

Chapter 18

Aging in Place: Maintaining Your Independence at Home

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“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.

18-1. Demographics

The State of Colorado had a 14.8 percent increase in its total population from 2010 to 2020, growing 744,500 — from 5.029 million to 5.774 million people. Its population in 2022 was 5,838,622 and its growth rate has slowed to .5 percent, the lowest since the late 1980s. During the time period from 2020 to 2030, the 65+ population is projected to increase 36.2 percent as follows: The 65- to 74-year age group by 90,000; the 75- to 84-year age group by 175,000; and the 85+ age group by 45,000. Colorado's 65+ population, by 2030, is projected to be much larger than it was in 2010, increasing from 550,000 to 1,200,000, due to aging and not net migration. Between 2010 and 2020, 155 Coloradans per day were 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 fourth in the United States out of states with the fastest growing 65+ population and is the sixth lowest state with a 65+ population as a percentage of its whole population. 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 more years. Currently, 66 percent of Colorado's total aging adult 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+ age group increased by 58.1 percent in the decade from 2010 to 2020, from 549,629 to 891,970. It is projected to increase 36.2 percent, by 316,885 in decade of 2020 to 2030, with the majority of growth in the 75- to 84- year age group.

The Denver metro area has 46.7 percent of the state's 65+ population and will experience higher growth in this age group than the entire rest of the state, followed by the northern Front Range. 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 is projected to 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.

18-2. 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, including HomeFit Guide, are found on the AARP website. See <https://www.aarp.org/livable-communities/housing/info-2020/homefit-guide/>.

18-3. 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. In 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. An excellent resource is: “Act III: Your Plan for Aging in Place.” See <https://navigationathome.org/wp-content/uploads/202/10/Aging-in-Place-Planning-Guide.pdf>. Start creating or revising your plan now. The Covid-19 pandemic PHE (Public Health Emergency) changed and accelerated many aging adults’ plans. Take time now to re-evaluate your plan and priorities.

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

- 1) **Wear and use 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, 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 be able 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 18-10, “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 18-5, "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 doorknob. These lock boxes cost around \$30 and are significantly less expensive than the cost of replacing or repairing your front door if firemen have to break it open to reach you in an emergency.
- 7) **Carry your cell phone.** Always carry your cell phone with you everywhere, or wear a smart watch, especially if you are outdoors in your yard. Also, have an easy-to-reach telephone on each level of your home, including 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 Section 18-9, "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 18-7, "Nutrition."
- 11) **Develop a home safety and evacuation plan.** Prepare for any potential natural disasters, have a home evacuation plan, and working smoke alarms, carbon monoxide detectors, and a fire extinguisher. See Section 18-8, "Disaster Evacuation Plans," and Section 18-9, "Emergency Response Systems."

18-4. Covid-19 Pandemic Takeaways

There are not enough adjectives to describe the Covid-19 pandemic, the events of 2020, 2021, and 2022, and their effect on everyone, both young and old. However, for so many reasons, this pandemic affected aging adults at a different intensity. I worked as a healthcare professional 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, consider these suggestions as you look at your home, your lifestyle, and your goals.

- 1) **Telehealth.** It's here to stay. 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 can have your vital information available for your medical provider.
- 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 experienced during the 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 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 who made this transition during the pandemic, know the benefits and challenges it can present. The most important requirements are 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.

18-5. 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. If you cannot get rid of the rugs, 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 need for handrails or grab bars, it is your responsibility to express your concerns and assist the aging adult to rectify these safety issues. An aging adult easily can lose his or her balance, fall, and sustain an injury of varying magnitude. Falls often occur because of inadequate lighting or when rushing to answer the phone or use the bathroom.

Frequently, these falls caused injuries that are very serious. If you, the aging adult, sustain a fall accident, the subsequent injuries may cause you never to be able to return to living in your home. Maintaining your safety and health is extremely important. All rooms in your home must have good lighting, non-slip flooring, and be uncluttered.

Stairs

Can you safely 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 modifying your home, getting a stair lift, or moving to a universal design home. While your health is good and stable, explore all of your living options.

