



# Housing and Transportation

- *My husband is having trouble going up and down stairs....Do we need to move?*
- *How do I get safety modifications for my mother's bathroom?*
- *We are considering moving to a retirement community, but how can we find something that is affordable?*
- *Is there such a thing as a "good" nursing home if my father needs that level of care?*
- *When should I ask my mother to stop driving?*

## Remaining at Home

A sense of place—a home—is essential to our health and well-being. But many families find that home is not a safe environment for elders. Home modifications, assistive technologies, and home care supports can help solve problems for many elders, but some may need to move into more specialized environments.

You may have heard an 80-year-old person complain that he or she doesn't want to move to an assisted living community. "That's for OLD people," he or she may protest. The loss of independence, community, and the stigma of old age in our society makes it difficult to consider such a profound change.

Some elders make a transition when they retire and move to be closer to children and grandchildren, or to a warmer climate, or to a planned retirement community. Most elders, however, continue to live in the same house or apartment where they have lived for many years. They want to remain in a community where they have friends, familiar stores and streets, and a lifetime of memories.

## To Move or Not to Move

There are a number of housing-related issues that families must consider when helping an elder decide whether he or she can remain at home. Here are some resources that can help:

- The **Family Caregiver Alliance** at [www.caregiver.org/caregiver/jsp/content\\_node.jsp?nodeid=849](http://www.caregiver.org/caregiver/jsp/content_node.jsp?nodeid=849) offers a publication entitled "Home Away from Home: Relocating Your Parents," which discusses the issues related to changing needs in the home and making modifications and transitions, if necessary.
- The **U.S. Department of Housing and Urban Development** (HUD) at [www.hud.gov/offices/hsg/sfh/hecm/topten.cfm](http://www.hud.gov/offices/hsg/sfh/hecm/topten.cfm) has many resources to help elders remain at home. To access local resources, visit its Web site and click on "Information by State," then click on your state or the elder's state.

## Home Modification and Repair

There are adaptations to homes that can make them easier and safer for activities such as bathing, cooking, and climbing stairs, as well as alterations to the physical structure of the home to improve its overall safety and condition.

To help you determine what modifications may be helpful, check out the useful home safety checklist at Careguide@Home at [www.eldercare.com](http://www.eldercare.com). Click on “Home,” then “Home Safety for Your Aging Parent.”

For elders with limited resources, paying for home modifications can be a challenge. Some help is available for low- and moderate-income elders who are homeowners. There are no-interest or low-interest loans available through HUD for home modification and repair. To find out how the program works in your state, contact your Area Agency on Aging (AAA) or your Council on Aging (COA).

If an elder does not qualify for assistance loans, and lacks the funds for needed home improvements or repairs, he or she may want to consider a *reverse mortgage*. A reverse mortgage is a special type of home loan that lets the homeowner convert a portion of the equity in his or her home into cash. (For more information, see the Finances section)

### Assistive Technology

Assistive technology refers to equipment and other services that enhance the mobility and independence of people with disabilities. Ranging from simple devices, such as amplified telephones and handheld showers to high-tech medication monitoring equipment, assistive technology has great potential for helping an elder remain at home.

Assistive technology is also important for caregivers. Caring for an elder often involves physical demands that can jeopardize a caregiver’s own health. Home modifications, such as portable ramps, roll-in showers, widened doorways, and assistive devices can provide immediate relief while helping caregivers deliver care more safely. **Caregiver Adaptations to Reduce Environmental Stress** (CARES) at <http://homemods.org/folders/cares-project/library.shtml#centerpub>, funded by the U.S. Administration on Aging, is one of the best resources for current information. You can access a free PDF in six languages on the Web site, or call 213-740-1364, or e-mail [cares@csu.edu](mailto:cares@csu.edu).

