# AGING IN PLACE
## PLANNING WORKBOOK

*My wishes, my people, my home, my plan*

| Prepared by | Date begun |
|---|---|
| | |


***Law Offices of***

**MONTY L. DONOHEW, LPA**

**1549 Boettler Road • Suite F • Uniontown, OH 44685**

**(330) 896-0300 • 877-816-8670 (Toll Free)**

**www.donohew.com**


*Confidential. This workbook belongs to you. Share it with the people you choose.*

# HOW TO USE THIS WORKBOOK

A home that is safe and comfortable is only one part of aging in place. People who prepared their homes still end up in nursing homes, because when a crisis came no one had the authority, the instructions, the money, or the support to bring them home. This workbook helps you put all of those pieces in place while you can still make every decision yourself.

The plan rests on an idea called **supported decision-making**. You make your decisions now and put them in writing. The people you choose learn what you want. While you are able, they stand **beside** you and **behind** you, helping you carry out your own choices. If you ever cannot act for yourself, they step **in front of** you and carry out your decisions, not their own and not an institution's.

**Short on time? Start here.** Begin with Chapter 2 (your wishes), Chapter 3 (your people), Chapter 4 (your documents) and Chapter 12 (your next steps). They carry the most weight. Skim the rest, and return to a chapter when the question comes up. Each chapter opens with a one-line "why this matters."

## A FEW GROUND RULES

- ☐ Work through it at your own pace. Skip anything that does not apply, and come back to it later.
- ☐ Write in pencil. Your answers will change, and they should. Review the workbook at least once a year.
- ☐ Share it only with the people you choose. You decide who sees which pages.
- ☐ Bring it to your planning meetings with us. Your answers become instructions in your legal documents.
- ☐ It is not legal, medical, or financial advice by itself. It is how we learn what you want, so that the advice fits you.

## WHAT'S INSIDE


| Chapter | Topic |
|---|---|
| 1 | Why Plan to Age in Place |
| 2 | My Wishes in My Own Words |
| 3 | My Decision-Makers and Support Circle |
| 4 | My Legal Plan |
| 5 | My Health and Daily Living (including driving, and if I go to the hospital) |
| 6 | My Home: Walk the Route (including pets and emergencies) |
| 7 | Technology and Daily Check-Ins |
| 8 | My Care Team, Family Coordination, and Caregiver Support |
| 9 | Paying for Care |
| 10 | Protecting Against Exploitation and Isolation |
| 11 | If a Facility Ever Becomes Necessary |
| 12 | My Priorities and Review Log |
| • | Resources and Further Reading |

# CHAPTER 1 • WHY PLAN TO AGE IN PLACE

*Aging in place means living in your own home and community safely, independently, and comfortably, regardless of age, income, or ability. Most people want it. Fewer get it, because four forces quietly push in the other direction.*

**Why this matters:** Staying home is rarely lost in one decision. It is lost in four quiet ones, and each can be answered in advance.

## THE FOUR FORCES THAT LEAD TO UNNECESSARY CONFINEMENT

1. **The health care system.** Medicare moves patients out of the hospital "quicker and sicker" and pays for up to 100 days of nursing home care after a qualifying hospital stay, so a nursing home becomes the default next stop. The standard reference is the HHS Office of Inspector General's 2014 study of Medicare patients in short skilled-nursing stays: roughly one in three was harmed, 59% of those events were preventable, and more than half of those harmed went back to the hospital. OIG has never repeated the study, and recent sources suggest it would find similar results, perhaps worse. A temporary stay too often becomes a permanent one.
2. **The legal system.** If no one has clear authority to act for you, a court may appoint a guardian, sometimes a stranger. A guardian can decide where you live, control your property, and limit who visits you. Guardianship and institutional care tend to reinforce each other, and a power of attorney alone often does not prevent it.
3. **Friends and family.** Most families mean well, but relatives who do not know your wishes may start a guardianship "as a precaution." A few do not mean well, and may isolate a parent, control the money, or use the threat of a nursing home to get their way.
4. **Poverty, including planned poverty.** Medicaid pays for nursing home care for people with few assets. Some planning strategies give everything away to qualify, which leaves no money to pay for care at home. Ohio, like many states, has a filial responsibility statute on the books, though it is not currently used in Medicaid. Any state can adopt or begin enforcing filial responsibility to support Medicaid recovery at any time, and facilities in other states routinely pursue adult children through admission contracts and legal claims.

**The point of this workbook:** each of these forces can be answered in advance, with clear wishes, the right documents, people who know what to do, money that can be used for care at home, and a support circle that keeps you connected.

## MY FIRST THOUGHTS

What worries me most about growing older is:

What I most want to protect is:

# CHAPTER 2 • MY WISHES IN MY OWN WORDS

*Your trust, power of attorney, and health care documents can carry your wishes as binding instructions, but only if you tell us what they are. Write in your own words. Your words matter later, if anyone questions what you wanted.*

**Why this matters:** Your own written words are the strongest proof of what you wanted when someone later says they know better.

## MY AGING-IN-PLACE STATEMENT

**Sample language:** "I intend to remain in my own home for as long as possible. If that is not possible, I direct that my care be provided in the least institutional setting possible, regardless of cost." You may adopt it, change it, or write your own.

## IF I NEED MORE CARE, MY PREFERENCES IN ORDER

*Number your choices (1 = most preferred). Cross out any you would refuse.*

| Rank | Setting | Notes or conditions |
|---|---|---|
| | My home, with in-home care | |
| | My home, with a family member or housemate moving in | |
| | A family member's home | |
| | Assisted living | |
| | Memory care | |
| | Nursing home, short-term only | |
| | Nursing home, long-term | |

## WHAT MAKES MY HOME "HOME"

| I must have | I can live without |
|---|---|
| | |
| | |

## MY DAILY RHYTHMS AND RITUALS

Familiar routines calm the brain, even when memory fades. Write down the rhythms that make a day feel like *your* day, so anyone who helps you can keep them.

| Time of day | What I usually do, where, and how |
|---|---|
| Waking up | |
| Meals | |
| Afternoon | |
| Evening | |

| Time of day | What I usually do, where, and how |
|---|---|
| Bedtime | |

## FAITH, VALUES, AND END OF LIFE

- ☐ I want a profession of faith included in my will or trust.
- ☐ I have religious or cultural wishes about medical treatment (for example, a directive refusing blood transfusions).
- ☐ I have wishes about food, worship, or observances that caregivers must respect.
- ☐ I have wishes about funeral, burial, cremation, or who may make those decisions.
- ☐ I want hospice care at home if I am terminally ill.

