

Reviewing Your Options

Moving in with You. For previous generations this was the *only* solution when a parent could not live independently. It was either go live with the kids or move to a nursing home. Children may assume this task out of a sense of love and obligation. Parents may expect that their children will take them in out of a sense of tradition. But consider several things carefully before selecting this housing option with your parent.

- Do they *want* to move in with you? Don't just assume they would love to be near you 24/7.
- Examine your motives for taking them under your roof and take a close look at how you feel about assuming this obligation.
- How will this intergenerational living arrangement realistically affect everyone in the family? Make sure to include them all in the decision?
- If you have reservations about whether the arrangement will work, have an open discussion about doing so on a trial basis.
- Is your home a safe environment? Stairs, lighting, floor coverings and the like can make your home a dangerous place for your parent to move around. These bullet points are repeated elsewhere in *Toolkit* but here is a checklist to consider when assessing the physical environment.
 - Handrails
 - Tub and shower grab bars
 - Remove throw rugs
 - Flooring choices (tile, wood, low-pile carpeting) that are conducive to the use of walkers, canes, wheelchairs
 - Furniture arrangements that improve flow and movement throughout the home
 - Lighting additions to improve illumination of dark or shadowy areas.
 - Enlarged numbers on telephone and amplification on phone and TV
 - In-home medical monitoring of blood pressure, sugar levels and medication supervision
 - In-home bathing and meal provision
 - Ramps or lifts on exterior or interior staircases.

Appreciate that intergenerational living can be an enriching experience for all involved. Children can learn a great deal from living with and participating in caring for a grandparent. With more people to share the

care, the responsibility on the adult child may be lessened. However, intergenerational living can also result in intergenerational conflicts. It is difficult to satisfy everyone's needs. The caregiver – often the daughter/mother/wife - struggles to satisfy all of her obligations. Recognize there may not be enough of you to go around. Sharing your home with another adult can mean little power struggles over family decisions. You and your parent may not agree on religion or lifestyle or child rearing methods. These disagreements create a tense environment which can be most unpleasant. I remember as a child growing up in a home with my parents and my paternal grandmother with frequent skirmishes over authority. For example, my mother and grandmother often debated what I should and should not be allowed to do. My teenage years taught me some extraordinary negotiation skills, but in retrospect, I now recognize that each occasion was a tiny battle over who was "head of the household."

Independent Living in Market Rate Housing. This is a common type of housing: an apartment that charges a rent that is not subsidized in any way, offers little or no additional services but is restricted to persons who are at least either 55 or 62 years of age. So, you must be able to live independently, provide for most of your needs and be able to pay whatever the "market" will bear for rent. A lease is signed for some period--usually a year but it may be for six months or, occasionally the landlord will offer a month-to-month or 60-day lease. While under the lease the landlord is not allowed to raise rent (unless such increases were made a part of the original agreement) but each time the lease term expires the rent may be increased. Because these buildings cater to seniors many offer some services such as housekeeping, transportation and meals. These are usually charged according to use. This type of housing can be the most economical choice for a senior who finds the size of a single family home unnecessary or the work required in upkeep overwhelming. It can also be an excellent choice for the senior who travels a good deal.

Independent Living in Market Rate Housing with Subsidy. This housing is exactly as described above with the added benefit of reduced rent. Government entities, most often federal, state, city and county programs, set funds aside to assist individuals with limited incomes to pay for housing. These programs frequently require the individual to pay approximately 30 percent of their income with the remainder subsidized by the contributing program.

Congregate Care Facility. A congregate care facility combines private living quarters with centralized dining services, shared living spaces, and access to social and recreational activities. Many congregate care facilities offer transportation services, personal care services, rehabilitative services, spiritual programs, and other support services. It may be a good choice for seniors who are in good health and want their private space but enjoy the socialization of communal meals and activities.

Assisted Living. This term may be the most confusing. Buildings may be advertised as an assisted living facility when there is simply a “meals on wheels” delivery or the title may designate a community with a wide variety of transportation, meal, recreation, housekeeping, and other services. Before you visit you should be able to determine the quantity and perhaps the quality of services provided. We hope you will find our presentation of properties on this website very helpful in that regard. Seniors are living long and healthy lives but many anticipate the need for housing with increased services at some point. Or, a couple may find themselves in situations where one has a need for more care than the other. For that reason, campuses were developed with a combination of two or more of the following:

Independent Living

Assisted Living

Transitional and Long-term Skilled Nursing Care

Although the initial move from a family homestead may be traumatic, this type of *campus* allows for fairly simple progressive moves to housing with additional services as needs dictate. With the need for increased care, costs escalate. Assisted living is often twice the cost of independent living and the price may double again for a skilled care facility. Note that insurance coverage and subsidies are not readily available for assisted living. However, elderly waivers and alternative care assistance programs do exist.

Continuing Care Retirement Communities/Life Care Communities.