### Energy Assistance

As energy costs continue to rise, heating and air conditioning bills may become a factor in an elder’s ability to stay in his or her current home. Most states have energy assistance programs, as well as laws that prevent utility companies from shutting off service to elder households that are experiencing a financial hardship. Contact your local utility companies to see if they offer reduced rates for elders.

## New Models for Remaining at Home

The conventional approach to “aging in place” is to deliver home care services to each person separately, based on an individual assessment and development of an individual care plan. (See the Home Care section for more information on care plans.)

New models are being created that emphasize building (or rebuilding) social connections among elders while meeting individual service needs. Three such models, described below, share common features:

- The strong preference of many elders to remain in a neighborhood and in daily contact with people of all generations
- The value of community for elders who may be living alone or are socially isolated for other reasons
- The need to improve the affordability and accessibility of support services, such as home care, home repair, grocery shopping, transportation, and assistance with other daily activities

### NORCs

A “Naturally Occurring Retirement Community” (NORC) refers to a geographic area or building with a multigenerational population but a significant number of residents that are 60 and over. Some eldercare agencies have created community-based interventions that build on this “natural” concentration of elders called NORC-Supportive Service Programs (SSPs). These organizations connect elders to a variety of health care and home care services that allow them to remain healthy and independent. By serving a large number of elders in a small area, this model benefits from economies of scale in the organization and delivery of services, and creates related cost savings. There are now more than 80 NORCs nationwide. For more information on NORCs, visit the Web site at [www.norcs.com](http://www.norcs.com).

### It Takes a Village

Another model for aging in place has been pioneered by Beacon Hill Village (BHV), a grassroots membership organization that connects people age 50 and older who live in downtown Boston with supportive services. By negotiating and partnering with service providers, BHV offers its dues-paying members access to social and cultural activities, health and fitness programs, household and home maintenance services, and medical care. The goal of the “village” is to offer the benefits of assisted living without requiring members to move from their homes.

There are now five “villages” in different parts of the country, and ten more to open in 2008. Caregivers and elders interested in learning how to start an organization similar to Beacon Hill Village in their own neighborhood can order a copy of “The Village Concept: A Founder’s Manual” at [www.beaconhillvillage.org/](http://www.beaconhillvillage.org/) or call 617-723-9713.

## Elder Housing Options

Even if an elder is able to remain in his or her home now, you should begin your exploration of other housing options as soon as possible. Many communities and facilities have waiting lists. You may want to gather brochures and visit locations ahead of time, so you'll know what the local options are.

Your local Area Agency on Aging (AAA) or public housing agency has information about the options best suited for the elder in your care. For a more in-depth discussion of each housing option, see the "National Care Planning Council's Guide to Retirement Care Communities" at [www.longtermcarelink.net/eldercare/retirement\\_care\\_communities.htm#putting](http://www.longtermcarelink.net/eldercare/retirement_care_communities.htm#putting).

### Independent Living

These facilities are designed for elders who are able to live on their own, but want the security and conveniences of community living. Some facilities offer organized social and recreational programs as a part of everyday activities (Congregate Living or Retirement Communities), while others provide housing with only a minimal amount of amenities or services (Senior Apartments).

Independent living facilities may offer housekeeping services, laundry facilities, linen service, meals or access to meals, local transportation, and planned social activities. Some facilities offer recreational activities, exercise facilities, community lounges, and reading rooms. Health care is not provided, but many facilities allow a home health aide or nurse to come in to assist with medicines and personal care. Because these facilities are not licensed by local, state, or federal agencies, there are no formal regulations.

There are now independent living options for seniors and others on the campuses of more than 60 colleges and universities, usually referred to as "campus-based" or "university-affiliated" residences. Although the residents may be largely age 65 and older, they have chosen to live there because of the proximity to an age-integrated neighborhood, rich with educational and cultural opportunities. Their focus is on lifelong learning, and residents have access to college classes, cultural programs, and recreational facilities while enjoying ongoing contact with students and faculty. Some of these communities are financed and facilitated by universities, while others have been launched by real estate developers and other commercial interests. For a partial list of communities, visit the **AARP** Web site at [www.aarp.org/bulletin/yourlife/campus\\_retirement.html](http://www.aarp.org/bulletin/yourlife/campus_retirement.html).

