feet, which allows adequate space on the stairs for both the stair glider lift and people walking on the stairs. There are numerous websites for researching stair gliders and good vendors in the Denver metro area.

Hallways and Doors

The minimum recommended hallway width is 36 inches. However, a width of 42 inches or more is optimal. Entrance doorways should be 36 inches. Bathroom doorways often are too narrow, especially in older homes. Homes built prior to the 1970s tend to have a standard width of 24 inches for bathroom doors. The recommended bathroom doorway width is 36 inches, which allows someone to walk in easily using a regular-width walker or crutches or to propel a wheelchair.

You need to be able to access and enter your bathroom easily and safely. Examine all your bathroom doorways to determine if the width can be increased to 36 inches to allow for 32 inches of clear width for passage of most wheelchairs and walkers. If it does not have this clearance, then widen the door as much as possible, and explore all your options. These may include installing a pocket door, which is a sliding door that fits entirely inside the wall, or changing regular door hinges to swing clear hinges that will allow for increased inside space to maneuver and will yield a wider door clearance.

Bathroom

It goes without saying how important this room is to everyone's health and well-being. Yet, the majority of homes have excessively small and inadequately designed bathrooms with narrow doorways. You need at least one fully accessible bathroom on the main floor that has either a shower or tub-shower combination for bathing.

After you have assessed your doorways, next assess your toilet setup. Consider installing an ADA-recommended toilet with 17 or more inches of floor-to-bowl height. Then assess the clearance for installing grab bars on the walls. Frequently, there is inadequate space alongside the toilet because of its location. An excellent option is to purchase a "toilet safety frame" that easily installs on and removes from the toilet. This adaptive equipment allows for grab bars on one or both sides of the toilet and can be purchased from most medical supply companies online for less than \$40.

The main-floor bathroom needs to have a shower or tub-shower combination for bathing. In a new or remodel construction, it is important to brace the walls around the tub, shower, and toilet to prepare for the future installation of grab bars that can support 250 to 300 pounds. All towel bars should be replaced with securely anchored grab bars, which also can be used as towel bars. Frequently, an aging adult will lose her or his balance in the bathroom and grab the towel bar for support, which promptly pulls out of the wall, thus not preventing the fall. Existing tub-shower combinations or showers easily can be adapted for safe use by the installation of a handheld showerhead, grab bars, and a portable bath bench. The side of the tub also can be cut down and capped so you can step in easily. Bathrooms need to have a nightlight, non-slip flooring, and lever-style door handles.

In addition to the traditional medical supply stores, many "big box" stores are rising to the demand of baby boomers and carry adaptive bathroom equipment. Much of this adaptive equipment also may be purchased from online vendors. There are numerous options for bathroom and adaptive equipment that meets the specific needs of the aging adult and has an aesthetically attractive design. However, the best way to explore all options for this equipment is to work with rehabilitation professionals such as physical and occupational therapists.

Bedroom

When you purchase a new or existing home, always get one that has a main-floor master bedroom suite (*i.e.*, bedroom and full bathroom). The bedroom must have adequate room for you to maneuver around the bed and other furniture, should contain no clutter (including electrical cords on the floor and throw rugs), and should have safe flooring surfaces and good lighting. Your bedside lamp should be close to the bed so you easily can turn it on without falling out of bed. Nightlights and touch lights next to the bed are recommended. Always have an easy-to-reach telephone by your bed.

Assess your bed height for ease of getting on and off the bed. A good height for most people is approximately 22 inches. If your mattress is too tall, you might need to place it directly on the floor to shorten its height. Step stool use is not recommended, as it is too easy to fall while using them.

If the bed is too short, placing blocks under the legs easily raises it. Many stores carry these pre-made blocks, usually four to six inches high. A “bed cane,” which is a grab bar attached to support material that slides between the mattress and box spring, can assist an aging adult in getting into and out of bed. These devices are available at most medical supply stores or online.

