

Aging in Place

Candace Dellacona: This is the Sandwich Generation Survival Guide with your host, Candace Dellacona and Jody Argentino.

Jody Argentino: Hi, Candace. Long time No, no talk, see, et cetera. Oh, I

Candace Dellacona: think right Jody, we've both been, um, sort of busy with various things,

Jody Argentino: I think falling directly into the sandwich generation, uh, purview. So, um, I'm excited to get to today's.

Jody Argentino: Topic, which is our episode number six, aging in Place.

Candace Dellacona: That's right. Which is

Jody Argentino: what I feel like I'm doing behind my desk every day.

Candace Dellacona: But what I would really, I would say likewise, I would say likewise. Right. So this is a topic that's certainly more firmly, I guess, in my wheelhouse. And you and I were sort of talking about one of these sort of topics related having aging parents.

Candace Dellacona: I had some, some care issues to deal with in my own family and it really sort of brought back to light the importance of talking about how one helps their aging parents, um, when they need care. And I think that what we found Jodi, right, is that. People don't know what the universe is until they get there and oftentimes it's very stressful and there's not a lot of information that's readily available.

Candace Dellacona: So this is our opportunity to talk about what's available for our aging parents and sort of how to get there so they have a little bit more orientation when the time comes.

Jody Argentino: And I will say Candace, I think it extends so much further beyond parents because you and I both have had the experience where we have had or have elderly, um, aunts, uncles, relatives that don't have any other children of their own.

Jody Argentino: So we end up, um, jumping into that role and, and being both the advisors and the kid and everything else. So I think this is. Super important, even if it's not for your parent directly, but to those other people in your life that you end up, you know, being the caregivers for,

Candace Dellacona: you're exactly right. And so for our listeners, if they haven't heard, go back to episode four where we have some amazing people from the SAGE organization to help advocate for elderly L-G-B-T-Q loved ones.

Candace Dellacona: And as Jody points out, and rightfully so, caring for aging loved ones don't have to be parents. So let's make sure that whomever we love, who are in that position that we

can advocate for them and make sure that we know what their options are. So, you know, as people age, Jody, um, oftentimes the goal is to keep people aging in place.

Candace Dellacona: And what that term means, it's kind of come to fruition in the last 10 or so years, is how do we keep our aging loved ones in the place where they are comfortable, their home, if you will, not necessarily a home. But the place that they identify as being a safe place for them so that regardless of their physical limitations or their mental capacity limitations, that their needs are met and that they're safe, right?

Candace Dellacona: So that's really what aging in place refers to.

Jody Argentino: That's such an interesting concept to me because, you know, uh, as I'm approaching 50, I'm, I'm of the mindset, like, I'm like, put me somewhere. So be somewhere where I can get my, like three squares a day other than prison where I can get my three squares a day.

Jody Argentino: I have some entertainment. There's like always someone to have dinner with. Like, there's activities built in. Yeah. Um, maybe like the bougie version. Right. But like, that's where my brain goes. I'm like, huh, I don't wanna stay home. Like, yeah. I, I want the activities to come to me. Yeah. So it's, but you are right in that most people don't feel like that.

Jody Argentino: Most people are like, I don't wanna leave my space. And I had that with, um, my aunt, you know, she's like, no, this is my space. This is my home. And I'm like, but it's too much to take care of. Yeah. So how do we take care of it and them.

Candace Dellacona: Well, I think what you're saying though is not as, as uncommon as you think.

Candace Dellacona: I think that people have an idea of how they're going to feel when that actually comes to fruition, and they may not actually feel that way. Talking about bringing the activities to you and the people to you and the meals to you, I think what you're bringing up in, in a way is socialization and, and feeling connected and, and keeping busy and having purpose and enjoying life.

Candace Dellacona: So the first option that you're sort of alluding to without saying is assisted living. And a lot of people say, well, what about assisted living? Right? So assisted living is almost like an apartment situation where as you point out, your three meals a day will be covered if somebody cooks for you and you know, provides you with your own coffee bar and snacks and that sort of thing.

Candace Dellacona: An assisted living facility. Generally you get your own apartment or you could share and have a roommate, almost like a dorm situation for like our kids entering into university. So the assisted living setting is relatively new in the United States Really?

Jody Argentino: And really,

Candace Dellacona: yeah, it, it, it came out of a need for the fact that many people in the United States don't have intergenerational families, or it's certainly less common.