## MY REASONS, IN MY OWN WORDS

Describe your important relationships and the reasons behind your choices: who you named and why, and who you did not name and why. A record written now is hard for anyone to rewrite later, and it protects a decision that some may not expect.

## WHERE I FALL ON THE CARE SPECTRUM

Mark where you would be comfortable today, and where you would draw the line. Your answers can change; what matters is that your people know them.

| My home, on my own | My home, with help | Family or housemate | Assisted living or memory care | Nursing home |
|---|---|---|---|---|
| ☐ I would accept this<br>☐ This is my line | ☐ I would accept this<br>☐ This is my line | ☐ I would accept this<br>☐ This is my line | ☐ I would accept this<br>☐ This is my line | ☐ I would accept this<br>☐ This is my line |

*← Most independent* *Most institutional →*

## PAUSE AND THINK

The one thing I would miss most if I could not live at home is…

A good day in my own home looks like…

# CHAPTER 3 • MY DECISION-MAKERS AND SUPPORT CIRCLE

*Choose people for honesty, judgment, and availability, not just closeness. Don't rule out a sibling or friend because of age; you may need help tomorrow, not in twenty years. There is no limit on how many successors you can name.*

**Why this matters:** The right people with the right authority, and a second set of eyes on them, keep any one person from controlling everything.

## MY SUPPORT CIRCLE

*These are the people who help me think things through, keep in touch, and know my wishes.*

| Name | Relationship | City, State | Cell phone | Knows my wishes? |
|---|---|---|---|---|
| | | | | ☐ Yes ☐ Not yet |
| | | | | ☐ Yes ☐ Not yet |
| | | | | ☐ Yes ☐ Not yet |
| | | | | ☐ Yes ☐ Not yet |
| | | | | ☐ Yes ☐ Not yet |
| | | | | ☐ Yes ☐ Not yet |
| | | | | ☐ Yes ☐ Not yet |
| | | | | ☐ Yes ☐ Not yet |

## WHO HOLDS WHICH ROLE

Write a name under each role. Then look across: one person holding every role, with no one watching, is a risk to you, however much you trust that person.

| Role | 1st choice | 2nd choice | 3rd choice |
|---|---|---|---|
| Daily caregiver (if needed) | | | |
| Financial agent (power of attorney) | | | |
| Successor trustee | | | |
| Health care agent | | | |
| Trust protector (watches the trustee) | | | |
| Guardian, if one is ever needed | | | |
| Person to receive accountings | | | |
| Executor / settles my estate | | | |
| Main beneficiary | | | |

☐ No one person is my caregiver, my only financial agent, my only health care agent, **and** my main beneficiary.

☐ My health care agent and financial agent come from different households or family branches, or someone outside the family checks the books.

☐ I have named more successors than I think I will need.

## PEOPLE WHO MUST ALWAYS BE ABLE TO REACH ME

Your documents can direct your agents and trustee to allow reasonable contact with these people and to notify them of a move, a hospitalization, or a major change in your care.

| Name | Relationship | Phone or email | Notify of moves and hospital stays? |
|---|---|---|---|
| | | | ☐ Yes ☐ No |
| | | | ☐ Yes ☐ No |
| | | | ☐ Yes ☐ No |
| | | | ☐ Yes ☐ No |
| | | | ☐ Yes ☐ No |

## WHO MAY HEAR FROM MY DOCTORS, VISIT ME, AND BE CALLED BY MY BANK

| Name | HIPAA release | Hospital visitor | Bank / brokerage trusted contact |
|---|---|---|---|
| | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ |

Name more than one person in each column. When only one person hears from the doctors, that person controls the story.

## PAUSE AND THINK

If I were taken to the hospital tonight, the first person called would be… and that person knows this: ☐ Yes ☐ Not yet

The person most likely to disagree with my plan is… and I have told them myself: ☐ Yes ☐ Not yet

The people in my circle who live more than an hour away are… and the job I want them to do is…

# CHAPTER 4 • MY LEGAL PLAN

*A power of attorney by itself rarely keeps a person out of guardianship. What works is a coordinated set of documents with aging-in-place instructions built in, and a trust that is funded and actually used.*

**Why this matters:** Documents protect you only if they say the right things and are in use when a crisis arrives.

## MY DOCUMENTS

| | Have it | Need it | Review it | Not sure |
|---|---|---|---|---|
| Lifetime planning (revocable) trust, funded | ☐ | ☐ | ☐ | ☐ |
| Competency Clause (defines incapacity, names my doctor, works without probate court, restores my authority if I recover) | ☐ | ☐ | ☐ | ☐ |
| General durable power of attorney | ☐ | ☐ | ☐ | ☐ |
| Health care power of attorney | ☐ | ☐ | ☐ | ☐ |
| **Home-First Discharge Card** (kept in my binder with my health care power of attorney) | ☐ | ☐ | ☐ | ☐ |
| Living will | ☐ | ☐ | ☐ | ☐ |
| Advance directive regarding dementia | ☐ | ☐ | ☐ | ☐ |
| HIPAA release (more than one person) | ☐ | ☐ | ☐ | ☐ |
| Nomination of guardian | ☐ | ☐ | ☐ | ☐ |
| Pour-over will | ☐ | ☐ | ☐ | ☐ |
| Right of sepulcher (who handles my remains) | ☐ | ☐ | ☐ | ☐ |
| Digital Assets Inventory Worksheet | ☐ | ☐ | ☐ | ☐ |
| Memorandum of personal property distribution | ☐ | ☐ | ☐ | ☐ |

## DOES MY PLAN SAY THIS?

*Check each item your current documents already include. Unchecked items are topics for our next meeting.*

- ☐ I want to remain at home as long as possible, even if my condition worsens.
- ☐ My fiduciaries must use the **least institutional setting possible, regardless of cost**. This overrides the usual duty to conserve my assets.
- ☐ My trustee may refuse to pay a court-appointed guardian, and trust assets are protected from a third-party guardian.
- ☐ My agents may plan for government benefits (Medicaid, VA) if needed, without giving away the money I need for care at home.
- ☐ If my spouse and I both become impaired, the plan says how conflicts between our care needs are resolved.
- ☐ An anti-isolation directive: reasonable contact with named people, and no use of my money to restrict it.
- ☐ Gifting directions: what gifts may be made during incapacity, to whom, and how much (or none).
- ☐ Regular accountings to named people other than my agent, during any incapacity.
- ☐ A trust protector who can remove a trustee who is not doing the job.
- ☐ Narrow or no “hot powers” for my agent (gifts, survivorship, beneficiary changes), and no power to change my trust unless I choose it.
- ☐ My agents may hire and pay family caregivers under a written care agreement.
- ☐ A guardian nomination limited first to guardian of the person, so my trust keeps managing my money.