Finally, assess your clothing storage. Can you easily reach the clothing and shoes in your closet and dresser drawers? Does your closet need to be redesigned with lower clothing rods for easier reach? Is the clothing you most frequently use placed in the most easily accessible drawers or storage areas? Do you need to get rid of your unused clothing clutter? If you have a short reach or have difficulty bending, consider purchasing adaptive equipment such as a reacher.

Kitchen

Kitchens need to be “user friendly” and reflect adaptations for any limitations you might have, such as bending and lifting. Frequently used items need to be stored in easily reached cabinets, drawers, and shelves. The microwave should be placed at a safe height and a safe, reachable distance from the table or countertop edge. Does your kitchen have adequate usable counter space next to the refrigerator? Again, the clutter issue arises: Can you store countertop items that are not frequently used? Do you have a side-by-side refrigerator to provide easier food access?

If you use an assistive device such as a walker, does it have a tray so you can transport items such as food and dishes? Does your kitchen have a usable, seated workspace for you at the kitchen table or countertops? Do you have safe chairs to use that do not have rolling casters? Did you remove all throw rugs? Do you have a safe, non-slip flooring surface? If you have lifting concerns or tire easily, do you have a cart to transport food and other items around your kitchen?

Laundry Room

Many homes have a washer and dryer located in the basement. Safe independent living requires that these be located on the main floor of your home. A good option is to purchase a stackable washer and dryer, which can be placed in an existing retrofitted closet. Front-loading machines are preferred because they are easy to use for anyone, with or without compromised mobility, and they are energy efficient.

31-6. Seniors Handyman and Home Modification Programs

Volunteers of America has a “Safety of Seniors Handyman Program,” which provides life enhancement services for limited-income senior homeowners aged 60 and older who reside in Adams, Arapahoe, Denver, Jefferson, Clear Creek, Gilpin, and Larimer counties. The Denver metro program can be reached at (303) 297-0408 ((970) 472-9630 for Larimer county).

This program's goal is to help aging adults live safely and independently in their own homes. Skilled volunteer handymen and women can perform minor home repairs and safety modifications, conduct home safety assessments, and provide fall and fire prevention education. The labor cost is free and the charge for materials is income dependent.

The handyman program focuses on reducing falls and preventing fires. It includes, but is not limited to, providing installation of bathroom grab bars, handheld showerheads, non-slip surfaces in the tub or shower, stairway handrails, carbon monoxide and smoke detectors, and plug-in night lights. Minor electrical and plumbing repairs; replacement of furnace filters, thermostats, light bulbs, and batteries in smoke detectors; and conducting home safety assessments are also services provided.

Brothers Redevelopment, Inc., a 501(c)(3) nonprofit corporation, has been in the home repair business for over 40 years. It has several programs in the Denver metropolitan area to assist low- and moderate-income residents with exterior maintenance, repair, and painting, as well as internal repairs. It has a "Ramps and Rails" program, which is designed to help people with disabilities or physical limitations remain safely in their own homes. This remodel work can include, but is not limited to, shower conversion, wheelchair ramp construction, widening doorways for wheelchair and walker access, wide tread exterior stair installation to allow walker access into the home, and installation of grab bars and hand-held shower heads.

Brothers also partners with many Front Range cities and counties to help homeowners who have financial or physical limitations get home repairs and improvements. This "Help for Homes" program is generally supported with federal community development block grant funds, although the availability of these funds may be decreasing. There seem to be no age restrictions for this program. Homeowners applying for the "Help for Homes" program must be legal residents of the United States and must live in the following locations: Adams, Arapahoe, or El Paso County, or the cities of Arvada, Brighton, Centennial, Colorado Springs, Edgewater, Evergreen, Golden, Lakeside, Mountain View, Sheridan, Thornton, and Wheat Ridge.

Additionally, Brothers has an annual "Paint-A-Thon" program to paint low- to moderate-income seniors' homes in the Denver metropolitan area. To qualify, you must be age 60 or older; you must own and live in your home and plan to stay there at least a year; your home must be no taller than 1 1/2 stories; your home must need painting; and you must be unable to afford to hire a painting contractor. The application deadline is May 31 each year, and the form is available at www.brothersredevelopment.org; click on "Paint-A-Thon." The Brothers Redevelopment office can be contacted to obtain information on all its programs, including the income requirements of each, by calling (303) 202-6340, or by emailing info@brothersredevelopment.org.