**Financial Considerations:** Private funds are most often used to pay for independent living, although some apartments are subsidized and accept state and/or federal funding to cover a portion of the payment for low-income individuals. Medicare and Medicaid do *not* cover independent living since no health care is provided.

## Assisted Living

Assisted living offers a combination of residential housing, meals, and personalized support services, but it does not provide skilled nursing care. Assisted living is designed for adults who may need help with activities of daily living such as housecleaning, bathing, dressing, and/or medication reminders, and want the security of having assistance available on a 24-hour basis in a residential environment. All meals are provided, and often there are transportation services and cultural programs. The underlying goal of assisted living is to support the autonomy, privacy, and individuality of the residents.

Assisted living residences are regulated at the state level, and the definition of assisted living varies by state. Assisted living can also be called by different names, such as residential care, supportive housing, or congregate care. Your local Area Agency on Aging (AAA) can provide information on assisted living options in your area.

**Financial Considerations:** The cost of assisted living varies according to location, size of the unit, services included, and whether the unit is owned or rented. In 2008, the monthly fee was typically \$2,700 or more per month (\$32,000 or more per year). Most assisted living residents pay privately, but there are a few ways for qualified low-income elders to access subsidies through either HUD vouchers and/or Medicaid waivers. (See the Insurance section for information on Medicaid eligibility.)

## Alzheimer's or Specialized Care Facility

An increasing number of assisted living facilities and nursing homes offer specialized care to people with Alzheimer's disease and related memory disorders or dementia. These facilities offer higher staffing levels and care that supports individual skills and interests, in an environment designed to minimize confusion and agitation.

Similar to assisted living communities, specialized care facilities provide assistance with dressing, grooming, bathing, and other daily activities. Meals, laundry, and housekeeping are usually provided within private and semiprivate rooms in a residential-type setting. Your local Area Agency on Aging (AAA) can help you identify facilities in your area that offer these services.

**Financial Considerations:** Somewhat higher costs and similar opportunities for third-party assistance (Medicare, private insurance, Medicaid) apply for these facilities as for other assisted living facilities and nursing homes.

## Continuing Care Retirement Community (CCRC)

CCRCs provide the services necessary for residents who wish to remain in the same retirement community as their personal and health care needs change. CCRCs typically combine three housing options on one campus:

- Townhouses, apartments, or cottages for independent living
- Assisted living apartments for elders who need meals and some personal care assistance
- Nursing home accommodations for elders who require more comprehensive skilled nursing care

CCRC units follow the same licensing and regulation rules as freestanding facilities. Independent living units are not licensed; the assisted living units are regulated by the state; and the nursing facilities are licensed and regulated by both the state and the federal government.

**Financial Considerations:** Most CCRCs require a sizable entrance fee. In 2008 these ranged from less than \$100,000 to more than \$300,000, with monthly fees from \$700 to more than \$3,000. The composition of service packages, especially the health care component, varies greatly. It is important to be clear about which services are included in the monthly fee and which services are additional. Units in a CCRC may be rented or owned, but almost all are paid for privately.

Some CCRCs have had significant financial problems that have created hardship among their residents. Your state's attorney general's office or your local Better Business Bureau may be able to tell you if any complaints have been filed against a CCRC that you are considering. (See also the Legal Issues section.)