## IS MY TRUST IN USE?

*A trust that is used every day proves itself. A trust that sits in a drawer invites questions. Check what is done.*

- ☐ Checking account titled in the trust
- ☐ Real estate deeded to the trust

- ☐ Investment accounts retitled
- ☐ Trust named as additional insured
- ☐ Health care documents in LegalVault® or an alternative secure vault
- ☐ Beneficiary designations reviewed
- ☐ Funding checklist completed
- ☐ Family told where documents are kept

## WHERE MY DOCUMENTS ARE

| Original documents are kept at | Who has a key or access |
|---|---|
| | |
| **LegalVault® or other electronic storage** | **Last reviewed with my attorney** |
| | |

## QUESTIONS FOR MY ATTORNEY

## MY DOCUMENTS AT A GLANCE

| Document | What it does for me |
|---|---|
| Lifetime planning (revocable) trust | Holds my property and names who manages it if I cannot. Assets titled in the trust avoid probate. |
| Competency Clause | Defines incapacity, names my doctor, and works without going to probate court. |
| General durable power of attorney | Lets my financial agent handle matters outside the trust, and keeps working if I become incapacitated. |
| Health care power of attorney and living will | Names who makes my medical decisions and states my wishes about treatment. |
| HIPAA release | Lets the people I name speak with my doctors. |
| Advance directive regarding dementia | States my wishes about my care if dementia affects my ability to decide. |
| Nomination of guardian | Tells a court whom I would want, and what powers I would limit, if a guardian were ever appointed. |
| Pour-over will | Sweeps anything left outside the trust into it at my death. |
| Home-First Discharge Card | Tells a hospital that my goal is to go home, and who speaks for me. |

## WORDS USED IN THIS WORKBOOK

| Word | What it means |
|---|---|
| **Agent** | The person you name in a power of attorney to act for you, on money or on health care. |
| **Fiduciary** | Anyone legally required to act in your interest: an agent, a trustee, or a guardian. |
| **Incapacity** | When you can no longer make or communicate decisions. Your documents should define it, so a court does not have to. |
| **Funding a trust** | Retitling your property into the trust. A trust that is signed but not funded does little. |
| **Guardian** | A decision-maker appointed by a court. The goal of this workbook is to make one unnecessary. |

# CHAPTER 5 • MY HEALTH AND DAILY LIVING

*Knowing what help you need, and from whom, is the heart of any plan to stay home. Be honest; this page is for planning, not judging.*

**Why this matters:** Knowing what help you will need before you need it lets you choose your care instead of having it chosen for you.

## MY DOCTORS AND PHARMACY

| Provider | Name | Phone | Telehealth available? |
|---|---|---|---|
| Primary care | | | ☐ Yes ☐ No |
| Specialist | | | ☐ Yes ☐ No |
| Specialist | | | ☐ Yes ☐ No |
| Dentist / eye / hearing | | | ☐ Yes ☐ No |
| Pharmacy | | | |
| Home health agency | | | |

## MY MEDICATIONS

| Medication | Dose and when | Prescribed for | Who helps me with it |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

## DAILY ACTIVITIES: HOW I MANAGE TODAY

| | On my own | Some help | Need help |
|---|---|---|---|
| **PERSONAL CARE** | | | |
| Bathing or showering | ☐ | ☐ | ☐ |
| Dressing | ☐ | ☐ | ☐ |
| Eating | ☐ | ☐ | ☐ |
| Using the toilet | ☐ | ☐ | ☐ |
| Getting in and out of bed or a chair | ☐ | ☐ | ☐ |
| Walking inside my home | ☐ | ☐ | ☐ |
| **RUNNING MY HOUSEHOLD** | | | |
| Taking medications correctly | ☐ | ☐ | ☐ |
| Preparing meals | ☐ | ☐ | ☐ |
| Housework and laundry | ☐ | ☐ | ☐ |

| | On my own | Some help | Need help |
|---|---|---|---|
| Shopping | ☐ | ☐ | ☐ |
| Driving or arranging rides | ☐ | ☐ | ☐ |
| Paying bills and managing money | ☐ | ☐ | ☐ |
| Using the phone and computer | ☐ | ☐ | ☐ |

## MY COVERAGE AND ANNUAL MEDICARE REVIEW

Medicare plans change every year. Review yours each fall with a specialist who understands aging in place. Ask: *How does this plan pay for home health care, telehealth, and home safety?*

| Year | Plan (Original + supplement, or Advantage) | Home care and telehealth benefits | Reviewed with |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

- ☐ Long-term care insurance (Ohio Partnership plan?)
- ☐ Home care coverage
- ☐ Annuity with care or income-increase rider
- ☐ Disability insurance
- ☐ Life insurance with long-term care rider
- ☐ I know hospice can provide care at home

## WHEN DRIVING STOPS

For many people, giving up the keys is the first step toward isolation. Decide now how you will keep getting to the things that matter.

| When I can no longer drive, my preferred alternatives are | Who arranges my rides (first choice, then backup) |
|---|---|
| | |
| **The trips I will need most (medical, groceries, faith, friends)** | **Vehicle changes or driving aids I have already considered** |
| | |

- ☐ I have named the person whose word I will trust on when it is time to stop driving.
- ☐ I know my local options: senior center rides, volunteer drivers, public transit, and ride services.
- ☐ My plan keeps me going to the people and places I care about, so giving up the keys does not mean giving up my social life.