Home Builders Foundation of Metro Denver (HBF) was established in 1993. It serves homeowners with financial needs in Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Elbert, and Jefferson counties who need home modifications for mobility. These repairs and modifications can include doorway widening, carpet removal and replacement with hard flooring for easier walker or wheelchair mobility, grab bar and handrail installation, exterior ramp installation, bathroom modification (usually tub removal and roll-in shower installation), and lift installation. You can contact HBF at (303) 551-6721 for more information or fill out the online application available at www.hbfdenver.org.

Rebuilding Together Metro Denver (RTMD) provides home repairs, safety modifications, and energy efficiency upgrade services to qualified low- to moderate-income homeowners in Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, and Jefferson counties. In order to qualify for assistance, you must be: age 60 or older, a veteran, and disabled or supporting someone who is disabled. An online application form is available at www.rebuildingdenver.org. For more information on its programs and income requirements, contact RTMD at (720) 524-0840. There is also a Rebuilding Together Colorado Springs.

Cultivate, formerly Boulder County CareConnect (BCCC), provides numerous services to Boulder County seniors. These programs include, but are not limited to: Fix-It Home Repair for minor home repairs, YardBusters yard cleanup program, IceBusters snow shoveling program, Carry-out Caravan (grocery shopping), and Medical Mobility transportation program, all staffed by volunteers. There seem to be no income restrictions and the age criteria is 60 or disabled for receipt of services. Seniors are responsible for cost of home repair supplies and donations are accepted for all services. Cultivate can be contacted at <https://cultivate.ngo>.

31-7. Nutrition

Statistics show that 85 percent of aging adults have some nutritional concerns. The options for meals, if you do not live in a retirement or other community that provides meal service, are to buy your groceries (with online grocery ordering, delivery, curbside pickup, or in-store purchase) and cook; order take out, with or without delivery; eat out; or sign up for Meals on Wheels through Volunteers of America, Project Angel Heart, or an online prepared meal service. Frequently, use of paid home care assistance for grocery shopping and/or meal preparation is an excellent choice for the aging adult. Covid-19 has exponentially expanded everyone's options for human and pet food purchases and there's been a significant increase in our ability to purchase ready-made meals.

Grocery Shopping

For most aging adults who are unable to shop themselves, the optimal manner now to buy groceries is to order online with delivery or curbside pickup. Prior to the Covid-19 pandemic, there were a limited number of grocery stores that offered these services. Now, there are very few stores that do not offer online ordering with delivery or pickup options. Each organization charges a fee for this service, which varies and can be obtained by checking its website. King Soopers has the longest-established program for grocery ordering and delivery services in the Denver metro area and Colorado. Many grocery stores also use Instacart online and delivery services.

Volunteers of America — Northern Colorado

The grocery shopping program is for Larimer County seniors and disabled adults, and is done through select King Soopers and Albertson's stores. Contact the program coordinator at (970) 472-9630 for information, to determine availability and program intake.

Instacart

This online grocery buying service, www.instacart.com, has delivery services throughout Colorado. See www.instacart.com/grocery-delivery/near-me-in-colorado. You can shop for grocery items from stores including, but not limited to, King Soopers, Safeway, Costco, Target, Sprouts Farmers Market, Natural Grocers, Walgreens, CVS Pharmacy, and Petco (for pet food and supplies). **WARNING:** Be sure to type the web address correctly for Instacart — it is www.instacart.com. There was a look-alike website at instacart.org that would install a virus onto your computer if you clicked on the page.

Meals on Wheels

The Volunteers of America Meals on Wheels Program has operated since 1973 and serves adults aged 60 years and older in Adams, Arapahoe, Clear Creek, Denver, Douglas, Gilpin, Jefferson, and Larimer counties. Eligibility requirements for the program are being homebound and at least 60 years of age. Participants or disabled household dependents can determine their eligibility for meals by calling the Meals on Wheels program at (303) 294-0111 ((970) 472-9630 or larimer@voacolorado.org for Larimer County).

