

# Chapter 31

## **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.

### **31-1. Demographics**

The State of Colorado anticipates a 20 percent increase in its total population, growing from 4.7 million to over 5.6 million in the decade of 2005 to 2015, according to the most recent Colorado Governor’s White House Conference on Aging Report (“Governor’s Report”). However, during this same decade, the aging adult population, comprised of people 60+ years of age, will increase 49 percent, from 651,000 to 970,000. 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 fourth 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.

The Governor’s Report states that 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 2035.

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. In 2000, there were 261,286 adults 60+ years old in this region. By 2010, this age group had a 48 percent increase in population, to 386,373. The 65- to 74-year age group in this region is projected to increase 7 percent per year from 2010 to 2020. Forty-five percent of all Coloradans aged 65 and older live in four front range counties: Arapahoe, Denver, El Paso, and Jefferson.

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 living in their own independent living environments.

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 or nursing home.

### **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, at a minimum, 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 31-11.

### **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 seven years. However, in June 2014, I had a first-hand, eye-opening experience that made me question my own ability to age in place, after I "tried out for Cirque du Soleil" on my back concrete patio, had a "minus 9.2" landing, and sustained significant injuries. This accident changed my thinking about what is most important to all of us baby boomers and seniors 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. Take the quiz, "What is Your 'Aging in Place' IQ? Are You Ready?," Exhibit 31A to this chapter, to get a baseline of where you are at with your aging in place plan. Then start creating or revising your plan.

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

- 1) 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. This health care advocate can help keep you safe and also will hear medical and other information given to you that you may or may not hear due to being overwhelmed, over-drugged, or whatever the cause may be.
- 2) 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. Hospitals and medical providers tend not to converse with out-of-town individuals, as I discovered.

- 3) **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 31-9, "Home Care," for information about paid assistance.
- 4) **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 31-4, "Creating a Safe Environment," and Section 31-5, "Seniors Handyman and Home Modification Programs."
- 5) **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.
- 6) **Cell Phone.** Always carry your cell phone with you everywhere, 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.
- 7) **Plan for potential functional and physical changes** due to any progressive medical conditions and diseases you have. See also Section 31-8, "Emergency Response Systems."
- 8) **Arrange affordable, easily accessible, and safe transportation.** Your 18- or 85-year-old friend might be "affordable and accessible" but could also be a very unsafe driver. Be smart.
- 9) **Maintain your health** through proper nutrition, hydration, exercise, and compliance with medication and medical advice. See Section 31-6, "Nutrition."
- 10) **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 31-7, "Disaster Evacuation Plans," and Section 31-8, "Emergency Response Systems."

## **31-4. Creating a Safe Environment**

### **Clutter, Lighting, and Rugs**

Pick it up and store it away, throw it away, or recycle it — but get rid of it now! Clutter, be it magazines, newspapers, paper, clothing, boxes, too much furniture, hobby paraphernalia, or just plain "stuff," presents 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, any style, and in any room 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 just cannot bring yourself to get rid of the

rugs, at least take the very basic step of securing the edges with two-sided tape. Carpeting should be in good condition and preferably pile carpeting having a thickness of one-half inch or less. If your carpeting has elevated ridges in it, get it restretched so it lays flat.

I met an octogenarian friend for dinner and found the following safety concerns in her home that are ripe to cause her to fall: shag carpeting on the step from the garage to the house, topped with a second unsecured shag scatter rug; loose throw rugs placed on top of the carpet inside the entry room; no hand railing for the stairs; and very dim lighting immediately inside the house.

As a friend of an aging family member or adult, it is your responsibility to express your concerns and assist the aging adult to rectify these safety issues. Take a very gentle approach in expressing any concerns. Perhaps the aging adult is not objective enough to see these concerns and will appreciate your assistance. Maybe he or she will need time to think about these concerns. Or perhaps he or she will be unwilling to address any of these safety concerns, because “my house has been this way for 40 years.”

Faster than the blink of an eye, an aging adult can catch his or her toes, cane, walker, or crutches on something, lose his or her balance, fall, and sustain an injury of some magnitude. Falls often also occur because of inadequate lighting, such as when the aging adult gets up at night and does not turn on a light, or when rushing to answer the phone or use the restroom.

