Living Arrangements

Wellesley College Class of 1966 Virtual Program Presented on April 24, May 17 and May 24, 2023

Our all-class survey of 2021 reflected many questions regarding senior housing and lifestyle options that arose from the 55th Reunion discussions. Responses to the survey from the class suggested a three-part program: first, an exploration of the thought processes leading to this important decision, turning largely on two options: whether to remain in one's home as we age, with adaptations for health and safety; or to move to a congregate-living facility designed for senior living. The first program raised questions and suggestions that helped us shape the second, on home adaptation, and the third, on congregate living options.

All programs have been posted on our class website: https://alum.wellesley.edu/class-of-1966. (The direct link is <a href="https://alum.wellesley.edu/class-of-1966/news/latest-news/p/~board/1966-news/post/virtual-mini-reunion-36-38-living-arrangements-2023-1682439803158.) What follows here are references and source materials supplied to us by program participants, including building and design professionals and members of our class. We begin with a letter to the class from Pamela Russell Mason documenting the entire transition as experienced by herself and her husband, with suggestions for others going through such a process.

It is our hope that this information will assist all classmates, wherever they may be in in this important process.

Cordially,

Mary Baughman and Suzanne Speaker

Letter to the class from Pamela Russell Mason, March 2023

For Wellesley '66 Mini-Reunion—Living Arrangements: Downsizing Pamela Russell Mason

My husband, Glenn and I decided to downsize in 2018. While we loved our home in Silver Spring, Maryland, keeping up a large yard and flower gardens, a pool, and the house itself was taking longer. When finished with the things we had to do, we were often too tired to do the things we wanted to do. When we were on some group trips, people who had transitioned to retirement communities were positive about their moves. We visited friends living in a retirement community to see what it was like firsthand.

We decided to stay in the area where we have lived since 1977. Since retiring in 2006, I am part of an artists' community. Glenn (an astrophysicist) continues to work part-time. Lifelong friends are here as well as all the cultural attractions of Washington, D.C. which we enjoy. We were living in a large house and only using part of it. It seemed the right time to downsize.

One of the largest active adult communities, Leisure World of Maryland (9300 residents; 600 acres) is in Silver Spring. We thought moving into a place with such a large population would increase the chances of meeting people who shared our interests and would offer a number of amenities. Leisure World has a diverse selection of reasonably-priced housing options to choose from. All are condominiums, so we would own whatever property we chose. As residents require help, there are recommended sources for in-home care staff. Continuing Care Retirement Communities (CCRCs) are priced and operate differently, providing independent living, assisted living and nursing care, with meal plans. We didn't want to spend money on services we might not ever need, and I particularly wanted to keep on cooking our meals, since that is an activity I especially enjoy.

We moved to Leisure World in October, 2018 into a 3-bedroom, 2-bath condo with enclosed balcony on the 5th floor of an 8-story high-rise. We have 1500 square feet of living space, not counting the balcony. It is light-filled and comfortable. We're glad we made the move when we did.

Suggestions that worked for us:

1. Don't draw out the downsizing process. Get help to downsize and move. We started our downsizing by donating books and other household items. It was clearly going to take a long time, and emotionally it was draining to evaluate what to keep. Luckily, the realtor with whom we listed our home had contacts with a firm that specialized in helping folks downsize. There was no itemized "estate sale". They had a color-coded system for what would go with us, what would be donated, and what would be

offered for sale to buyer contacts. The group of women (yes, this was a woman-owned business) arrived for 4 hours a day to pack up and carefully label boxes, plus take photos of items to be offered for sale. It was intense, but it helped us decide that whole swaths of house contents could go. We designated the lower level as the collecting area for all the stuff we weren't taking with us. On moving day one (they recommended splitting the move up into two days), they were there to see all got handled properly and put on the van for overnight storage. On moving day two, the group worked with the movers to tell them where to put furniture (we had a map, see suggestion 3, below). They unpacked all the boxes they could and put things away, from the kitchen to closets, to bathrooms, to chinaware--and made the bed! They took all the boxes and packing material (easily over 150 boxes) away. At the end of the day, we sat in our new living room, a bit stunned and very happy. A few days later, the buyers of our stuff arrived to collect what they had bought and the marvelous owner of the group oversaw the loading of everything onto their trucks and taken away.