## Nursing Homes and Long-term Care

Nursing homes are licensed, regulated, and individually certified by the state for Medicare and Medicaid and provide 24-hour care. They offer a staff of licensed and/or registered nurses, nursing aides, and administrators as required by licensing standards. The health care is supervised and authorized by a physician. You can look at a facility's recent evaluation on the **Medicare** Web site at [www.medicare.gov](http://www.medicare.gov). Click on "Compare Nursing Homes" and search for a nursing home by name or location. The Web site also offers a useful 64-page "Guide to Choosing a Nursing Home" at [www.medicare.gov/Library/PDFNavigation/PDFInterim.asp?Language=English&Type=Pub&PubID=02174](http://www.medicare.gov/Library/PDFNavigation/PDFInterim.asp?Language=English&Type=Pub&PubID=02174).

There are three types of facilities offering different levels of care, but they are all referred to as nursing homes. If a resident expects to access third-party payment, a determination of need for long-term care in a nursing home must be documented by the elder's primary care physician and your local Area Agency on Aging (AAA) Coordination of Care Unit.

- 1 A **Residential Care Facility** or Rest Home provides 24-hour supervision and supportive services for individuals who do not routinely need nursing or medical care.
- 2 A **Nursing Facility** is a residential facility that provides 24-hour nursing care, rehabilitation services, and support for activities of daily living for the chronically ill who require nursing care.
- 3 A **Skilled Nursing Facility** provides 24-hour skilled nursing care and extensive rehabilitative care and services to the chronically ill; short-term care for individuals who have been hospitalized and need rehabilitation before returning home; and specialty care for individuals with physical and neurological disabilities. These facilities provide room and board, personal care, protection, supervision, and may offer other types of therapy.

**Financial Considerations:** Nursing homes charge a basic daily or monthly fee. In 2008 the average cost of a semiprivate room in a nursing home was \$5,448 per month (\$65,385 a year). Some families purchase long-term care insurance in anticipation of the cost, while most depend on other forms of financing. Nursing homes accept third-party payment from a variety of sources, including Medicare, Medicaid, and private insurance. Medicaid currently pays for 60 percent of nursing home care, typically covering costs after the resident has exhausted his or her private resources. Medicare also pays for short-term nursing care within 30 days of a hospitalization of three or more days and is medically certified. For more information, see also the Insurance section.

### Protective Services for Nursing Home Residents

Adults residing in long-term care facilities can be victimized by abuse, neglect, and exploitation. There are ways to monitor the care elders receive, such as participating in the home's Resident Council, reviewing an elder's care plan with the staff on a regular basis, and asking family members to visit throughout the day and week. Nursing homes should offer a family reevaluation meeting with all the staff who care for the elder (nurses, aides, recreation directors, etc.) at least once per year.

If you suspect that an elder is not receiving care and you are not able to work with the staff to resolve care issues, you can report it. The *National Long Term Care Ombudsman Resource Center* at [www.ltombudsman.org/](http://www.ltombudsman.org/) can help you resolve problems between residents and nursing homes or assisted living facilities. To locate the ombudsman for your region, visit the Web site or call 202-332-2275. The *National Citizens' Coalition for Nursing Home Reform* at [www.nccnhr.org/default.cfm](http://www.nccnhr.org/default.cfm) was formed because of public concern about substandard care in nursing homes. It offers fact sheets about nursing homes and other resources. (See also the Legal Issues section.)

## Veterans' Housing

Soldiers' Homes provide health care services to honorably discharged wartime veterans with non-service connected health problems. Soldiers' Homes are state-funded, accredited health care facilities that offer veterans hospital care, skilled nursing and long-term care, full-time residential accommodations, and a multi-service outpatient department. To find veteran housing options in your state, contact your AAA or your veteran's health care provider. (See also the Insurance section.)

**Financial Considerations:** Veterans' housing is subsidized for eligible veterans who meet income requirements. In 2008, charges applied for those with a gross monthly income over \$300.