Anyone who is 60 years or older ought to consider living 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, lung disease, or severe arthritis. Decide 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 the ramp must be 12 inches long for every inch of height, 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 a portable ramp, which tend to be lightweight and durable, can work.

Steps into a home might not have hand railings, as most city building codes only require a railing if there are 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.

When inside your home, assess your other stair issues. If you have a multi-level home, are your bathrooms accessible on each level? 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 lift" 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 lift is an adaptive apparatus that has a railing installed on the stairs with an attached seat and is electrically powered by the person sitting on it or walking beside it. The cost of a new stair lift 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, you may need to purchase a stair glider that goes 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 lift and people walking on the stairs. There are numerous websites for researching stair lifts and vendors.

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 built prior to the 1970s. The recommended bathroom doorway width is 36 inches, which allows you to walk in easily using a regular-width walker, crutches, or propelling a wheelchair.

You need to be able to enter your bathroom easily and safely. Examine all your bathroom doorways to determine if the width can be increased to 36 inches, which allows for 32 inches of clear width for passage of most wheelchairs and walkers. If it does not, then widen the door as much as possible, or 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 yields a wider door clearance.

Bathroom

This room is vital to everyone's health and well-being. Yet, the majority of homes have excessively small and inadequately designed bathrooms with narrow doorways. It's recommended you have at least one fully accessible bathroom on the main floor with a shower 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. If there is inadequate space alongside the toilet for grab bars, an excellent option is to purchase a "toilet safety frame" that easily installs on the toilet. This adaptive equipment allows for grab bars on one or both sides of the toilet and can be purchased 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 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 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.

18-6. 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 720-264-3366 ((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 home modification 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 "Home Modifications & Repair" program is generally supported with federal community development block grant funds, although the availability of these funds may be decreasing. There seems to be no age restrictions for this program. Homeowners applying for the "Home Modifications & Repair" program must be legal residents of the United States. Prior to the pandemic, the program was limited to applicants who lived in specific cities and counties. Call for information at (303)685-4225 (Denver metro) and (719) 666-7181 (Colorado Springs).

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; own and live in your home and plan to stay there at least a year; and must be unable to afford to hire a painting contractor. Your home must be no taller than 1 1/2 stories and must need painting. The application deadline is usually 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 720-339-5864 or (303) 202-6340, or by emailing HMR@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, 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 <https://www.rtcpolorado.org/apply>. For more information on its programs and income requirements, contact RTMD at (720) 524-0840. There is also a Rebuilding Together Colorado Springs program servicing El Paso county.

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, SnowBusters snow shoveling program, Carry-out Caravan (grocery shopping), and VetsGo a 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> or (303) 443-1933.

18-7. Nutrition

Statistics show that 85 percent of aging adults have some nutritional concerns. The options for meals, if you do not live in a 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. The Covid-19 pandemic exponentially expanded everyone's options for human and pet food purchases and delivery. There's also been a significant increase in our ability to purchase ready-made meals.

Grocery Shopping

The optimal manner for aging adults who are unable to grocery shop themselves is to order groceries 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, the majority of stores offer online ordering with delivery or pickup options. Most businesses charge a fee for this service. King Soopers has the longest-established program for grocery ordering and delivery services in Denver metro and Colorado. Many grocery stores use Instacart and numerous restaurants and businesses use DoorDash delivery services.

Volunteers of America — Northern Colorado

VOA of Larimer County previously had a grocery shopping program for seniors and disabled adults. As of this edition, it's unclear whether or not this program continues. Contact the program coordinator at (970) 472-9630 for information, to determine availability and program status.

Instacart

This online grocery buying service has delivery services throughout Colorado. See <https://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 PetSmart (for pet food and supplies). WARNING: Be sure to type the web address correctly for Instacart — it is <https://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 or (970) 472-9630 and larimer@voacolorado.org for Larimer County.

Participants' meals are free of charge, with a current suggested contribution of whatever they can afford 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 home-bound, aging adults access other available services.