Candace Dellacona: Than it was 50 years ago and absolutely less common than in other countries. That's

Jody Argentino: so interesting. Particularly 'cause we are, we're talking about being the sandwich generation. We're talking about intergenerational, um, relationships and Yeah. But you're right. Even when I talk about intergenerational families in like family law, it is always more common in other cultures than in the us.

Jody Argentino: We're sort of like, okay. Everyone's on their own. And in other countries, people just automatically have all of their people in like one space.

Candace Dellacona: Well that's, that's exactly right. And point of our podcast, right, is that all of these intergenerational issues exist. What makes it even more complicated and why we're we created this survival guide is because oftentimes we're not in the same space.

Candace Dellacona: Yeah. We're responsible for the caregiving of all these different people, and they're not even in the same space.

Jody Argentino: Or state.

Candace Dellacona: Or state. Right, right. And, and so, you know, the, the need for an assisted living type option sort of grew from that, where there was an inability for a person to stay in the home, that they have called home for however long, whether it's their whole lives or a good portion of their lives.

Candace Dellacona: And they needed to move on to a living environment that kept them safe, that made sure that they had healthy good. Nutritious meals that if they had difficulty remembering things like taking medication, that there were professionals in place to make sure that all of those needs were met, all the while bringing the activities.

Candace Dellacona: Right. So if you go to some assisted living facilities here in New York City or on Long Island where I live, they are beautiful. They have unbelievable accommodations. There are happy hours, there are activities, there are trips. And it really can be the answer to what many people want for that socialization.

Candace Dellacona: The trick though, with assisted living is that it costs money.

Jody Argentino: Yeah. How do we pay for that? That that's, um, yeah,

Candace Dellacona: so, so generally speaking, assisted living facilities are what we call private pay. Meaning you have to pay for the cost of assisted living. I would say the average cost of an assisted living facility in this area in New York City is well over \$10,000 a month.

Candace Dellacona: The suburbs might be slightly less,

Jody Argentino: I would say around here probably, yeah, probably around 7,500 in like the new, in the metro area. Yeah. Down south a little bit less, but also it depends on, you know, what the facility looks like and who's what. Five star Chef is, uh, in the kitchen.

Candace Dellacona: Exactly. And so, you know, you can find assisted living facilities that fall within your budget.

Candace Dellacona: Uh, and one of the guests we'll eventually have on, on our podcast will be a senior housing specialist that can help guide us through that process. But, you know, for a general overview, I'll tell you that. You know, for the most part, you can find an assisted living facility that is quote unquote, reasonably priced.

Candace Dellacona: Particularly if you're somebody who has a pension or your parent or loved one has a pension, plus social security could really take the sting of the cost out. The other option that many people are fortunate enough to have as long-term care insurance, and if you have long-term care insurance, that can also pick up a portion of the cost.

Candace Dellacona: Of your room and board and residency at an assisted living facility. So an assisted living facility really is, is your housing, right? It's your housing and your assistance with activities of daily living. Activities of daily living is really a term of art in the elder care space or the aging space. We call them ADLs for short.

Candace Dellacona: ADLs are eating, bathing, cooking, cleaning, transporting, those sorts of things, the things that you need to do to stay independent in your space. So if you need a little help with those ADLs and assisted living might be a great place for you because

Jody Argentino: you, there's like add-on like all a car

Candace Dellacona: services,

Jody Argentino: right?

Candace Dellacona: Right. And you know, to that point, there are. Add-ons and there are packages in these assisted living facilities where they actually grade you to say, well, this person only needs, you know, a little bit of assistance and this person maybe needs a little bit more. And the cost is then based on the level of care that one might need to to be able to stay there.

Candace Dellacona: So it can get pretty pricey. So I think that's really important for people to understand that it's not covered by Medicare, it is private pay. There are. A very small number of assisted living facilities, very small, that accept Medicaid as payment for your residents at an assisted living facility. And just for our listeners, we'll go back and talk about Medicare and Medicaid.

Candace Dellacona: Medicare is what everyone receives at age 65. Everybody receives care, but not everybody receives aid. So Medicaid is what you have to apply for.

Jody Argentino: There was like a light bulb, like, thank you for that care and aid, because I've never heard that and I get so many questions about them and even I get them confused sometimes.

Jody Argentino: Yeah. So, yeah. So that's so great.