The principle behind this type of housing is that the need for services will increase as we age. A continuing care retirement community (CCRC) is a complex of residences that includes independent living, assisted living and nursing home care, intended to enable seniors to live in the same general location as their housing needs change over time, beginning when they are

still healthy and active. Typically, you will move into one of these when you are able-bodied and fully independent. You will pay a substantial endowment fee (usually charged to both parties if a couple is taking occupancy) and a monthly maintenance fee. As needs dictate and services are required they will be provided usually on the same campus. The individual contracts with the facility to provide services “for life.”

In home care. Often as we age we need just a “little help.” Perhaps it is with occasional cleaning, dressing, grooming, meal preparation, regular bathing, light housekeeping or the running of errands outside the home. Or, it may be that we need a registered nurse or therapist to help us maintain our medication levels, oversee our blood pressure or our insulin levels, provide physical or speech therapies. The past few years have seen a marked increase in the number of in-home health care providers to fill these needs. They provide services to older adults for short or extended periods of time which are intended to promote, maintain or restore the health of the older adult in their home. They charge according to the level of skill required of the provider and the amount of time required to provide the service. As families have become more geographically dispersed and busier than ever, their needs for assistance have also generated a variety of other care providers:

Adult Day Care is intended to benefit adults who need a variety of health, social and related support services during the weekday but have the support they need at night and on weekends. This type of care is typically provided in a center where able bodied seniors may be dropped (or picked up and transported to) for the purpose of adult supervision during the day when other family members are unavailable. They offer meals and a variety of stimulating activities. Some may also specialize in memory care. Services vary as does cost.

Adult Foster Care. As the name suggests, this living alternative is provided by an individual or family who will take a senior into their home for extended care. Adult foster care providers offer housing, meals, laundry and a variety of non-medical services.

Respite Care. This is short-term care that helps a family take a break from the daily routine and stress. It can be provided in the client's home or in a variety of out of home settings and is usually done for a time frame ranging from a week to a month in length. Respite care is an essential part of the

overall support that families may need to keep a loved one with a disability or chronic illness at home.

Skilled Nursing Home Care, also known as a “skilled nursing facility” or “rest home,” is a type of care for people who require constant nursing care and have significant deficiencies with activities of daily living. Residents can stay in a skilled nursing facility to receive physical, occupational, and other rehabilitative therapies following an accident or illness. These facilities provide 24-hour medical care, including short-term rehabilitation (physical therapy) as well as long-term care for people with chronic ailments or disabilities that require daily attention of RN’s in addition to help with personal care such as bathing, dressing or getting around.

Condominium/Townhome Ownership. This type of ownership is very much like living in an apartment with the benefits of ownership. You hold the title to the unit in which you live and have a joint ownership (with all other owners) to the common areas such as parking garage and lots, halls, fitness rooms, community rooms and the like. You will also jointly own the land upon which the building sits. *Townhomes* are similar to condominiums in ownership except that the owner also holds title to the land. The term townhome usually refers to a multi-story structure with at least one common wall. However, the term is loosely used in real estate and can refer to a single level dwelling. For both of these housing types mortgages may be secured and real estate taxes are assessed. Whenever common areas are shared which require maintenance, there will be a monthly assessment or dues collected by the governing association to cover the costs. This association will generally be governed by written documents (the "declaration," "by-laws" and "rules and regulations") administered by an elected board of directors. *Ask* about pet restrictions, subletting policies, noise restrictions, restrictions on improvements, and insure that you receive a copy of the documents for your review. Depending on the quality and quantity of the common areas, assessments may be substantial and should be considered in any purchase. Assessments may add dramatically to the monthly cost of housing. Depending on the age of the building you should *ask* for an assessment history, what plans may exist for major projects (e.g., roof or driveway work) and how much money the association has in its reserve fund. Also, most condominiums and townhomes qualify for reverse mortgages.

Cooperative Ownership. Although this may resemble a condominium is a very different type of ownership. The residents of this type of housing purchase shares in the corporation which owns and operates the property. Ask what the share price is. Most often, the resident will be required to sign an occupancy agreement and pay a one-time membership fee in order to move in. This agreement also commits the resident to pay their portion of the mortgage and maintenance costs. Ask the amount of the underlying mortgage and how much the monthly carrying charges will be. It is important to have a clear understanding of what happens if and when the unit is sold. Some cooperatives permit a "limited equity," which might be a minimal amount of profit at the time of sale. Because the unit is not owned outright you are only selling your membership and your equity at the time of sale. Ask for a list of sale restrictions and insure that you are provided a set of documents for your review. Most people have lived in single-family homes and apply that experience to any purchase. It is critical that you read the fine print and understand your ownership position before purchase. Although cooperatives have become a more common form of ownership, their financing is done by a select group of lenders. Ask where you can obtain financing before purchase.

Hospice Care. This type of care is provided to the terminally ill. Comforting measures and counseling provides social, spiritual and physical support to patients and their families during this particularly difficult period. Hospice care requires a decision by the patient or other authorized decision maker to discontinue what is known as curative medical treatments and replace them with palliative (comfort-providing) care. A physician-authorized document is required to qualify for the Medicare Hospice benefit. The care may be provided in a person's own home, or in an assisted living or nursing home environment.