



Elder Law Guys: How to prepare to age at home

June 26, 2017 12:00 AM

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Thanks to the 2016 Profile of Older Americans, published by the Administration on Aging, we have some interesting — and scary — statistics to review.

With the U.S. population age 60 and older having increased 34 percent in the last 10 years to 66.8 million, and those 85 and older projected to increase 230 percent over the next 25 years to 14.6 million, one can see that we are a rapidly aging country.

Also note that right now, 1 in 7 of all of us is an older American. If you are now 65 and a male, you have a life expectancy of 18 years, and, if a female, 20.6 years. About 70 percent of older men and 45 percent of older women are married, with 34 percent of older women being widows.

Over 13.6 million of older individuals live alone; 9.3 million women and 4.3 million men. Statistics show 46 percent of women age 75 and older live alone. Another study has shown that those 85 and older are more than twice as likely as those age 75-84 to need assistance with personal care needs from someone.

In our practice, almost of our clients want to age at home, wherever and whatever that home may be. How reasonable is this and what can be done to allow this to occur? Obviously, we stress the need to have in place a plan and the documents to accompany that plan.

Let's start with the documents for the plan — you can call it a Life Plan, an Aging at Home Plan or Who's Going to Help Me Plan or simply The Plan. We always harp on the basic Terrific Triad of documents: the will/trust, power of attorney, and Advance Directive for Health Care as the staples of a plan.

Let's assume that the documents are in place, and you've appointed individuals or institutions and their successors to represent your interests.

Now, let's talk about your home.

Is your home safe and able to handle your needs? Another recent study stated that there is a 68 percent lifetime probability for those age 65 and older of being unable to perform two of the five activities of daily living — eating, bathing, dressing, toileting, transferring — and or being cognitively impaired. Not a pleasant thought.

Safety is so important, with falls at home to be avoided as they can trigger more severe conditions.

Thus, the need for a safe environment. This can include simple home additions such as grab bars, additional stair railings, bath chairs, Stander poles, lift chairs and, possibly, assistive devices such as a cane or walker.

Does your home pose an impediment or danger in allowing the use of these tools? If so, you may need to take a look at other housing options, including a personal care or assisted living facility.

In addition to the home improvements and the people designated to help you under your estate planning documents, have you written down who is going to be on your aging-at-home team? This would include your lawyer, physician and financial adviser and CPA for the more technical activities.

For the day-to-day activities, you need to make a list of the individuals you can call upon for the more “mundane” matters, if needed. And, most importantly, get their agreement to fulfill their respective roles.

These include activities such as grass cutting, snow removal, collecting your mail and newspapers, getting your medications, cleaning your house, and providing transportation. All of these are activities we do on a daily basis until we don't want to or simply can't.

Do you want to consider hiring a health care advocate such as a social worker to assist you in dealing with the complexities of today's health care environment? Better to address these areas a year too early than a year too late (an olde Slovenian proverb).

Finally, a key to a successful plan is what we call the three “E's:” Eating, exercise and engagement.

Eating for nutrition. Exercise for both the body and the mind. Engagement with others to help minimize social isolation.

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