Candace Dellacona: Yeah. So Medicare is the insurance socialized medicine that we all receive at age 65. It was created in 1967, I believe, by an act of congress. And what it is basically is generally retirement age. People stop working and, and most employers don't continue paying for healthcare.

Candace Dellacona: So our federal government kicks in its share to pay for Medicare for people who are over 65, namely retirees. Um, some people need more care. In addition to Medicare. And so they apply for Medicaid, but you have to qualify, you have to be financially eligible. And there are a way, there are ways to do that, um, which we'll get to.

Candace Dellacona: Um, okay. And we're gonna touch on that a little bit, but in general, um, assisted living facilities do not accept Medicaid as a form of payment. As I said, there are some exceptions. Maybe we can put some resources out there, Jody, on our Facebook page to be available for people, but that's really what the long and the short of assisted living facilities are.

Candace Dellacona: It's important to note that you can age out of an assisted living facility. There are circumstances where you cannot stay, and when I say age out, it's not really based on age, it's based on your ability to stay there Totally, because

Jody Argentino: like you just exceed the amount of care that they have available.

Candace Dellacona: That's right. And so, you know, many assisted living facilities have certain licenses that require that you are able to mobilize yourself a certain number of steps in order to be a resident there. And you know, a lot of families say, well, why? You know, this is such a great place and, but they have help. And you know, what you have to think of is.

Candace Dellacona: God forbid there's a fire in an assisted living facility, they have to have enough staff to get everybody out safely. Right. Um, if somebody has a fall, we have to make sure that they're tended to immediately. So being able to mobilize a good amount is, is really one of the requirements of an assisted living facility.

Candace Dellacona: So it's gotta be the right placement.

Jody Argentino: So that's, if we have the ability, the finances, that's the desire to go into a different environment.

Candace Dellacona: Yes.

Jody Argentino: But I know you really wanna talk about the aging in place, not in a different space. So That's right.

Candace Dellacona: Um, you know, so I am someone who I think, I think I should say, I am someone who would wanna remain in my own home as I age.

Candace Dellacona: I think that there, there could be a lot of comfort found there and, and many people believe that to be true. Um, being surrounded by. Your neighbors or your neighborhood or your home and being comfortable with your surroundings is certainly something, um, that can give an aging loved one a lot of solace, right?

Candace Dellacona: When things are, uh, can be quite difficult. So the aging in place model is when one is more limited in their capacity or their physical ability, but yet they're gonna remain in their own home. Still. And a lot of people say, well, how's that possible? You know, mom or dad, they're not, or, or the loved one, um, they can't remember to take their medicine or they're not, you know, cooking really good and nutritious food for themselves, or maybe they're leaving the stove on.

Candace Dellacona: And so there are concerns about danger and safety within one's home. And so for these people. Uh, who want to stay home, who don't want the bingo and the activities and the happy hour. Um, they can remain at home by having care come to them. And the care that comes to them is similar to the care that one would receive in assisted living facility.

Candace Dellacona: It's assistance with activities of daily living. The ADLs are back. Right? Okay. So eating, bathing, dressing, cooking, cleaning, those types of things. And what that means is a person comes into your home to provide you with that assistance. It is not a nurse, it is not skilled care. It is what we call unskilled care.

Candace Dellacona: And often the care is provided by licensed, um, practical aids and assistance who are licensed by the local state, um, and can provide assistance care. They cannot administer medication, for example, but they can certainly remind you to take your medication and put it next to you and keep

Jody Argentino: going. Wow. Yeah, that's an interesting, that must be an interesting line to, uh, experience, right?

Jody Argentino: Where like, you're like, okay, here it is. I'm putting it on the table in front of you, but I can't. Give it to you. Correct.

Candace Dellacona: It really is. And it's very tricky for a lot of families to straddle that line and you know, so that care that comes into your house, it's often administered by home care attendants and personal care aides.

Candace Dellacona: Um, you know, you can obtain one of these people or retain one of these people, hire one of these people in a number of ways. You can go through an agency, which is obviously. In my opinion, the safest way to go. And the reason why of course, is because agencies are licensed. They make sure that the people that they're sending into the home of your loved one is licensed.

Candace Dellacona: They know what the laws are with respect to the type of care they're allowed to provide. And they have somewhat of, of, of a training and they have oversight. Um, so these agencies that provide, you know, a family with an aid that can come in and take care of your loved one will then supervise that care being provided.