Participants' meals are free of charge, with a current suggested contribution of \$2.50 per meal. However, no aging adult is denied meal service due to an inability to contribute. Additionally, Meals on Wheels provides nutrition education and assistance to help homebound, aging adults access other available services.

This program also has "Dining Center Services" in the eight counties it serves and operates 30 dining centers that serve hot meals in the Denver metro area, three in mountain communities, and 11 in Larimer County. The suggested contribution per meal also is \$2.50. Participants in this program must be 60 years of age or older, and may include an eligible participant's spouse and residents who live in the facility where a dining center is located. Contact this program at (303) 297-0408 (Denver metro and mountain counties) or at (970) 472-9630 (Larimer County), (970) 667-0311 (Loveland), or (970) 353-9738 (Greeley) for information and to determine whether the dining centers are open.

Volunteers of America also offers the "Market Meal Program" for homebound seniors who do not require daily home delivered meals. The baskets are available for pickup monthly from the Michael J. Kern Meals on Wheels Kitchen at 2620 Larimer St. in Denver. They include 10 frozen meals and may include non-perishable foods, fresh produce, low-fat dairy products, and whole grain breads. Call (303) 297-0408 to determine availability.

Boulder County Meals on Wheels

Meals on Wheels Boulder services residents of Boulder, Gunbarrel, and Eldorado Springs and its phone number is (720) 780-3380, <https://mowboulder.org>. Longmont Meals on Wheels services residents of Longmont, Niwot, and Lyons and its phone number is (303) 772-0540, <http://longmontmeals.org>. Coal Creek Meals on Wheels services the residents of Lafayette, Louisville, Superior, and Erie and its phone number is (303) 665-0566, <https://coalcreekmow.org>. There are no age or income requirements for meal delivery and meal prices are on a sliding scale based on the person's monthly income. Boulder Meals on Wheels also has a program called "Project Homecoming," which provides five free-of-charge

meals to any resident who is discharged from a hospital for any health reason. Coal Creek Meals on Wheels also has a pet food delivery program, “Plates for Pets,” in partnership with Colorado Pet Pantry (www.coloradopetpantry.org).

Cultivate, formerly Boulder County CareConnect

Cultivate has numerous services, including its “Carry-out Caravan” grocery shopping program. Volunteers do grocery shopping for seniors and also deliver the groceries. Cultivate does not charge for its services, but a donation is suggested. Contact it at (303) 443-1933 or <https://cultivate.ngo>.

Silver Key Senior Services (Colorado Springs)

Silver Key provides Meals on Wheels service to residents of the greater Colorado Springs area. Silver Key’s website is www.silverkey.org, and they can be contacted via email at info@silverkey.org or by phone at (719) 884-2300 for meal prices. Silver Key also has a Commodities Supplemental Food Program and an Emergency Food Assistance Program for low-income seniors and disabled individuals. It also offers transportation services.

Other Colorado Meals on Wheels Programs

- ▶ **Pueblo:** SRDA (Senior Resource Development Agency), www.srda.org, (719) 545-8900.
- ▶ **Grand Junction:** Meals on Wheels Mesa County, <http://mealsonwheelsmesacounty.org>, (970) 298-9844, Amanda.debock@sclhealth.org.
- ▶ **Durango:** La Plata County, www.co.laplata.co.us/services/health_and_human_services/senior_services/meals_on_wheels.php, (970) 382-6435.
- ▶ **Garfield County:** Congregate meals held at seven locations in Carbondale, Glenwood Springs, New Castle, Silt, Rifle, and Parachute. Reservation line: (970) 665-0041, www.garfield-county.com.
- ▶ **Meals on Wheels Grand River Health:** Service area: New Castle, Silt, Rifle, Parachute, and Battlement Mesa. Contact Dee Warwick, (970) 625-6215, dwarwick@grhd.org. It also offers “Portions for Pets” monthly cat or dog food delivery.