## IF I GO TO THE HOSPITAL: MY CRISIS PROTOCOL

Decide this at your signing meeting, not in the emergency room. A hospital stay is where many people lose the chance to go home.

| Who is called, in order | Name | Phone |
|---|---|---|
| 1st (health care agent) | | |
| 2nd (backup agent) | | |
| 3rd (care manager, if any) | | |
| My attorney | Monty L. Donohew, LPA | (330) 896-0300 |

**What goes with me:**

- ☐ **Home-First Discharge Card** (from my estate planning binder)
- ☐ Insurance cards (Medicare, plan, supplement)
- ☐ Health care power of attorney and living will
- ☐ List of my doctors
- ☐ HIPAA releases
- ☐ POLST or MOLST, if I have one
- ☐ My current medication list (above)
- ☐ My aging-in-place statement (Chapter 2)

**My goals of care:**

- ☐ I want to return home, or to the least institutional setting that can meet my medical needs.
- ☐ A rehab or nursing facility is not my default. My agent chooses it only if home with services cannot safely meet my needs.
- ☐ My agent will ask on day one: Am I admitted as an inpatient or kept under observation, and what is the plan for going home?
- ☐ Calls to arrange home health and caregivers start as soon as the stay looks longer than a day, not after a facility bed is found.

The Home-First Discharge Card puts these goals in writing for the hospital team, and the memo behind it tells your agent what to ask. Ask us for a copy if yours is not in your binder.

What matters most to me if I am seriously ill:

## QUESTIONS TO ASK THE HOSPITAL CASE MANAGER

Your agent can bring this list to the hospital. Ask these every day, not just at discharge.

- ☐ Am I admitted as an **inpatient**, or kept under **observation**? (It can change what Medicare covers later.)
- ☐ If observation: have we received the written Medicare notice (MOON)?
- ☐ What is the expected discharge date?
- ☐ Has the home health referral started? If not, why not?
- ☐ What exactly would have to be in place at home? Please put it in writing.
- ☐ Who do we call after discharge with questions?

# CHAPTER 6 • MY HOME: WALK THE ROUTE

*Before you call a contractor, watch. Walk the routes you use every day, ideally with someone observing, at the times you actually use them. Let what you see, not what you assume, decide what changes.*

**Why this matters:** Most falls, and many moves out of the home, begin with small, fixable friction in familiar places.

## THE THREE ROUTES

Note every **friction point**: a hand reaching for the wall, a pause before a step, shifting things to free a hand, slowing down in a dark hallway.

| Route | Time of day | Friction points observed | Observed by / date |
|---|---|---|---|
| Bedroom to bathroom (also at night) | | | |
| Kitchen to favorite chair | | | |
| Front door to living room (carrying groceries) | | | |
| Other: | | | |
| Other: | | | |
| Other: | | | |

## LANDMARKS TO KEEP

Familiar cues (a light switch, a favorite chair, the same mug every morning) help memory work. A well-meant renovation that moves them can cause confusion. List what must stay where it is.

## CHANGES TO CONSIDER

| | Done | Soon | Later | N/A |
|---|---|---|---|---|
| Bedroom and full bath on the main floor | ☐ | ☐ | ☐ | ☐ |
| No-step entrance or ramp | ☐ | ☐ | ☐ | ☐ |
| Wider doorways | ☐ | ☐ | ☐ | ☐ |
| Grab bars at toilet, tub, and shower | ☐ | ☐ | ☐ | ☐ |
| Walk-in or curbless shower | ☐ | ☐ | ☐ | ☐ |
| Brighter lighting and night lights on the routes | ☐ | ☐ | ☐ | ☐ |
| Remove throw rugs; even floor transitions | ☐ | ☐ | ☐ | ☐ |
| Railings on both sides of stairs | ☐ | ☐ | ☐ | ☐ |
| Lever handles and easy-reach storage | ☐ | ☐ | ☐ | ☐ |
| Vehicle changes (handles, seat, swivel cushion) | ☐ | ☐ | ☐ | ☐ |

## OTHER WAYS TO STAY HOME

- ☐ **Family moving in** or a multigenerational home, an accessory dwelling unit (ADU), or a "mother-in-law" suite.
- ☐ **A housemate** through an established home-sharing program, not an online ad, with a written agreement on rent, duties, length, and how it ends.
- ☐ Check first: rental income can affect SSI, Medicaid, and taxes. Tell my agents about any housemate arrangement.
- ☐ A caregiving child who lives with me for two years and provides care may receive my home without a Medicaid penalty. Ask us how this works.

## MY PETS

Pets are family, and they are often overlooked in a crisis. Decide now who will care for them, and how it will be paid for, if you are hospitalized or can no longer care for them.

| Pet (name and type) | Who takes the pet | Veterinarian and phone | Food, medications, routine | Funding (how much, from where) |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

- ☐ Someone has a key, knows the feeding routine, and can start the same day if I am taken to the hospital.
- ☐ A backup caregiver is named if the first choice cannot do it.
- ☐ A set sum for the pet's care is set aside and managed by a trustee or agent, not left to goodwill. Ask us about a pet provision or pet trust.

## IF THE POWER GOES OUT OR AN EMERGENCY STRIKES

A few minutes of preparation matters most for the person who lives alone or relies on medical equipment.

- ☐ A week of medications on hand, and a current list (ask the pharmacy about emergency refills)
- ☐ A charged backup phone charger or power bank
- ☐ Flashlights in easy reach (not candles)
- ☐ A plan for any equipment that needs power, and my utility told about it
- ☐ Two people have my keys and door or alarm codes, and know where the spare is
- ☐ Emergency numbers written on paper and posted where I can see them
- ☐ Water and food that need no cooking for several days
- ☐ A plan for extreme heat or cold: where I would go and who would check on me

## GET A PROFESSIONAL OPINION

You do not have to guess which changes matter most. An **occupational therapist** can evaluate your home and how you move through it. Ask your doctor for a referral, and ask whether your plan covers it.

## QUESTIONS TO ASK A CONTRACTOR

- ☐ Have you done aging-in-place modifications before? Do you hold a Certified Aging-in-Place Specialist (CAPS) credential?
- ☐ Are you licensed and insured, and may I see proof?
- ☐ Will you give me a written estimate with the scope, schedule, and who pulls permits?
- ☐ May I speak with two recent customers?
- ☐ Will the work leave my landmarks (Chapter 6) where they are?