## Elder Housing Resources

For more information on finding elder housing, use these resources:

- The **American Association of Homes and Services for the Aging** (AAHSA) represents nonprofit organizations providing health care, housing, and services. Its Consumer Information Web site at [www.aahsa.org/consumer\\_info/default.asp?](http://www.aahsa.org/consumer_info/default.asp?) offers useful information and a directory of nonprofit providers. Click on the "Homes and Services" directory and enter your city and/or state to find housing options near you.
- The **Centers for Medicare and Medicaid Services** (CMS) provides listings of licensed nursing homes, including the results of recent inspections at those nursing homes on its Compare Nursing Home site at [www.medicare.gov](http://www.medicare.gov). Click on "Compare Nursing Homes in Your Area."
- The **National Care Planning Council** at [www.longtermcarelink.net/](http://www.longtermcarelink.net/) offers clear, in-depth explanations of housing options and other long-term care planning information, including veterans' benefits and financing information.
- The **National Center for Assisted Living** (NCAL) at [www.ncal.org](http://www.ncal.org), 800-321-0343, offers consumer and long-term care information.
- The **National Family Caregiver Support Program** publication "Because We Care" at [www.aoa.gov/prof/aoaprogram/caregiver/carefam/taking\\_care\\_of\\_others/wecare/housing-options.asp](http://www.aoa.gov/prof/aoaprogram/caregiver/carefam/taking_care_of_others/wecare/housing-options.asp) has recommendations on choosing housing and other living arrangements.
- The **National Long Term Care Ombudsman Resource Center** at [www.ltombudsman.org/](http://www.ltombudsman.org/), 202-332-2275, is an independent advocate that works to solve problems between residents and nursing homes or assisted living facilities. An ombudsman can also give you information about how to find a facility and get quality care.

- **Senior Housing Net** at [www.seniorhousingnet.com/seniors/](http://www.seniorhousingnet.com/seniors/) is part of a free realtor search engine tool called “move.com.” Although it is a commercial site, it provides helpful checklists and information about types of housing and financing.
- The **U.S. Administration on Aging** (AoA) offers a directory of senior housing options and resources at [www.aoa.gov/prof/notes/Docs/Housing\\_Options\\_Directories.doc](http://www.aoa.gov/prof/notes/Docs/Housing_Options_Directories.doc).
- The **U.S. Department of Housing and Urban Development** (HUD) at [www.hud.gov/groups/seniors.cfm](http://www.hud.gov/groups/seniors.cfm) provides a number of resources on its Web site for elders. Click on the “Information by State” link to find HUD counseling in your area.

## To Drive or Not to Drive?

- *How do I know when it's time for my father to stop driving?*
- *I can't leave work in the middle of the day—how can I get my mother to her doctors' appointments?*
- *How do I get my husband to his Alzheimer's day program when he is too heavy for me to move in and out of our car?*

Being able to get out and about—going shopping, seeing friends, visiting the doctor, taking classes—is vital to maintaining an elder's sense of independence and can contribute to an elder's physical, mental, and emotional well-being. Transportation is one of the key things that elders who want to “age in place” need. But problems with transportation—whether it's the elder's driving ability or the need to find safe and reliable transportation for the elder—is one of the most troublesome issues for caregivers.

Most elders prefer driving their own car. According to the American Automobile Association, drivers age 65 and older take more than 80 percent of trips in their own vehicles. However, the American Medical Association reports that motor vehicle injuries are the leading cause of injury-related deaths among 64-to-75-year olds and the second leading cause (after falls) among 77-to-84-year olds.

For general public safety, we need to help elders recognize their changing abilities and adapt their driving practices accordingly. We must identify impaired drivers and remove their licenses, while supporting competent elders with on-going monitoring.

For the caregiver, the conversation about whether an elder can continue to drive is often one of the most difficult ones. Information and assessment resources can be found at the following Web sites:

- **AAA Foundation for Traffic Safety's** Senior Driver Web site at [www.seniordrivers.org/home/](http://www.seniordrivers.org/home/) provides helpful tools to assess and improve driving skills, as well as how to prepare to stop driving and find alternative transportation solutions.

