

AGING IN PLACE: The Truth

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Over the course of more than thirty years, I have had the honor of serving many frail older adults and their family caregivers. At the point that I began selling services I became familiar with the phrase, “aging in place.”

One can interpret that to mean growing old where you are. If I had to guess, there isn’t any one of us who has the goal of moving to a skilled nursing home when we grow to frailty in our older age. Many of us labor under the illusion that we will be robust, athletic, as healthy as a horse and then just not wake up one morning. That occurs ever so infrequently. Others believe that the reason we have children is to care for us in our old age. And some, perhaps many, just choose not to think about old age at all.

But, we do have to think about it. So, I have a few questions for you to answer for yourself. How limited are your financial assets? Do you have a large family living close by? Do you have one or more children who would be willing to devote as much time as necessary to providing for and seeing to your needs? Have you discussed these issues with your children?

Let’s begin by discussing what family caregivers discover when they begin the daunting commitment of caring for a frail older adult. The normal progression of this process is growing need on the part of the care recipient. At first, the responsibilities may be running errands, getting groceries, transportation to doctor visits, and simply checking in more frequently. Family caregivers may even delight at the opportunity to be of help. At some point the frail family member may need someone to prepare some or all meals, perform all banking, bill paying , and managing any other financial matters that might arise. Home maintenance becomes an issue. Ultimately, personal care assistance with hygiene including urinary and bowel incontinence care will come over the horizon as another need that must be met. I haven’t yet mentioned the invasion of cognitive impairment which may contribute to the need for assistance with the above responsibilities. There comes a time when the older adult is no longer safe living in their home alone. The adult children then must answer the question, “What do we do with Mom?” Will she live with one of her adult children or go to some kind of care facility? Perhaps the family will decide on twenty-four hour care at home or some version to supplement the hours to which family can commit? By the way, just bear in mind, that studies have shown primary caregivers (unless they have a superb support system) are prone to stress related illnesses and may succumb to death before their care recipient.

There are numerous resources available to assist with and even provide twenty-four hour care for frail older adults. Those resources include home care providers (medical and non-medical), continuing care communities (CCCs), and assisted living residences (ALFs). Adult day centers offer wonderful services that supplement family and home care efforts. Sales people for homecare, CCCS, and ALFs will tell you that you can “age in place” with the services they provide. In part that is true; with one caveat, you must have the financial resources to pay for them. Medicare only covers acute illness, hospice, and some rehabilitation. Medicaid, if one meets income limits, pays for some

home care services but in only limited cases will cover some ALF settings designed for low income residents. Adult day centers in some states may be covered by Medicaid or other various subsidy programs.

So, I submit that “Aging in Place” is a myth unless you have a great deal of money, a large family of committed caregivers, or one committed family caregiver willing take responsibility for making certain your care needs are met.

There is some hope for calm among the sea of services available. Long Term Care Insurance can be of great help covering what would otherwise be out of pocket expenses associated with care for a frail older adult, including home care, assisted living, adult day care and nursing home care. Policies differ from provider to provider and the younger you are when you purchase the policy, the more eligible you will be for smaller premium costs.

Please refer to the chart below when considering how you plan for care in the very likely case you will become fragile and need care in your older years.

Following data for national monthly costs of care is from Genworth Cost of Care Survey 2017 conducted by CareScout 2017

More details and data for specific states can be found at:

<https://service.genworth.com/consumer/public/payment/one-time>

NATIONAL MEANS		
Home Health Care		
Homemaker Services		\$3,994 monthly
Home Health Aide		\$4,099 monthly
Adult Day Health Care		
Adult Day Health Care		\$1,517 monthly
Assisted Living Facility		
Assisted Living Facility		\$3,750 monthly
Nursing Home Care		
Semi-private room		\$7,148 monthly
Private room		\$8,121 monthly