More often than not, injuries such as head injuries and hip, arm, or back fractures are very serious. If the aging adult is you, this sort 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 and safe, non-slip flooring, and be uncluttered with furniture and “stuff.”

## **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 different home. While your health is good and stable, explore all of your living options.

Due to improving economic conditions, now might be a good time to sell your home and move to a universal design home. Anyone who is over 60 years old ought to live in a ranch-style, single-level home with a step-free access. This is especially important for someone who already has had a stroke or a brain injury, or who has progressive medical conditions such as Parkinson’s Disease, diabetes, heart or lung disease, or severe arthritis. In an instant, you can sustain an injury or exacerbate an existing medical condition, which prevents you from living in your multi-level home. What are your options if you are unable to sell your home and need a different home? Explore them before the need arises, so you can make a good decision 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. What this means is for every inch of height, the ramp must be 12 inches in length. This keeps the incline safe and manageable for anyone propelling a wheelchair, pushing someone in a wheelchair, or walking up the ramp using an assistive device such as a walker or cane. If there is inadequate room for a permanent ramp, explore whether there is adequate room for a portable ramp, which tend to be lightweight, durable, and can be purchased at many medical supply or specialty stores.

Steps into a home usually do not have hand railings, as most city building codes only require a railing if you have four or more steps. However, 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 or wall with a seat attached to it and is electrically powered up and down by the person sitting on it or walking on the stairs next to him or her. If your home has a continuous stairway, the approximate cost of a new stair glider with a 300-pound weight capacity, including installation, is \$3,500. However, the price for the stair glider increases with increased load capacity, with a maximum of 500 pounds for most manufacturers.

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 two or more separate stair gliders to accomplish transit up or down these stairs. This situation requires a potentially dangerous transfer between the stair glider seats of each section. The recommended stair width if you are building 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.

## 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 to allow for 32 inches of clear width for ingress and egress. 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. Most bathroom doorways now tend to be at least 28 inches, which is still too narrow to allow 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, preferably to at least 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. Explore your options for all your doors. These may include installing a pocket door, which is a sliding door that fits entirely inside the wall, rather than a hinged door, or changing regular door hinges to hinges that allow for door setback. This will allow for increased inside space to maneuver and will yield a wider door clearance.

## **Bathroom**

Here's where the costly fun really begins. 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. Many homes have no bathroom on the main living floor or none with a tub or shower. You need at least one fully accessible bathroom on the main floor that, preferably, also 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. Such a toilet may be high enough for most people without the need to purchase an elevated toilet seat for it. Then assess the clearance for installing grab bars on the walls. Frequently, there is inadequate space alongside the toilet because it is located between a sink vanity and bathtub or because you are renting your home. Both situations prevent the installation of grab bars. 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, usually for about \$50.

The bathroom on the main living area 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 can also 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 can easily be adapted for safe use by the installation of a handheld showerhead, grab bars, and a portable bath bench. 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 to 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. Thicker pillow-top mattress sets can be great if your bed height is too low, or a curse if you are short. If your mattress is too tall, you might need to place it directly on the floor to shorten its height. Step stools are not recommended, as it is just 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 a piece of 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 comfortable height and a safe, reachable distance from the table or countertop edge. Does your kitchen have adequate usable counterspace 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 near the bedrooms or 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. Many aging adults admit to being unable to carry their laundry down the stairs. To accomplish this task, many throw their laundry down the stairs to the basement, walk down the steps, and then pick it up and carry it to the washer. This option is fraught with obvious peril and danger. Bottom line: do not do this!

### **31-5. 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, 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 seniors 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 hand rails, 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.** has been in the home repair business for 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: Arapahoe County; the cities of Edgewater, Evergreen, Golden, Lakeside, Mountain View, and Wheat Ridge in Jefferson County; or the cities of Sheridan, Thornton, Brighton, or Centennial in Douglas County.

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/](http://www.brothersredevelopment.org/); click on “Paint-A-Thon Central,” then “Senior Homeowner Application.” 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](mailto: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 hand rail 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](http://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 55 or older, a veteran, and disabled or supporting someone who is disabled. An online application form is available at [www.rebuildingdenver.org](http://www.rebuildingdenver.org). For more information on its programs and income requirements, contact RTMD at (720) 524-0840.