31-8. Disaster Evacuation Plans

If you live in an area prone to natural disasters such as fires or flooding, you *must* have a disaster evacuation plan in place. This includes, at a minimum, a list of all your medications and a one-month supply; a list of and contact information for all your health care providers; your medical, home, and automobile insurance information and policies; copies of your medical and financial powers of attorney, your will, and other estate planning documents; a list of all necessary medical equipment for check off as you pack to leave; your cred-

it cards; banking information; any personal property and valuables secured or taken with you; and, most important, your ICE (In Case of Emergency) contact information.

If you have animals, you need to pre-plan for their care, including their lodging and food needs. Since there frequently is little warning before disasters, especially flash floods and wildfires, you need to prepare in advance, so that you quickly and safely can evacuate your home and have all your vital information and property with you. If you have any advance warning, assume that the disaster will affect you, and prepare to safely leave if so ordered. It is far better to plan and prepare in advance than to risk your safety trying to remember to do everything while in crisis mode.

31-9. Emergency Response Systems

Any aging adult who lives alone is strongly encouraged to have an emergency response system and an emergency evacuation plan in place. At a minimum, an aging adult, especially someone who is mobility challenged, always needs to carry either a cordless phone or a cell phone and have “911” programmed into the phone. I recommend wearing a smart watch. Also needed are working smoke and carbon monoxide detectors and a kitchen fire extinguisher. Additionally, you must plan for the possibility of power and/or heat outage, including having battery powered lights or lanterns in each room and hallways.

A highly recommended option is to obtain a 24-hour, corporate emergency response system. These systems require the aging adult to wear either a waterproof wristband or necklace that contains an alert mechanism, which can be easily pushed and used in an emergency situation such as a fall. Many also have daily or weekly medication reminder systems.

These systems may require installation of a box that plugs into a telephone line. However, many companies offer wireless devices. There are numerous companies that provide this and additional services such as medication reminders and fall alerts. Check the *Seniors Blue Book* (www.seniorsbluebook.com or www.seniorsresourceguide.com). Listings vary between the published guides and the website. The website also has links for many other Colorado cities.

Most companies have an initial installation and activation fee and a monthly charge of \$25 to \$50. Most companies operate on a month-to-month basis and do not require a contract. Some have installation and activation discounts.

Prior to choosing an emergency response company, check out the products, service, and company in the same manner as you choose any service provider: carefully and after being fully informed. Finally, get one that has wireless coverage if you are out in your yard or the community.

31-10. Home Care

Home health care benefits under Medicare Parts A and B, including eligibility requirements, are extensively discussed in Chapter 2, “Medicare,” and Chapter 22, “Hospital Discharge Planning.” Skilled services through a home health agency may, in many cases, be enough in-home care to facilitate the aging adult to improve, transition to a higher functional

level, and regain his or her independence. However, unskilled home care may be needed. This may be obtained from friends or family or through many agencies, which increases the cost of independent living.

The *Seniors Blue Book*, available at www.seniorsbluebook.com or www.seniorsresourceguide.com, has an extensive list of both skilled home health care and unskilled home care providers, as well as an excellent tool for making your search specific to your needs. The listings vary between the published guides and those listed on the website. There are numerous home care providers who can provide unskilled care such as companion or respite care, light cleaning, cooking, transportation to medical appointments, bathing, dressing assistance, and doing laundry. Hourly rates and services provided vary.

Home care rates average around \$25 per hour. Most companies charge the lowest rate for basic companion care. Hourly rates tend to be lower for a longer shift. If the aging adult needs round-the-clock care from an in-home care provider, the monthly cost can easily run \$7,500 to \$10,000. In comparison, the average monthly cost of an assisted living facility is between \$3,000 and \$4,800 and a skilled nursing facility is \$8,500.

Most companies require a two- or three-hour minimum commitment per visit and have various cancellation policies. Some require a refundable deposit prior to starting services. The majority of home care companies provide workers who are their employees, with all the benefits that go with being an employee, such as workers' compensation and liability insurance. However, some companies act only as a referral service and send "independent contractors" to work with you.