# CHAPTER 7 • TECHNOLOGY AND DAILY CHECK-INS

*Technology can let you stay home longer with less worry for everyone, but only if you choose it, understand it, and use it. Each tool is one layer, not a complete safety net.*

**Why this matters:** The right technology lets your family worry less and you stay home longer, but only the tools you chose and actually use.

**Start here.** Pick one tool in the category that matches a problem you actually have, and get it working before adding another. Most people begin with fall detection or a daily check-in.

## WHAT I USE OR WANT

| | Have | Want | Not for me |
|---|---|---|---|
| **FALL DETECTION AND EMERGENCY RESPONSE** | | | |
| Wearable fall detection (watch or pendant) | ☐ | ☐ | ☐ |
| Passive fall detection (motion sensors; nothing to wear) | ☐ | ☐ | ☐ |
| Medical alert service with 24-hour monitoring | ☐ | ☐ | ☐ |
| **MEDICATION MANAGEMENT** | | | |
| Automatic pill dispenser with family alerts | ☐ | ☐ | ☐ |
| Medication reminders (app, or smart speaker routine) | ☐ | ☐ | ☐ |
| Remote monitoring (blood pressure, weight) or telehealth | ☐ | ☐ | ☐ |
| **VOICE ASSISTANT AND DAILY ROUTINES** | | | |
| Smart speaker or display (reminders, video calls, photos) | ☐ | ☐ | ☐ |
| Daily routine prompts (meals, medications, appointments) | ☐ | ☐ | ☐ |
| **SECURITY AND ENTRY** | | | |
| Video doorbell | ☐ | ☐ | ☐ |
| Smart lock with codes I can share and cancel | ☐ | ☐ | ☐ |
| Home security system or cameras | ☐ | ☐ | ☐ |
| **LOCATION AND CHECK-IN** | | | |
| Daily check-in call, text, or app | ☐ | ☐ | ☐ |
| Location sharing with family | ☐ | ☐ | ☐ |
| Companion device or service | ☐ | ☐ | ☐ |

**Before you pay for a check-in service,** ask your county sheriff, police department, or senior center whether a free "Are You OK?" telephone program is offered where you live. A check-in service is not a medical alert and does not replace 911; pair it with fall detection if a fall could keep you from answering. Our guide to daily wellness check-in services compares the options.

## FOUR TESTS BEFORE I BUY

- ☐ **I chose it.** I was involved in choosing each device, and it supports me rather than watching me.
- ☐ **I read the privacy terms** and chose local storage where possible.
- ☐ **I tried it first.** I used it during a trial period before committing.
- ☐ **It is secured.** Accounts use authenticator apps or two-step sign-in, not just a password.

## MY DEVICE AND SERVICE INVENTORY

| Device or service | What it does | Who gets the alerts | Monthly cost | Login in Digital Assets Inventory? |
|---|---|---|---|---|
| | | | | ☐ Yes |
| | | | | ☐ Yes |
| | | | | ☐ Yes |
| | | | | ☐ Yes |
| | | | | ☐ Yes |
| | | | | ☐ Yes |

**Product details stay on the blog.** Current comparisons, prices, and setup tips are in The Ultimate Smart Home Toolkit for Aging in Place: 2026 Update (September 2026). Products and prices change often, so check the newest edition at aginginplaceplanning.blogspot.com before you buy. For why technology helps a stretched family, see Smart Home Technology: A Lifeline for Aging in Place.

## A CHECK-IN IS ONLY AS GOOD AS WHAT HAPPENS WHEN I DON'T ANSWER

Decide the steps in advance, and give them to everyone involved.

| If I do not answer by… | First, call… | Then… |
|---|---|---|
| Time: | Name and phone: | Backup name and phone: |
| Who has a key or door code? | Welfare check by police or sheriff after how long? | Neighbor who can look in: |

## PAUSE AND THINK

The tool I will try first, and the problem it is meant to solve, is…

# CHAPTER 8 • MY CARE TEAM, FAMILY COORDINATION, AND CAREGIVER SUPPORT

*Care at home works when everyone knows their part. Coordination prevents duplicated effort, missed medications, and the "who was supposed to check today?" problem, and it keeps the main caregiver from burning out.*

**Why this matters:** Care that depends on one exhausted person eventually fails; a shared system keeps everyone, including the caregiver, standing.

## MY CARE TEAM

| Role | Name | Phone | Lives nearby? |
|---|---|---|---|
| Primary caregiver | | | ☐ Yes ☐ No |
| Backup caregiver | | | ☐ Yes ☐ No |
| Long-distance coordinator | | | ☐ Yes ☐ No |
| Money and bills | | | ☐ Yes ☐ No |
| Medical point person | | | ☐ Yes ☐ No |
| Aging life care manager | | | ☐ Yes ☐ No |
| Elder law attorney | Monty L. Donohew, LPA | (330) 896-0300 | ☐ Yes ☐ No |
| Financial planner | | | ☐ Yes ☐ No |
| Home care agency | | | ☐ Yes ☐ No |
| Respite / fill-in | | | ☐ Yes ☐ No |

## WHEN SHOULD SOMEONE COME IN PERSON?

Decide in advance what events call for a family member to travel or come over (for example, a hospital admission or surgery) and what can be handled by phone.

| Event | Who comes | How quickly |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

## OUR FAMILY OPERATING SYSTEM

Two jobs need two places: **telling** the wider circle, and **running** the care. Mixing them is how private details end up in the wrong hands and how the main caregiver ends up answering the same question twenty times.

| Layer | Who is in it | Tool we use | What belongs here |
|---|---|---|---|
| **Outer circle** (a site such as CaringBridge, or similar) | Friends, extended family, faith community | | Updates, thanks, meal and visit sign-ups |
| **Private hub** (a group chat or care app) | The care team only | | Working conversations, calendar, tasks |

| Administrator (owns the account; ideally my agent) | Backup administrator |
|---|---|
| | |
| **Where passwords and recovery steps are kept (with my Digital Assets Inventory)** | **Shared calendar or app we use, and who keeps it current** |
| | |

☐ Two-step sign-in is turned on for the hub and the shared calendar.