Other suggestions:

- 2. We were able to toss out all our photo albums because Glenn had made a project of scanning all of them through recent years and we had switched to digital cameras and a system for organizing the photos we took. There are services which do this. Don't wait until the last minute to do it.
- 3. Find software that can help you visualize where existing furniture will go in the new living arrangement. It is worth the effort to take the time to do this. Many people bring far too much to their new location. We had a program that not only let us place existing pieces in the rooms, it had a 3D component so that we could virtually "walk through" the rooms and see if they were too crowded. We were able to re-work existing furniture into new arrangements. If a piece didn't fit, it didn't come with us. With the software, we could create a printed map for each room that showed where key pieces would go. The movers and the support staff used the map to put things in place in the new location.
- 4. Don't make any structural changes to your new location until you've lived there for a while. We initially thought we would remodel the kitchen, but found out that the existing setup worked quite well, after we installed organizers. We replaced all appliances, the countertop and flooring, but not the cabinetry.
- 5. Take advantage of organizers and space-saving products you or a "handyperson" can install. We installed Lynk Professional chrome pull-out cabinet and pantry shelves in a variety of sizes to fit the existing kitchen and bath cabinetry. It made everything easily accessible and we were able to store much more in less space without replacing any cabinets.

Independent Living

Village Movement

Villages are organizations for people who want to stay in their own homes. They are consumer-driven, community-based grassroots organizations. Villages are formed through a cadre of caring neighbors who want to change the paradigm of aging. Through their efforts, local Villages became the foundation for connecting members to a full range of support services to help with non-medical household tasks, services, programs and transportation. Villages promote staying active by coordinating recreational, social, educational and cultural programs. These social activities minimize isolation and promote interaction among their peers.

For overview information, and to find a village: https://www.vtvnetwork.org/

PRESENTATION BY ALLISON GODSEY, Executive Director of a Boston-area village, Newton at Home

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617-795-2560

director@newtonathome.org

You can view Allison's slides at https://drive.google.com/file/d/ 1aAX0pV0HuyiL0FnMlvmCaqaBYAxBwnIm/view?usp=sharing

Housing Adaptation

Certified Aging-In-Place Specialist Program

The Certified Aging-In Place-Specialist (CAPS) designation program, sponsored by the National Association of Home Builders, teaches the technical, business management and customer service skills essential to competing in the fastest-growing segment of the residential remodeling industry: home modifications for the aging-in-place.

The baby boom generation has many choices as this large population of potential clients for remodelers, builders, contractors and occupational therapists considers where to live; but overwhelmingly, seniors would prefer to stay in their own homes. The CAPS designation offers potential clients what they need most: reassurance in making the choices that will help them stay in their homes safely and securely. The CAPS training helps make clients' homes more "visitable." Even if the homeowners don't think they need additional task lighting, grab bars and other home modifications for their own use, their family members and visitors might. CAPS helps clients make the right choices.

CAPS online directory: https://www.universal-accessibility.com/CAPS-Directory.htm

CAPS Consultants Who Participated in Our Program

LINDA ALOISIO Allied ASID, LEED AP, CAPS President, Home Builders & Remodelers of the Mohawk Valley

Linda describes herself as a problem solver, especially in senior housing situations complicated by dementia.

Contact Information: Uniquely Yours PO Box 8849 Utica, NY 13505 315-868-6611 uytinteriors@gmail.com

Linda provided the following links:

- Her <u>Powerpoint presentation</u> "Aging in Place: Focusing on Dementia-Related Challenges & Solutions"
- Her checklist for someone planning renovations
- Costs of Aging Handbook
- AARP HomeFit Guide

DAVID BEDDOES San Diego Grab Bars, San Diego, CA. David specializes in grab bars and safety railings inside and outside of the home.

Contact information: 619-840-7844 or 858-206-8225, dave@sandiegograbbars.com

Website: <u>sandiegograbbars.com</u>

LAYLA ANDERSON SRES, CAPS, CCS, GPRN, ADU SPECIALIST Layla works out of Sherman Oaks, CA. She helps clients find homes best suited to their abilities, and is very knowledgeable about ADUs (accessory dwelling units, added onto the footprint of existing homes.)

Contact information: mslayla@ymail.com

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EVANGELINE BATES Design for Ageless Living. Evangeline provides a full range of traditional interior design services using the Universal Design approach.

Contact information: 110 Wyman Street, Lowell, MA 01852 Tel: 978-996-7111 Evangelineinteriors@gmail.com

Here is her **Powerpoint presentation**.