Candace Dellacona: And the care again, is, are, are things that keep the aging loved one in an independent state, right? So making sure that there. Sheets are clean and that their dishes are done and that they're, they're having food prepared. That brings them comfort. You know, whether that's like a great Italian meal or, or you know, something from the Caribbean.

Candace Dellacona: It can be prepared in a way that the senior, um, feels comfortable and feels at home, in her own home. The cost of this care. Right. That's where really it comes in to, to sort of a, a crossroads where families say, my gosh, it's expensive and it is true. It is expensive. We're talking 20 to \$35 an hour for this care.

Candace Dellacona: And so

Jody Argentino: when, which isn't so much when you think about it from the caregivers standpoint, right? Like it's the same. Right as babysitting.

Candace Dellacona: It's, and it's, and it's also, you know, just as important, right? Because right when you have a vulnerable child, you wanna make sure that the adult that you've hired to take care of them is gonna be kind to them, is gonna, you know, feed them and make sure that they're, you know, in a safe place and a clean place.

Candace Dellacona: And likewise, when you're hiring, you know, someone to take care of your elderly, loved one, they may not have the mental capacity to advocate for themselves.

Jody Argentino: Right. And so it, it sounds like, oh yes, that's a lot of money, but not really. If you put it in that sort of context,

Candace Dellacona: it's true. You know, and we can say, not really.

Candace Dellacona: It's not a lot of money, except if you don't have it. Right. Right. 'cause then it's like, what do you do? And so. That's really where we get into the Medicaid discussion a bit. And we're really fortunate in New York State for our New York listeners that we have a program in New York state that will assist in paying for that type of home care through the Medicaid program.

Candace Dellacona: Again, not Medicare, Medicaid. Um, Jody, you live in New Jersey. And unfortunately I'm not licensed in in New Jersey, but I can tell you anecdotally that the program that exists in New Jersey for home care Medicaid is definitely not as robust as it is in New York. So the information that I'm going to impart today is specifically related to New York.

Candace Dellacona: And so with that being said, there are people that can't afford home care. But they can apply for Medicaid, and Medicaid will pick up the cost of that home care. But you have to qualify for it,

Jody Argentino: right? 'cause you have to have no other assets or like very little other assets 'cause they want you to do what we call a spend down, right?

Jody Argentino: And spend down a, a certain amount in order to qualify for Medicaid.

Candace Dellacona: Yeah. So the spending down concept, um, isn't, isn't used all that often. I think that, um, you know, one of, one of the things that, that is sort of interesting in New York right now is that the law has changed with respect to qualifying for home care, Medicaid, and that.

Candace Dellacona: Law that's changed, has not been implemented yet. So we're still sort of operating under the old guard, which is really as follows. In New York, there's sort of a public policy movement, um, that really wanted New York citizens to be able to qualify for Medicaid. Um. At home as opposed to being forced into a nursing home.

Candace Dellacona: And in doing so, they made the rules for home care, Medicaid, community, Medicaid, as we call it, um, a little more permissive than the rules for institutional or nursing home Medicaid. Namely that you could have money in your name in August. As long as it's transferred out of your name before September 1st, you could qualify presumably for community home care, Medicaid, September 1st.

Candace Dellacona: Wow. 'cause there's no penalty for transferring money out of your name. And so that is, is while it's not the law now, that's the way that the laws is playing out now. The law was changed where there is a look back period for transfers that you may have. And there could be a penalty, but that new law has not yet been implemented in New York.

Jody Argentino: Okay. But we do have that in New Jersey as I, I mean, I am licensed here, but I don't do ton of that. But we do definitely have a 60 month look back on, uh, on assets and expenditure of assets. Right. So this is really, even though Medicaid is technically a federal program like this really differs from state to state.

Candace Dellacona: It's a really good point, Jody. So Medicaid is a federal program, but it's implemented at the state and sometimes the county level there. There can be slight differences between counties and the way that the law is implemented. The 60 month lookback is universal for institutional care. So that's the lookback.

Candace Dellacona: You know, at the institutional level, it's gonna be 30 months for a back for community Medicaid in New York, once the new law is implemented. But as of now, new Yorkers, you're in a really good position where you can qualify your loved one. For home care, Medicaid in a very short amount of time. Now the question becomes, what about millionaires?

Candace Dellacona: Right? People come to me and they say, well, I, you know, my mom, dad, they have five, \$10 million. Do I apply for Medicaid? No. No.

Jody Argentino: I.