**Four basic channels.** However the hub is built, keep these four things separate:

| Channel | What belongs there | Who posts |
|---|---|---|
| Health | Appointments, medication changes, what the doctor said | |
| Schedule | Visits, rides, who is covering which day | |
| Check-ins | The daily "all is well," and any concern | |
| Contacts | Doctors, pharmacy, agency, neighbors, key holders | |

**One-page family charter.** Write one page, pin it in the hub, and keep a copy in my binder. It should say:

☐ Who posts where, and what never goes in the group chat (account numbers, passwords, legal strategy).
☐ Which decisions need a phone call, not a text.
☐ Who has **authority** (my agents, acting under my documents) and who has a **voice** (everyone else, who is consulted but does not decide).
☐ How my health and money information is kept private, and who may see it.
☐ Who handles an emergency, and how disagreements are settled (a family meeting, a care manager, or a mediator).
☐ I agreed to this setup, or my health care agent set the rules in writing if I cannot.

**Tool options and step-by-step setup:** How to Build a "Family Command Center" for an Aging Parent Beyond "CaringBridge" (October 2026).

## FAMILY MEETING RECORD

Hold a family meeting after your documents are signed. Explain who your fiduciaries are and why. You don't need to share balances. A shared understanding leaves no room for rumor.

| Date | Who attended | What we agreed |
|---|---|---|
| | | |
| | | |
| | | |

## KEEPING THE CAREGIVER STANDING

Family caregivers who are supported keep caring longer, and keep the person they care for at home longer. The warning signs are easy to miss from the inside: constant exhaustion, pulling away from friends, irritability or resentment, missed medical appointments of their own, and feeling that no one else can do it.

| Our break plan | Who covers | Backup |
|---|---|---|
| Regular break (day and time): | | |
| A longer break (a weekend or week): | | |
| If the caregiver is sick or hurt: | | |

- ☐ Tasks are divided among named people, so no one person carries everything.
- ☐ The backup caregiver has actually covered at least once, so the plan has been tested.
- ☐ The caregiver keeps their own doctor visits, sleep, and time with friends.
- ☐ The caregiver has joined a support group or a resilience program, in person or online.
- ☐ Paid help (an aide, adult day program, or respite stay) is in the budget before it is an emergency.
- ☐ If a family member is paid for care, it is under a written agreement (see below).
- ☐ One named person will say something if the caregiver is wearing down, and the caregiver has agreed to listen.

**Go deeper:** Coordinating Family Care: The Key to Sustainable Aging in Place; Building Resilience in Family Caregivers: A New Study's Roadmap; and Resilience Training Opportunities and Caregiver Support Organizations for the U.S..

### IF A FAMILY MEMBER IS PAID FOR CARE

Payments to family for care can be treated as gifts, and can cost Medicaid eligibility, unless they are documented. Courts have imposed penalties where the rate was too high, the family member took more than the agreement allowed, or no one kept records.

- ☐ A written care agreement is signed **before** care begins.
- ☐ Duties and hours are spelled out.
- ☐ Payments follow the agreement exactly.
- ☐ Other family members know about the agreement.
- ☐ The rate is fair market for the services actually provided.
- ☐ Timesheets or a care log are kept every week.
- ☐ It is handled as household employment (payroll taxes).
- ☐ Respite is scheduled so the caregiver gets regular breaks.

## A SIMPLE AGENDA FOR A FAMILY MEETING

1. **I speak first.** I read my wishes (Chapter 2) aloud, in my own words.
2. **Roles.** Who is my agent, trustee, and backup, and why I chose them. No balances need to be shared.
3. **How we communicate.** The outer circle, the private hub, and the family charter.
4. **The break plan.** Who covers, and who backs them up.
5. **What each person can offer.** A ride, a call, a visit, a bill, an hour.
6. **Next meeting.** Put the date on the calendar before we leave.

# CHAPTER 9 • PAYING FOR CARE

*Care at home is paid for month by month. The more reliable your monthly income, the longer you can stay home, almost regardless of your condition. Plan for care before you need it, and keep money available for the care you prefer.*

**Why this matters:** Home care is paid month by month, so a plan for the monthly numbers decides how long you can stay.

## MY MONTHLY CARE BUDGET

*Estimates are fine. This page stays with you; you don't need to share it.*

| Item | Amount |
|---|---|
| Monthly income I can count on for life (Social Security, pensions, annuities) | $ |
| Other monthly income | $ |
| Current monthly living expenses | $ |
| Home care: hours per week × hourly rate × 4.3 | $ |
| Technology and check-in services | $ |
| Other care costs (adult day, transportation, meals) | $ |
| **Monthly shortfall or surplus** | $ |

*Example, for illustration only (local rates vary): 20 hours a week × $30 an hour × 4.3 = $2,580 a month.*

## WAYS TO PAY FOR CARE AT HOME

| | Have | Explore | N/A |
|---|---|---|---|
| Long-term care insurance (in Ohio, a Partnership plan adds Medicaid protection) | ☐ | ☐ | ☐ |
| Life insurance or annuity with long-term care or income riders | ☐ | ☐ | ☐ |
| VA pension with Aid & Attendance (wartime veteran or surviving spouse) | ☐ | ☐ | ☐ |
| Medicare home health and hospice benefits | ☐ | ☐ | ☐ |
| Medicaid home and community-based services (PASSPORT and other waivers) | ☐ | ☐ | ☐ |
| Home equity (only with independent advice) | ☐ | ☐ | ☐ |
| Family pooling resources or sharing a home | ☐ | ☐ | ☐ |
| Paid family care under a written agreement | ☐ | ☐ | ☐ |

**Ask every financial or insurance advisor:** "Is there a way to get what this product offers and also fund home care if I need it, or increase my income if I become disabled?"

## BEFORE YOU SIGN A MEDICAID ASSET PROTECTION TRUST

An irrevocable Medicaid trust can protect assets after a five-year look-back. It can make sense, especially for a family farm or business. But know the trade-offs:

- ☐ You cannot use the trust's principal for your own care, including care at home.
- ☐ You cannot change it or take it back, and the law can change around it.
- ☐ It can forfeit other options: the caregiver-child home transfer, transfers to a disabled child, and annuity strategies.

- ☐ For a married couple, protection for the at-home spouse is generally limited to the spousal resource maximum ($162,660 in Ohio for 2026; it changes each year).
- ☐ Red flags in a sales pitch: “no risk,” “you keep control,” “your children can always give it back,” and promises that differ from the written terms.
- ☐ A balanced plan can protect some assets and keep the rest available for care at home or insurance.