A word of caution if you hire an independent contractor and that person is injured while working for you: you may be financially responsible for any workers' compensation claims. This means you will have to pay all of the injured person's medical bills, his or her lost wages, and any other claim costs. Most liability coverage on a person's home is inadequate to cover a workers' compensation claim, so be very careful in these hirings. It is well worth the extra \$5 per hour to hire someone who is fully bonded, insured, and employed by a company.

Finally, many home care companies will bill your long-term care insurance for you or accept Medicaid home and community-based services (HCBS) for your home care services. However, you are ultimately responsible for these costs if you pay privately and not through HCBS.

31-11. Funding Your Home Care Needs and Home Modifications

The cost of maintaining independent living in your own home can become very expensive depending on your care requirements and need for home modifications. See Section 31-6, "Seniors Handyman and Home Modification Programs," for possible home modification resources. The optimal time to explore your options is in advance of these needs. Long-term care insurance is the very best option for future funding of unskilled home care services. However, this insurance only can be purchased while you are healthy and eligible for this insurance. See Chapter 7, "Long-Term Care Insurance," for more on this option.

Another option for funding your home care is to explore a reverse mortgage on your home. See Chapter 20, "Reverse Mortgages," for more information. Talk to an elder law attorney prior to finalizing the reverse mortgage option, if you think you may ever need to apply for Medicaid to fund your unskilled home care and any future skilled nursing care. Medicaid will fund HCBS to help you be as independent as possible in your own home. Medicaid may also cover significant costs for home modification. See Chapter 4, "Medicaid," for more information. However, pulling cash out from your home may adversely affect your Medicaid eligibility.

Veterans may be eligible for home care assistance and should explore this possibility. There are many programs available to eligible veterans for financial assistance with home modifications. The eligibility for each program varies. Veterans are strongly encouraged to explore all possible VA assistance, including: HISA (Home Improvement and Structural Alterations) grants of up to \$6,800 (use VA Form 10-0103); SHA (Special Housing Adaptations) grants of up to \$16,217 for home adaptations (use VA Form 26-4555); and SAH (Specially Adapted Housing) grants of up to \$81,080 for specific service-related injuries (use VA Form 26-4555). For more information, call the Veterans Administration at (800) 827-1000. For further information, see Chapter 6, "Veterans' Benefits."

Finally, there might be some community resources, such as faith-based and charitable organizations, that can provide assistance. Explore all your options, plan well, and then enjoy life!

31-12. Resources

National Aging in Place Council

1400 16th St. NW, Ste. 420
Washington, D.C. 20036
(202) 939-1770
www.ageinplace.org

This organization has good information. Go to the link on their website titled "Practical Advice" and click "Housing." See also "Act III: Your Plan for Aging in Place" on home page and a link to download *The Costs of Aging* handbook.

AARP

601 E St. NW
Washington, D.C. 20049
(888) 687-2277
www.aarp.org

Go to the AARP website and search "universal design," "livable communities," or "home improvements" for housing information. This website has numerous excellent articles on universal design and aging in place, including checklists for bathrooms, bedrooms, kitchens, entrances, lighting, stairways, and hallways. Suggestions include:

“My Room-by-Room Home Fit List”

www.aarp.org/content/dam/aarp/livable-communities/livable-documents/documents-2015/HomeFit2015/02-My-Room-By-Room-HomeFit-List.pdf

“How to Hire a Home Improvement Contractor”

www.aarp.org/livable-communities/info-2014/7-steps-to-hiring-a-contractor.html

“30 Safety Tips for 30 Days”

www.aarp.org/home-garden/housing/info-06-2010/30_safety_tips.html

Home safety checklists for rooms and areas in the home, including bathroom, bedroom, kitchen, hallways, and entrances include:

“The AARP Home Fit Guide” (D18959)

www.aarp.org/livable-communities/housing/info-2020/homefit-guide.html

AARP Livable Communities Library

www.aarp.org/livable-communities/tool-kits-resources/library/

Denver Regional Council of Governments (DRCOG)

1001 17th St., Ste. 700

Denver, CO 80202

(303) 455-1000

www.drcog.org

The link to “Area Agency on Aging” (under “Programs”) has good information on aging in our community, especially in the “Area Plan on Aging.” This website also has an excellent list of links to other websites of interest to aging adults.