MARGIE MCNALLY LEED AP Green AP, NCIDO, CAPS ALA Lighting Associate. Margie works out of Taunton, MA. She is an expert in lighting, especially helpful for clients experiencing problems with low vision.

Contact information: Tel: 508-367-0729 <u>margie@interiorelementsdesign.com</u>

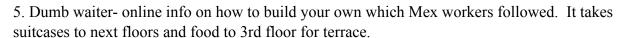
Here is her <u>Powerpoint presentation</u>

Sara Stoker's Dream Home in Mexico

Sara divides her time according to the seasons, between New York and Mexico. Her son Barnaby designed her Mexican home, located in Puerto Morelos, Quintana Roo, Mexico. She offers a glimpse into their thought process as the design developed:

Some thoughts as to what Barnaby and I may have initiated;

- 1. Barnaby can't remember what app he used in 2018.. maybeArcSite
- 2. He thought of: shallow stair height, rails both sides
- 3. Ground floor living for me
- 4. High countertops (would have to be re done if in wheelchair or maybe giant wheels (2))



- 6. Separate entrance to apt attached to 2nd fl. Apt / BR for guests, or needed companion, door to main house, king bed, kitchenette, bath.
- 7. Induction stovetop kitchen for less heat on ground floor
- 8. 26 solar panels and so far, NO electricity bills, always "0". (In spite of A/C in 4 BRS, and ground floor. Fans in every room (I keep on to disturb mosquitoes which are never in house)
- 9. Prius C and golf cart for local errands and cafes 2 blocks from beach and 2 from plaza, lots of entertainment, restaurants and grocery store.

My advice:

- Read International Living for info and advice
- Rent for a couple of yrs.
- Know about foreign ownership
- Know your children will enjoy and love visiting AND owning eventually
- Establish relationships with locals who have your interests: possible building, companion, (for me, the Mayans here in the Yucatan are so spiritual, wise, and respectful of elders. If/when I need help, I will love their sweet attention.)
- And re medical, I am near Cancun and Merida and my understanding is expertise is more than ok probably not nyc



Photos:

- 1.My roommate from WC, Kitsy, with door carving by Octavio, opens dramatically to terrace.
- 2.opening to terrace
- 3.terrace
- 4. 2 sets Bunk beds of cement and drawers/steps of wood created (barns design)
- 5. Pool área
- 6.Pantry off kitchen with Octavio carved ladder
- 7. My bathroom
- 8. Living room kitchen induction stove on island, Octavio high chair
- 9. Living room
- 10. Casa de mis Sueños
- 11. Powder room ground fl off LR
- 12. My bedroom
- 13. Living dining room and dumb waiter looking like a closet
- 14. Pool
- 15. 26 solar panels
- 16. Grandchildren 😊
- 17. "Citybug"
- 18. Octavio railings short step height

Congregate Living

Leaving your home after many years for a new life can be a challenging decision. While considering available options, it is important to realize that the field of available retirement living options is richer and more diverse than it has ever been in our lifetime. One can choose among degrees of care and assistance ranging from fully independent living to 24-hour nursing care, often contained in a single facility, usually referred to as a CCRC (Continuing Care Retirement Community.)

For those unencumbered by health or mobility issues, an age-restricted senior community might offer ideal living options at a lower cost; there is no point in paying for services you may not need for years. Any choice of location should, however, factor in the importance of high-quality medical services nearby.

In the course of gathering this presentation to the Class of 1966, we learned a few important lessons:

*Do not wait too long to do your research and begin the process of preparing for a new life. One accident or illness could force you into a bad decision. Many senior communities have minimum standards of physical and mental abilities for acceptance.

*Decide on your desired location and begin visiting facilities in the area. Many classmates have trodden this path before you; Sherry Holland has formulated a research questionnaire which she offers to the class to guide your search (See the Appendix).

Five 1966 classmates gave brief presentations on the choices they have made. These talks are available in the recording posted on our class website. A quick overview:

- Eleanor Counselman and husband Chuck have recently moved into a CCRC in Massachusetts, and have kept a second home in Connecticut. They divide their time between these places. Eleanor presented useful information about CCRC service models and cost structures.
- 2. Suzanne Speaker and husband Bill left a remote mountain home in the Colorado Rockies and have lived in a Dallas-area CCRC for five years; Their decision was guided by the need for top-notch medical facilities nearby, and by their desire to live near old friends who had preceded them into this new life.
- 3. Mary Baughman moved into a CCRC near her previous home following the death of her husband Roger. She placed high importance on maintaining her social network and remaining in a familiar neighborhood.
- 4. Jeanne Palleiko recently purchased a condo in Wellesley; she enjoys continued involvement in College affairs and often audits classes. She also owns a lake house in New Hampshire, and spends all or part of every summer there.