**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, and Medical Mobility transportation program, all staffed by volunteers. There seem to be no income restrictions and the age criteria seems to be 55 or disabled for receipt of services. Seniors are responsible for cost of home repair supplies and donations are accepted for all services. BCCC can be contacted at (303) 443-1933 and at [www.careconnectbc.org](http://www.careconnectbc.org).

Finally, see Section 31-11, “Resources,” for a list of statewide HERO (Homeownership Education and Resource Opportunities) Alliance providers of home repair and rehabilitation programs, available at [www.heroalliance.org/id7.html](http://www.heroalliance.org/id7.html). Many of these programs include grant and low-interest loan programs and target low- and moderate-income disabled individuals and seniors.

## **31-6. 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 and cook, to eat out, or to sign up for Meals on Wheels through Volunteers of America. Frequently, use of paid home care assistance for grocery shopping and/or meal preparation is an excellent choice for the aging adult.

## **Grocery Shopping**

For most aging adults who are unable to shop themselves, the optimal manner to buy groceries is to have a friend, family member, or a paid caregiver shop for them. If this is not a viable option for you, the next best option is to order your groceries from a local grocery store. Six local grocery store organizations were surveyed for this chapter. Volunteers of America in Larimer County also offers a grocery shopping program.

### ***King Soopers***

King Soopers has the longest established program for grocery ordering and delivery services in the Denver metro area. Delivery is also offered in Aspen Park, Brighton, Castle Rock, Colorado Springs, Conifer, Evergreen, Fort Collins, Greeley, Lafayette, Loveland, Longmont, Louisville, Monument, Parker, Pueblo, and the mountain communities of Avon, Beaver Creek, and Vail. Groceries can be ordered by telephone ((800) 677-5464) Monday through Friday, 7 a.m. to 7 p.m., or online 24 hours a day at [www.kingsoopers.com](http://www.kingsoopers.com) (click the "Order Online" tab, then the "Home Shop" button).

The delivery charge is \$10.95 for online orders, with a required minimum order of \$50 if you choose a regular two-hour delivery window. An additional \$5.00 charge applies if you choose a priority delivery window. Delivery is provided seven days per week, and the person must choose a two-hour delivery window of 10:00 a.m. to 12:00 p.m., 12:00 p.m. to 2:00 p.m., 4:00 p.m. to 6:00 p.m., or 6:00 p.m. to 8:00 p.m. The call center is open Saturday and Sunday only for purposes of handling delivery issues. A limited number of King Soopers stores make these deliveries, so your delivery might come from a store not located in your neighborhood.

### ***Safeway***

Safeway does not offer grocery delivery in Colorado.

### ***Albertsons***

Grocery delivery seems to vary store by store, with some stores doing limited grocery delivery. Talk to the store manager to find out if the store in your area delivers.

### ***Sprouts Farmers Market***

These stores do not offer grocery delivery or online ordering of products.

### ***Vitamin Cottage/Natural Grocers***

These stores do not offer grocery delivery. However, various supplements and health care products can be ordered online at [www.naturalgrocers.com](http://www.naturalgrocers.com), with delivery through UPS.

### ***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 and program intake.

### ***Whole Foods***

These stores only offer grocery delivery through Instacart.

### ***Instacart***

This online grocery buying service, [www.instacart.com](http://www.instacart.com), is new to Colorado. It currently services the Denver metro area and Boulder County. You can shop for grocery items from Whole Foods, King Soopers, Safeway, and Costco on its website at a delivery cost of \$3.99 for a two-hour delivery window or \$5.99 for a one-hour window, with a minimum order of \$35. The delivery hours are 9:00 a.m. until midnight. Instacart does not currently take loyalty discounts or have in-store sale prices. It states the prices are “their own prices.” A November 3, 2014, *Denver Post* article compared prices of 17 items purchased from King Soopers via Instacart and the price was \$90.23 versus \$63.21 for 16 of the same items purchased directly from the King Soopers website. **WARNING:** Be sure to type the web address correctly for Instacart — it is [www.instacart.com](http://www.instacart.com). There is a look-alike website at [instacart.org](http://instacart.org) that will install a virus onto your computer if you click on the page.