State of Colorado Demography Office

Department of Local Affairs

1313 Sherman St., Rm. 521

Denver, CO 80203

(303) 864-7720

<https://demography.dola.Colorado.gov/>

Volunteers of America (VOA) Meals on Wheels Program

Denver metro:

2660 Larimer St.

Denver, CO 80205

(303) 297-0408

www.voacolorado.org/gethelp-denvermetro-foodnutrition-mow

Northern Colorado:
405 Canyon Ave.
Fort Collins, CO 80521
(970) 472-9630
mclift@voacolorado.org
www.voacolorado.org/gethelp-northernco-mow

The Safety of Seniors Handyman Program through VOA Colorado

Denver metro: (303) 297-0408
www.voacolorado.org/gethelp-denvermetro-clientservices-handyman

Larimer county: (970) 472-9630
kscholes@voacolorado.org
www.voacolorado.org/gethelp-northernco-handyman

Brothers Redevelopment, Inc.

2250 Eaton St.
Garden Level, Ste. B
Denver, CO 80214
(303) 202-6340
www.brothersredevelopment.org

Home Builders Foundation of Metro Denver

88 Inverness Cir. E., Ste. E104
Centennial, CO 80112
(303) 551-6721
www.hbfdenver.org

Rebuilding Together Metro Denver

2839 W. 44th Ave.
Denver, CO 80211
(720) 524-0840
www.rebuildingdenver.org

Exhibit 31A.

What is Your “Aging in Place” IQ? Are You Ready?

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| | |
|--|------------|
| Name: _____ | Age: _____ |
| 1. Do you have a friend, family, or professional fiduciary who LIVES IN TOWN and can/will be your medical advocate if/when you ever need one? | YES NO |
| 2. Do you have a supportive relationship with yourself, family members, friends, care takers, and neighbors? | YES NO |
| 3. Do you have up-to-date executed financial and medical Powers of Attorney? | YES NO |
| 4. How many steps to access your home? | 0 1 2 3 4+ |
| 5. How many levels of living space is your home (not counting a basement)? | 1 2 3 4 |
| 6. Do you have any medical conditions which might get worse? These could include: Diabetes, MS, Parkinson’s Disease, Stroke, Traumatic Brain Injury, TIAs, Emphysema, COPD, Heart issues, Obesity, Amputations, Arthritis, Joint issues, Back or leg issues, Kidney disease, Cancer, and declining cognitive abilities | YES NO |
| 7. Do you need to go up or down stairs/steps to get into your home? | YES NO |
| 8. Once inside your home, do you need to go up/down stairs to access a bathroom? | YES NO |
| 9. Do you need to go up/down stairs to get to a bathroom to shower and bathe? | YES NO |
| 10. Do you have to use stairs to get to your washer/dryer? | YES NO |
| 11. Is your bathroom door too narrow for you to walk straight through it without turning sideways, using a walker (24”) or to fit an average width wheelchair (26” total)? | YES NO |
| 12. Is the bathroom where you bathe too small to manage a wheelchair inside of it? | YES NO |
| 13. Once inside your home, do you need to go up/down stairs to get to the bedroom? | YES NO |
| 14. Are you unable to use your kitchen if you are using a walker or wheelchair? | YES NO |
| 15. Would you have a better “ quality of life ” living in a different home? | YES NO |
| 16. Has anyone EVER suggested you make changes or modifications to your home to improve your safety for living there? | YES NO |
| 17. Has anyone EVER suggested you move to a different home? | YES NO |
| 18. During the next year, are you planning to make changes to your home or move? | YES NO |
| THE MORE NO’s for # 1-3 & YES’s for # 6-18 MEAN YOU NEED TO WORK ON YOUR PLAN TO CREATE SUCCESSFUL AGING IN PLACE | |