5. Robin Ladd McEntire has listed her house for sale and is currently renting two apartments in assisted-living facilities. This gives her the choice of being close to her old familiar haunts near Baltimore or visiting with her son and his family in upstate New York.

Other Possibilities

Assisted Living

Assisted living can mean many things. It may be imagined as an intermediate stage of caregiving between fully independent living and full-time skilled nursing care. Normally, it includes help with bathing, dressing, toileting, meals and monitoring the administration of medication. This assistance can be delivered in the home or in a CCRC or nursing care facility. Some CCRCs have wings or separate buildings where assisted living is offered; others dispatch health aides to visit assisted-living care recipients throughout the complex. There are brokerage services who can provide assisted living in the home for those who do not wish to move, or who are temporarily impaired following injury or surgery.

ADUs

Accessory Dwelling Units {ADUs} offer an innovative solution to families who wish to bring an older member closer to them without crowding together under one roof. Many designs are possible, but most feature a single bedroom and living area, with kitchen and bathroom. Depending on the design of the family's home, the ADU can be added as a second floor apartment or connected to the side or rear of the existing building. Garage conversions are another possibility. The ADU may also be physically separate from the main house, constructed in a back or side yard. The addition of an ADU will add value to the property and make it more attractive to buyers with large or multi-generational families. Local ordinances will have to be considered, of course, and variances may have to be procured.

Casitas

A Casita is a small apartment, complete with bedroom, bath, living area and kitchen plus separate door to the outside, which is incorporated into the footprint of a family home at the time of construction. It can serve as a guest suite or dwelling for an adult child, an older family member, a caregiver or a servant. New home designs featuring casitas are growing in popularity in the western US.

Cohousing

Cohousing is an intentional, collaborative neighborhood that combines private homes with shared indoor and outdoor spaces designed to support an active and interdependent community life.

For more information, including a directory of existing cohousing and information about starting your own:

https://www.cohousing.org/

Publications

The Costs of Aging—A National Aging in Place Council Handbook: https://ageinplace.org/wp-content/uploads/2021/11/Costs-of-Aging-Handbook.pdf

Aging-In-Place Remodeling Checklist, from the National Association of Home Builders: https://www.nahb.org/education-and-events/education/designations/certified-aging-in-place-specialist-caps/Additional-Resources/Aging-In-Place-Remodeling-Checklist

AARP HomeFit Guide: https://www.aarp.org/livable-communities/housing/info-2020/homefit-guide.html

Additional Resources

Your State Government

Some states have departments with names like Elder Affairs that list licensed nursing homes, assisted living and other facilities. Here are two examples:

Massachusetts: Includes links to CCRCs and a list (from 2017) of village organizations

https://www.mass.gov/senior-housing-resources

California: Lists CCRCs but not villages:

https://aging.ca.gov/Care_Options/Determine the Best Housing Option For Me/

Senior Placement Specialists

There are professional connectors for people who are looking for assisted living or other retirement homes, going by names like Senior Placement Specialist. Googling them requires some wading through various listings. Many people find them through word-of-mouth.

Appendix: Sherry Holland's CCRC Research Questionnaire

Name (of CCRC	Date of Visit
upon review	equest. I options	ny of these questions can be found in the marketing materials that the CCRC will send you Besides these questions, get a full financial perspective. Consult a financial adviser to . Don't hesitate to ask a lot of questions. Answers may depend on how you ask the can be useful to approach a key issue from more than one angle.
		er this list of questions to fit your own needs. If you want to use this document as a simply increase the space between questions.
1.	First	impressions
	a.	What do you notice/how do you feel? Does the place "invite you in"?
	b.	Are the furnishings in good condition? Are they down-at-the-heel?
	C.	Are there people around or does the place seem empty? How do they look: active or not so much? Are there lots of wheelchairs around?
	d.	What does the CCRC "showcase," e.g. lots of books vs grandiose chandelier?
2.	Corpo	orate Information
	a.	Who owns the CCRC? Independent or affiliated? How many other properties are managed by the same entity?
	b.	Who owns and runs the medical units?
	C.	What year was it built? Any history here (e.g., was once a hotel, monastery, etc.)?
	d.	Can you provide me with a copy of your most recent annual report and audit?
3.	Basic	Information
	a.	Size of the campus
	b.	24-hour security/controlled access
	C.	Number units: cottagesapartments
	d.	Number of residents: cottagesapartments

e. Number of employees

- f. Are staff on call 24/7
- g. For the apartment building:
 - i. Number of floors
 - ii. Number of exterior entrances
 - iii. Number of elevators: passenger......freight.......