### ***Walmart To Go***

Walmart is new to the grocery delivery business in Colorado. It currently services Denver and along the Front Range. Delivery prices are \$5.00 for a four-hour delivery window and \$7.00 for a two-hour window, with a minimum order of \$30. The website is [www.walmart.com/cp/food/976759](http://www.walmart.com/cp/food/976759).

### ***Door to Door Organics***

This organic produce and fruit purchasing service is available to many communities throughout Colorado. This service charges \$19.99 for a “Bitty Box” of vegetables and/or fruit and up to \$49.99 for a Large Box, with a flat rate \$5 delivery fee. The service allows you to choose your delivery day and frequency of delivery, *i.e.*, weekly, biweekly, et cetera. Access this service at <http://colorado.doortodoororganics.com>.

### ***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](mailto: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).

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.

### ***Boulder County Meals on Wheels***

Meals on Wheels Boulder services residents of Boulder, Gunbarrel, and Eldorado Springs and its phone number is (303) 441-3908. Longmont Meals on Wheels services residents of Longmont, Niwot, and Lyons and its phone number is (303) 772-0540. Coal Creek Meals on Wheels services the residents of Lafayette, Louisville, Superior, and Erie and its phone number is (303) 665-0566. 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.

### ***Boulder County CareConnect***

BCCC has numerous services, including its "Carry-out Caravan" grocery shopping program. Volunteers do grocery shopping for seniors and also deliver the groceries. BCCC does not charge for its services, but a donation is suggested. Contact BCCC at (303) 443-1933 or [www.careconnectbc.org](http://www.careconnectbc.org).

### ***Silver Key Senior Services***

Silver Key provides Meals on Wheels service to residents of the greater Colorado Springs area. It can be contacted at [www.silverkey.org](http://www.silverkey.org) or (719) 884-2300 for meal prices. It also has a Commodities Supplemental Food Program and an Emergency Food Assistance Program for low-income seniors and disabled individuals.

## **31-7. 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 credit 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, 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.

### **31-8. 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. Also needed are working smoke and carbon monoxide detectors, a kitchen fire extinguisher, and a plan for evacuating the home, should the need arise. 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 located and used in an emergency situation such as a fall. Many also have daily or weekly medication reminder systems.

These systems usually require installation of a box that plugs into a telephone line. However, some companies offer wireless devices. There are numerous companies that provide this and additional services such as medication reminders. The companies researched for this chapter had advertisements in the published copy of the South Metro Denver *Seniors Blue Book* ([www.seniorsbluebook.com](http://www.seniorsbluebook.com) or [www.seniorsresourceguide.com](http://www.seniorsresourceguide.com)). Listings vary between the published guide, which has both North and South Denver directories, and those listed on the website. The website has links for many other Colorado cities.

All companies had an initial installation and activation fee of \$30 to \$95 and a monthly charge of \$25 to \$50. Most companies operate on a month-to-month basis and do not require a contract. Some had *Senior Blue Book* installation and activation discounts. Philips Lifeline has a smartphone app for \$13.95 per month with no installation fee.

The companies researched for this chapter, but *not* endorsed as to quality of service, equipment, and products, include:

Gold Eagle Systems <a href="http://www.goldeaglesystems.com">www.goldeaglesystems.com</a> (888) 670-2227 (303) 770-2227	Personal Alert Systems <a href="http://www.personalalert.com">www.personalalert.com</a> (800) 728-0263 (303) 799-0767	Philips Lifeline <a href="http://www.lifelinesys.com">www.lifelinesys.com</a> (855) 681-5351
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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.

### 31-9. 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. An aging adult who has no unpaid source of care from family and friends may have to rely solely on paid home care. This can be obtained through many agencies and increases the cost of independent living.

The *Seniors Blue Book*, available at [www.seniorsbluebook.com](http://www.seniorsbluebook.com) or [www.seniorsresourceguide.com](http://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. Just as there are numerous home care providers who can provide unskilled care such as companion care, respite care, light cleaning, cooking, transportation to medical appointments, bathing, dressing, assistance with toileting, and doing laundry, so, too, do the hourly rates and services provided vary.

Home care rates average around \$25 per hour. Most companies charge the lowest rate for basic companion care while doing no other work, such as light cleaning. Hourly rates tend to be lower for a longer shift; an overnight, 24-hour shift can be \$250 to \$300. 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 \$8,000.