- **AARP** at [www.aarp.org/families/driver\\_safety/driver\\_ed/](http://www.aarp.org/families/driver_safety/driver_ed/) offers driver safety courses and information.
- The **MIT Age Lab** and the **Hartford Insurance Company** at [www.thehartford.com/talkwitholderdrivers/driversatrisk.htm](http://www.thehartford.com/talkwitholderdrivers/driversatrisk.htm) have prepared a guide called “Having the Conversation” to help families discuss changing driving skills, risks, and alternatives. Their site includes useful worksheets and links to other resources.

See also [It Starts with a Conversation](#).

## Transportation Services

Your local Area Agency on Aging (AAA), Council on Aging (COA), or senior center will probably be the best source of information about transportation services in the area. They can help you identify the best transportation option for the elder in your care. The **Eldercare Locator** at [www.eldercare.gov/Eldercare/Public/Home.asp](http://www.eldercare.gov/Eldercare/Public/Home.asp) can provide contact information for these services and programs. Other resources include the following:

- **INTAmerica** at [www.itnamerica.org](http://www.itnamerica.org) has created a model of transportation services for elders through a combination of fares and volunteer drivers. Started in Maine, the organization also has programs in California, Connecticut, Florida, Illinois, Kentucky, and South Carolina.
- **National Center on Senior Transportation** (NCST) at [http://seniortransportation.easterseals.com/site/PageServer?pagename=NCST2\\_older\\_directory](http://seniortransportation.easterseals.com/site/PageServer?pagename=NCST2_older_directory) offers links to transit agencies and providers of community transportation.
- **U.S. Department of Transportation** (DOT) offers an Americans with Disabilities Act (ADA) Assistance Line for questions regarding public transportation for persons with disabilities. Contact the Federal Transit Administration (FTA) Office of Civil Rights at 888-446-4511 toll free or by e-mail at [FTA.ADAAssistance@dot.gov](mailto:FTA.ADAAssistance@dot.gov).

## Public Transportation Systems

Many local and regional public transit systems are inexpensive and offer services tailored to the needs of elders. In most states, public transportation for elders is offered through a mix of contracted vendors, volunteers, and not-for-profit organizations, including local AAAs, COAs, and senior centers. However, the availability of transportation services varies greatly from community to community. If you are not familiar with your local public transportation provider, you can call your state’s Department of Transportation or go to the Web site of the American Public Transportation Association (APTA) at [www.apta.com/links/state\\_local/](http://www.apta.com/links/state_local/) that links to public transportation agencies in all states.

## Other Transportation Services

If your elder cannot walk, drive, or use public transportation, the burden usually falls on you. More than 8 out of 10 caregivers provide transportation assistance, either directly or through arranging for services. However, nonprofit organizations offer transportation through vanpools, taxi voucher programs, volunteer driver and escort programs, and other services. Talk to your local AAA to see what is available in your community, such as:

- **Fixed Route Services:** Reduced fares for seniors and/or people with disabilities who can use regular public transportation routes.
- **Paratransit Services** or **“On Demand”** services: Accessible transportation for people whose physical condition restricts the use of public transportation. These demand-responsive services use accessible vans, mini-buses, or taxis. They do not follow fixed routes or schedules—pick-ups and drop-offs are arranged for each trip. These services may be provided by your local transit authority, social service agency, or volunteers (or by a combination of all of the above). Some private taxi services offer senior discount coupons.
- **Chair Service:** Local ambulance companies can also provide wheelchairs to transport elders for medical appointments. See local listings in the telephone yellow pages or contact your local city or town hall for ambulance services in your area.
- **Shuttles:** Some cities and towns provide scheduled, point-to-point senior shuttles for services, such as weekly bus trips to supermarkets from senior housing facilities. Some health care providers provide transportation services between their community-based clinics and hospitals. Regional transportation authorities may provide scheduled transportation service to medical facilities.