## PAUSE AND THINK

If I needed care at home starting tomorrow, the first three months would be paid by…

The person who knows where my insurance policies and benefit statements are is…

The one question I most want answered about paying for care is…

## QUESTIONS TO ASK A HOME CARE AGENCY

- ☐ Are your caregivers employees (with background checks, training, and insurance), or contractors?
- ☐ What is the hourly rate, the minimum shift, and what is billed for weekends and holidays?
- ☐ What happens when my aide is sick or quits? How fast do you send a replacement?
- ☐ May I meet the caregiver before the first shift, and ask for a change if it is not a fit?
- ☐ How will you report to my family, and who is my one call for problems?
- ☐ May I cancel with short notice and no penalty?

# CHAPTER 10 • PROTECTING AGAINST EXPLOITATION AND ISOLATION

*Good planning can't guarantee a relationship will survive, but it can make isolation harder to achieve, easier to see, and less profitable. The theme is simple: no single person should control all the information.*

**Why this matters:** Exploitation and isolation usually arrive together and gradually, and they are easiest to stop when openness is built in early.

## MONEY SAFEGUARDS

- ☐ Credit frozen at all three bureaus (free and reversible)
- ☐ A separate, smaller account for day-to-day spending
- ☐ Bank told in writing whom to call if exploitation is suspected
- ☐ Locking mailbox; shred statements and offers
- ☐ Second opinion before any large or urgent transaction
- ☐ Account alerts for transactions over a set amount
- ☐ More than one trusted contact on brokerage accounts
- ☐ Monitoring service shared with a family member (e.g., EverSafe)
- ☐ Never give account numbers or one-time codes to a caller
- ☐ Bank told when new in-home help begins

## HAVE I BEEN CONTACTED ABOUT…?

- ☐ A prize, lottery, or sweepstakes with a fee to collect
- ☐ A video call from a "relative" asking for money
- ☐ Paying with gift cards, wire transfers, or cryptocurrency
- ☐ An investment, reverse mortgage, or "government" fee
- ☐ A grandchild or relative in trouble who needs money now
- ☐ A new online romance
- ☐ Depositing a check and sending part of it back
- ☐ Changing my will, deed, or accounts in a hurry

## OUR FAMILY OPENNESS CHECK

Answer from your own experience. This is not a test or a clinical tool; it shows where your plan may need more openness. If several answers worry you, let's talk. Some topics draw on concepts from the Eldercaring Conflict Checklist (Saini, Alschech, Fieldstone & Bronson, *Ageing International* 49 (2024)), a professional screening tool. This page is not that checklist and is not a substitute for a professional assessment.

| | Yes | Not sure | No |
|---|---|---|---|
| **ACCESS** | | | |
| Anyone in my support circle can call or visit me without going through one person. | ☐ | ☐ | ☐ |
| I can see my doctor, banker, and lawyer alone when I choose. | ☐ | ☐ | ☐ |
| My mail, phone, and email still come to me. | ☐ | ☐ | ☐ |
| More than one person hears directly from my doctors. | ☐ | ☐ | ☐ |
| **MONEY** | | | |
| Whoever helps with my money shows records to me and to at least one other person. | ☐ | ☐ | ☐ |
| No one uses my money for themselves without my clear, written agreement. | ☐ | ☐ | ☐ |
| Anyone paid to care for me is paid under a written agreement my family knows about. | ☐ | ☐ | ☐ |

| | Yes | Not sure | No |
|---|---|---|---|
| **ROLES AND DECISIONS** | | | |
| Caregiving tasks are shared, and the main caregiver gets real breaks. | ☐ | ☐ | ☐ |
| Major decisions about my care are discussed with me and with more than one family member. | ☐ | ☐ | ☐ |
| My family can disagree without blaming or cutting each other off. | ☐ | ☐ | ☐ |
| I still make the choices about my daily life that I am able to make. | ☐ | ☐ | ☐ |

## WARNING SIGNS THAT SOMEONE IS ISOLATING A LOVED ONE

- ☐ One helper books every appointment, drives, and insists on sitting in.
- ☐ Your loved one repeats phrases that sound borrowed, or is "too tired" to meet alone.
- ☐ A long-standing plan is reversed with no change in circumstances.
- ☐ Mail, phone, and accounts move to one household.
- ☐ Several new documents appear at once.
- ☐ Anyone who asks to talk privately is labeled "greedy" or "trouble."

## IF CONTACT IS BEING BLOCKED: STEPS IN ORDER

1. **Don't escalate.** Keep contact calm and steady: short notes, cards, brief visits, no accusations.
2. **Document everything.** Keep a dated log of blocked calls, returned mail, cancelled visits, and changes in accounts or documents.
3. **Ask for an unmonitored visit** or a meeting with your loved one's physician.
4. **Ask the agent for an accounting;** if needed, ask the probate court to review the agent's conduct.
5. **Report suspected exploitation** to Adult Protective Services through the county department of job and family services, and to the bank's elder-abuse unit. Call police if there is theft.
6. **Talk with an elder law attorney** about limited relief first, and about eldercaring coordination before litigation.

For how this pattern develops and how planning can head it off, see Isolation Through Manufactured Conflict (October 2026).

## CONTACT LOG

| Date | What happened (call blocked, visit cancelled, account changed) | Who was involved |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

## WHO TO CALL

| Resource | Contact |
|---|---|
| National Elder Fraud Hotline | 833-372-8311 |
| AARP Fraud Watch Network | 877-908-3360 |
| Ohio Adult Protective Services | County job and family services |
| Ohio Long-Term Care Ombudsman | 1-800-282-1206 |
| Federal Trade Commission | ReportFraud.ftc.gov |

# CHAPTER 11 • IF A FACILITY EVER BECOMES NECESSARY

*You don't lose your voice at the front door. Federal law gives nursing home residents the right to direct their own care, receive visitors, and refuse treatment. The goal of every short stay is to come home.*

**Why this matters:** Entering a facility does not end your rights, but you have to know to use them from the first day.

## BEFORE OR AT ADMISSION

- ☐ Ask on day one: **"What is the plan for going home, and what needs to happen first?"**
- ☐ Do not sign as "responsible party" or guarantee payment without legal advice.
- ☐ Bring this workbook's pages on my wishes, routines, faith, and food preferences.
- ☐ Give the facility copies of my health care power of attorney, living will, and HIPAA releases.