Most companies require a two- or three-hour minimum commitment per visit and have various cancellation policies. Some require a refundable deposit similar to a retainer 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, potentially his or her lost wages, and any other costs of the claim. Most liability coverage on a person’s home will be 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.

### **31-10. 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 31-5, "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 \$15,462 for home adaptations (use VA Form 26-4555); and SAH (Specially Adapted Housing) grants of up to \$77,307 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." Also see the National Council on Aging publications listed under section 31-11, "Resources."

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!



## 31-11. Resources

### National Aging in Place Council

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

This organization has good information. Go to the link on their website titled “Practical Advice” and click “Housing.”

### AARP

601 E St. NW  
Washington, D.C. 20049  
(888) 687-2277  
[www.aarp.org](http://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:

“Universal Design Can Help People Age in Their Homes”

[www.aarp.org/home-garden/livable-communities/info-04-2011/universal-design-helps-people-age-in-their-homes.html](http://www.aarp.org/home-garden/livable-communities/info-04-2011/universal-design-helps-people-age-in-their-homes.html)

“The Room-by-Room Home Fit Tour”

[www.aarp.org/livable-communities/info-2014/what-is-universal-design.html](http://www.aarp.org/livable-communities/info-2014/what-is-universal-design.html)

“How to Hire a Home Improvement Contractor”

[www.aarp.org/livable-communities/info-2014/7-steps-to-hiring-a-contractor.html](http://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](http://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:

“Home Fitness for Specific Needs”

[www.aarp.org/livable-communities/info-2014/make-your-home-a-safe-home.html](http://www.aarp.org/livable-communities/info-2014/make-your-home-a-safe-home.html)

“Make Your Entrances and Exits Safe”

[www.aarp.org/home-garden/home-improvement/info-11-2008/entrances\\_exits\\_checklist.html](http://www.aarp.org/home-garden/home-improvement/info-11-2008/entrances_exits_checklist.html)

“The AARP Home Fit Guide” (D18959)

<http://www.aarp.org/content/dam/aarp/livable-communities/documents-2014/AARP-Home-Fit-Guide-2014.pdf>

“Steps to Making Your Home and Community Safer and Better” (D19137)

[http://assets.aarp.org/www.aarp.org/\\_articles/livable\\_communities/206663\\_homecomm\\_core\\_1010.pdf](http://assets.aarp.org/www.aarp.org/_articles/livable_communities/206663_homecomm_core_1010.pdf)

**Denver Regional Council of Governments (DRCOG)**

1290 Broadway, Ste. 700

Denver, CO 80203

(303) 455-1000

[www.drcog.org](http://www.drcog.org)

The link to “Area Agency on Aging” 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) 294-0111

[www.voacolorado.org/gethelp-denvermetro-foodnutrition-mow](http://www.voacolorado.org/gethelp-denvermetro-foodnutrition-mow)

Northern Colorado:

405 Canyon Ave.

Fort Collins, CO 80521

(970) 472-9630

[www.voacolorado.org/gethelp-northernco-mow](http://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](http://www.voacolorado.org/gethelp-denvermetro-clientservices-handyman)

Larimer county: (970) 472-9630

[www.voacolorado.org/gethelp-northernco-handyman](http://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](http://www.brothersredevelopment.org)

**Home Builders Foundation of Metro Denver**

9033 E. Easter Pl., Ste. 200  
Centennial, CO 80112  
(303) 551-6721  
[www.hbfdenver.org](http://www.hbfdenver.org)

**Rebuilding Together Metro Denver**

12567 W. Cedar Dr., Ste. 200  
Lakewood, CO 80228  
(720) 524-0840  
[www.rebuildingdenver.org](http://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 <b>LIVES IN TOWN</b> 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 “ <b>quality of life</b> ” living in a different home?	YES NO
16. Has anyone <b>EVER</b> suggested you make changes or modifications to your home to improve your safety for living there?	YES NO
17. Has anyone <b>EVER</b> 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
<b>THE MORE NO’s for # 1-3 &amp; YES’s for # 6-18 MEAN YOU NEED TO WORK ON YOUR PLAN TO CREATE SUCCESSFUL AGING IN PLACE</b>	