This program also has "Dining Center Services" in the eight counties it serves and operates 26 dining centers that serve hot meals in the Denver metro area, three in mountain communities, and three in Larimer County. The suggested contribution per meal also is \$3.00. 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 and 970-786-6414 (Larimer County) 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) 294-0111 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://www.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://www.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 (<https://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://www.cultivate.ngo>.

Silver Key Senior Services (Colorado Springs)

Silver Key provides Meals on Wheels service to residents of the greater Colorado Springs and El Paso County areas. Silver Key’s website is <https://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, an Emergency Food Assistance Program (TEFAP) for low-income seniors and disabled individuals, and an Emergency Food Pantry. It also offers transportation services.

Other Colorado Meals on Wheels Programs

- ▶ **Pueblo:** SRDA (Senior Resource Development Agency), <https://www.srda.org>, (719) 545-8900.
- ▶ **Grand Junction:** Meals on Wheels Mesa County, <http://mealsonwheelsmesacounty.org>, (970) 298-9844, Amanda.debock@imail.org.
- ▶ **Durango:** La Plata County, www.co.laplata.co.us/services/health_and_human_services/senior_services/meals_on_wheels.php, (970) 382-6445, Vicki Maestas, center director at vmaestas@lpcgov.org.
- ▶ **Garfield County:** Congregate meals held at seven locations in Carbondale, Glenwood Springs, New Castle, Silt, Rifle, and Parachute. Reservation line: (970) 665-0041, <https://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.

18-8. 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: 1) a list of all your medications and a one-month supply; 2) a list of and contact information for all your health care providers; 3) your medical, home, and automobile insurance information and policies; 4) copies of your medical and financial powers of attorney, your will, and other estate planning documents; 5) a list of all necessary medical equipment for check off as you pack to leave; 6) your credit cards; 7) banking information; 8) any personal property and valuables secured or taken with you; and 9) 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.

18-9. 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 cell or cordless phone and have “911” programmed into it. Wearing a smart watch is recommended. 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 in each room and hallway.

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 easily can be pushed and used in an emergency situation such as a fall. Many also have medication reminder systems.

These systems may require installation 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 (<https://www.seniorsbluebook.com> or <https://www.seniorsresourceguide.com>). Listings may 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. They operate on a month-to-month basis and do not require a contract. Some have installation and activation discounts, including from AARP and Seniors Blue Book.

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 which will work if you are out in your yard or the community.

18-10. Home Care

Home health care benefits under Medicare Parts A and B, including eligibility requirements, are extensively discussed in Chapter 2, “Medicare,” and Chapter 20, “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 (not reimbursed by Medicare & most insurances) also 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 <https://www.seniorsbluebook.com> or <https://www.seniorsresourceguide.com>, has an extensive list of both skilled home health care (“medically necessary” and covered by health insurance) and unskilled home care providers, as well as an excellent tool for making your search specific to your needs. The listings may 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, shopping, and doing laundry. Hourly rates and services provided vary.

Home care rates have increased significantly and average around \$40-49 per hour. Many companies charge a lower rate for basic companion care and hourly rates may 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 \$10,000 to \$25,000. In comparison, the average monthly cost of an assisted living facility is between \$4,200 and \$8,200 and a skilled nursing facility (shared room) state average is \$8,517 and Denver average \$9,064.

Most companies require a two to four 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 cost 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. Most long-term care policies require a waiting period (*i.e.*, 100 days) before the policy benefits begin and also require you to submit the invoices after services are provided.

18-11. 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 18-6, "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".

Another option for funding your home care is to explore a reverse mortgage on your home. See Chapter 32, "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. It 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 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 Home Adaptation) grants of up to \$23,444 (for FY 2024) for home adaptations (use VA Form 26-4555); and SAH (Specially Adapted Housing) grants of up to \$117,014 (FY 2024) 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!

For more information and guides for housing information see: <https://www.va.gov/housing-assistance/disability-housing-grants/>.

Exhibit 18A.

What is Your "Aging in Place" IQ? Are You Ready?

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**