4. Continuing Care

- a. Levels of care (e.g. Independent Living; Assisted Living; Memory Care; Skilled nursing; Short-term rehab; other)
- b. What services are included in each level.
- c. Can I hire a care giver in my apartment while in independent living?
- **d.** What happens when a resident needs a higher level of care?
- **e.** What are the financial implications of moving to a higher level of care?
- **f.** Can I come back and visit the assisted living, memory care and skilled nursing facilities?

5. What will it cost?

- a. Contract types
 - i. Type A (Lifecare)
 - ii. Type B (Modified)
 - iii. Type C (Fee for service)
 - iv. Other
- b. Are there medical conditions that make someone ineligible for Type A Lifecare?
- c. Refund of entry fee upon termination of residence
 - i. 90%
 - ii. 50%
 - iii. 0%
- d. Other costs
 - i. Food
 - ii. Garage

- iii. Housekeeping
- iv. Internet
- v. Cable
- e. How often are the fees increased? On average, by how much? Are property taxes included?

6. Getting In

- a. % occupancy
- b. Wait lists: describe
- c. At present, approximate wait time before a unit becomes available
 - i. If we went on the wait list today, what number would we be?
- d. When a unit becomes available, who has priority?
- e. Deposit for the wait list: \$_____
 - i. Can I get my deposit back if I decide not to come?
- f. How do you qualify prospective residents?
 - i. Financial
 - ii. Health

7. Health Care

- **a.** Onsite health clinic services: what are they? Cost per hour?
- **b.** Onsite doctor? What % of residents use him/her
- c. Onsite dentist
- **d.** Onsite PT and/or occupational therapy
- e. What other medical services are provided
- **f.** I currently pay for Medicare parts B and D (prescriptions). Does that continue if I enter the CCRC?
- g. How often are residents' health care needs assessed?
- **h.** What is the nearest hospital? How far away is it?

8. The Apartments

- a. Handrails in bathrooms
- b. Individual climate controls, AC

- c. Carpeted or non-skid floors
- d. Dishwasher
- e. Clothes washer and dryer
- f. Rules re hanging pictures, installing lights, draperies, bookshelves
- g. Do they refurbish the apartment for a new resident? Who pays to renovate/refurbish the apartment?

9. Food

- a. Talk to residents: how good is the food? Arrange to have a meal.
- b. Dining options (e.g. restaurant, "bistro," take-out)
- c. What is the system for meals?
- d. Is the cost of food included in the monthly service fee or is it additional?
- e. Are reservations required?
- f. Is there a dress code?
- g. Can I bring outside guests? What is the cost per person?

10. Services

- a. Housekeeping: frequency/cost
- b. "Handyman" services. Cost?
- c. Laundry service: frequency/cost
- d. Transportation to e.g. shopping, local doctors, local theater, concerts/cost

11. Amenities

- a. Secure garage/cost
- b. Extra storage space
- c. Fitness center
- d. Fitness classes
- e. Pool
- f. Library
- g. Community room (films, lectures, etc.)
- h. Bank

- i. Gift shop
- i. Hair salon
- k. Shared garden
- I. Walking paths, trails
- m. Guest suite
- n. Other

12. Activities and Entertainment

- a. Discussion groups (e.g. books, politics, films, theater, art, travel)
- b. Clubs/organizations
- c. Entertainment
- d. Are there religious services/observances

13. The Neighborhood

- 1. Sidewalks
- 2. Public transportation: what's available, where located
- 3. "Walkability:" What's within a 20-minute walking radius e.g. bank, pharmacy, grocery store, cafes and restaurants, book store, hardware store, library, clothing stores, parks or other green spaces, etc.

NEXT STEPS

What is the first step to move to this community. Can I stay as a guest overnight
Do you have a checklist for procedures to apply
Do you have a financial qualification model