## THE CARE PLAN MEETING

A nursing home must prepare a baseline care plan within 48 hours and a comprehensive plan within 7 days, with me at the center. Ask for an actual meeting, bring a written list, and get a copy.

- ☐ My goals, including going home
- ☐ Food, cultural, and religious preferences
- ☐ Every medication's purpose, risks, and alternatives
- ☐ Visitors I want, with no facility-imposed caps
- ☐ My routines and rituals (Chapter 2)
- ☐ Mobility and therapy plan
- ☐ No antipsychotic drugs for sedation or convenience
- ☐ How and when my family will be updated

## IF SOMETHING GOES WRONG: WHO TO ASK, IN ORDER

1. Facility staff and the director of nursing, in writing
2. Long-Term Care Ombudsman (Ohio: 1-800-282-1206)
3. State survey agency (Ohio Department of Health)
4. Resident or family council
5. Elder law attorney, especially if problems repeat

Small denials that go unchallenged become patterns. Write down the date, the request, and the answer, every time.

For a fuller explanation of resident decision-making rights, see You Don't Lose Your Voice at the Front Door on our blog.

## MY RIGHTS AT A GLANCE

Federal law gives nursing home residents rights that include the following. Staff and families should know them, and so should you.

- ☐ To be treated with dignity and make my own choices
- ☐ To take part in planning my own care
- ☐ To be told about my condition and my care
- ☐ To refuse treatment
- ☐ To see my own records
- ☐ To receive visitors
- ☐ To privacy
- ☐ To raise a complaint without retaliation

## QUESTIONS TO ASK WHEN TOURING A FACILITY

- ☐ How many short-stay residents go home, and how do you help them get there?
- ☐ How long have your nurses and aides worked here? How much do you use agency staff?
- ☐ When are care plan meetings held, and can my family attend?
- ☐ May my family visit at any hour? What are the limits?
- ☐ How do you handle antipsychotic and sedative medications?
- ☐ May I speak with the resident or family council?

# CHAPTER 12 • MY PRIORITIES AND REVIEW LOG

*A plan that is used and reviewed stays strong. Review this workbook in the first year after you sign your documents, then every three to five years, and any time life changes.*

**Why this matters:** A plan that is reviewed stays true to you; a plan that is filed away does not.

## THINGS I CAN DO MYSELF

| # | Action | By when | Done |
|---|---|---|---|
| 1 | | | ☐ |
| 2 | | | ☐ |
| 3 | | | ☐ |

## THINGS I NEED HELP WITH

| # | Action | Who will help | Done |
|---|---|---|---|
| 1 | | | ☐ |
| 2 | | | ☐ |
| 3 | | | ☐ |

## REVIEW THE PLAN WHEN…

- ☐ A spouse or agent dies, divorces, or moves away
- ☐ I am hospitalized or diagnosed with a serious condition
- ☐ I move, sell my home, or someone moves in
- ☐ Someone new starts helping with my money or care
- ☐ I receive an inheritance or a large change in assets
- ☐ A family relationship changes or breaks down

## REVIEW LOG

| Date | What changed | Reviewed with |
|---|---|---|
| | | |
| | | |
| | | |

## MY THREE COMMITMENTS THIS MONTH

| # | What I will do | By when |
|---|---|---|
| 1 | | |
| 2 | | |
| 3 | | |

## BRING THESE TO OUR NEXT MEETING

- ☐ This workbook, with the pages I could complete
- ☐ My questions for my attorney (Chapter 4)
- ☐ Names and phone numbers for my agents and backups
- ☐ Any new documents, accounts, or insurance policies since we last met

# RESOURCES AND FURTHER READING

*Selected articles from the Aging in Place Planning and Elderlaw Blog, and national organizations that families use. Articles are listed by title; find each at aginginplaceplanning.blogspot.com. Organizations and programs change, so confirm details on each website.*

## FROM THE BLOG, BY CHAPTER

| Topic | Article |
|---|---|
| Technology (Ch. 7) | The Ultimate Smart Home Toolkit for Aging in Place: 2026 Update |
| Technology (Ch. 7) | Smart Home Technology: A Lifeline for Aging in Place Amid Caregiver Burnout |
| Check-in services (Ch. 7) | Daily Wellness Check-In Services for Aging in Place: A Practical Guide to the Expanding Options |
| Family coordination (Ch. 8) | How to Build a "Family Command Center" for an Aging Parent Beyond "CaringBridge" |
| Family coordination (Ch. 8) | Coordinating Family Care: The Key to Sustainable Aging in Place |
| Caregiver resilience (Ch. 8) | Building Resilience in Family Caregivers: A New Study's Roadmap to Sustainable Aging in Place Support |
| Caregiver support (Ch. 8) | Resilience Training Opportunities and Caregiver Support Organizations for the U.S. |
| Home as medicine (Ch. 2, 6) | Home Sweet Home: Home as Medicine for Dementia and Memory Loss |
| Home health care (Ch. 5, 9) | The High Value of Home Health Care: A Wake-Up Call for Aging in Place Planning |
| Isolation (Ch. 10) | Isolation Through Manufactured Conflict: Identifying, Differentiating, and Planning Against a Recurring Pattern in Elder Exploitation |
| Facility rights (Ch. 11) | You Don't Lose Your Voice at the Front Door |

## NATIONAL ORGANIZATIONS

| Organization | What it offers | Website |
|---|---|---|
| Caregiver Action Network | Education, peer support, and a help desk for family caregivers | caregiveraction.org |
| AARP Caregiving Resources | Planning tools, stress-reduction help, forums, and local respite referrals | aarp.org/caregiving |
| Family Caregiver Alliance | Counseling, legal referrals, and virtual caregiver groups | caregiver.org |
| National Alliance for Caregiving | Toolkits, state guides, and financial planning webinars | caregiving.org |
| USAging | Referrals to local aging services, including respite and caregiver training | usaging.org |
| Well Spouse Association | Support groups for spouses of chronically ill partners | wellspouse.org |
| CaringBridge | Free personal sites for updating family and friends during an illness | caringbridge.org |

**Questions? We're here to help.**

(330) 896-0300 • 877-816-8670 (Toll Free) • www.donohew.com • aginginplaceplanning.blogspot.com