Candace Dellacona: Right. And you know, the other thing is, is it's, you know, and I think a lot of elder care attorneys feel this way, is that we wanna protect this program. We don't wanna abuse the program,

Jody Argentino: right?

Candace Dellacona: Because there are people, middle class people, maybe a little, little lower than than middle class in terms of economic ability. If the Medicaid program didn't exist. They would be forced into a nursing home. So we do want to gate keep this program for people who actually need it, who would otherwise never be able to stay at home without Medicaid picking up the cost of the care.

Candace Dellacona: Right. So in doing so, you know, qualifying for Medicaid, it can be done and it can be done when one has assets. Uh, by transferring them to a trust or transferring them to a loved one. And you know, New York has pretty liberal, uh, requirements in terms of the amount of assets that one can hold onto. So right now, in fact, New York State just really increased the amount of assets that you can have.

Candace Dellacona: So this is what's allowed to remain in your name. You can have \$30,000 in your name and tax qualified assets in your name without limitation and still qualify for community Medicaid. So that means that I can have an IRA with \$300,000 and I can have a \$30,000 bank account, and I can still qualify for community Medicaid.

Jody Argentino: Oh, wait, I thought you said 30,000. You said 300,000 and 30,000.

Candace Dellacona: Yeah. So th if you're \$300,000 is in a tax qualified asset, like an IRA or a 401k. Or a 4 0 3 B or 4 57. Those assets are not countable in New York as assets, so tax qualified money versus what's in a brokerage account, there's a big difference.

Candace Dellacona: And so home care, Medicaid really can bridge the gap. To allow someone who doesn't have a ton of income, uh, disposable income to pay that 20 or \$30 an hour to a home care attendant can pay that home care attendant. So you can remain at home and and age in place and remain independent or as independent as possible with that extra level of assistance.

Candace Dellacona: And, you know, you can receive up to 24 hours of care. Now, do I see 24 hours of care very often? No, I don't. I think that there's been a chilling effect on the Medicaid program where it is harder to get a large amount of hours. However, certainly that takes the edge off if, if the government is gonna pay for a good portion of the care.

Candace Dellacona: Right? Right. And it could be enough to, to allow your loved one to remain at home. An age in place in their own surroundings with one-on-one care. Your Medicare doesn't go away. When you go on Medicaid. Your Medicare doesn't go away. You still can go to your doctors and you, your hospitalizations are still paid for.

Candace Dellacona: The Medicaid piece just pays for the home care and in certain circumstances will pay for medical supplies and, and some prescriptions and may, may pay for

some extra copays as well that you would otherwise have to. Uh, shell out of your own pocket, but you don't lose your Medicare, Medicaid comes in as another layer, layer of coverage.

Jody Argentino: Huh. So, all right. So I'm gonna ask you a, a, a wonky question because I am, you know, want to do so, right. Um, so is there, is there a way that someone can qualify either through that or through, I don't know, disability benefits or something to be able to care for their loved one and they get the payment for it?

Candace Dellacona: That's actually a great question and yes, in New York State, a lot of times there are, you know, as sandwich generation members,

Jody Argentino: right?

Candace Dellacona: Kids in-laws, neighbors, you know, your, your, your core people are providing that care already. So can we have them continue the care and get paid by Medicaid? Yes. Um, if they become certified and the certification process is not difficult, if they become certified, they can become 10 99, um, uh, employees, if you will, in quotes.

Candace Dellacona: Uh, of Medicaid and Medicaid can pay them as a, as a private contractor to provide that care. Um, I even have a relationship with a home care agency who will bring that person on as an employee, um, and, and, and pay that, that well,

Jody Argentino: and that makes sense because then it's a person who you trust giving you the care who for whatever reason, um, in there.

Jody Argentino: Career life, you know, has the ability to, to switch for a while or whatever. Um, but only has that ability because they would be getting compensation for it. Um, so it's sort of like a win-win for the family.

Candace Dellacona: You're right. And they are providing a service. I. Right, right. And you know, the, the restriction, um, I'm sure there are other restrictions, but one of the major restrictions in this um, situation is spouses can't be paid to take care of spouses.

Candace Dellacona: Right. You know, likewise though, the government doesn't expect a spouse to be a caretaker. So if they come in, if Medicaid comes in to do an evaluation and say, well, how many hours is this person entitled to? They're not gonna look at the spouse and say, hi, how come you're not doing it? There's no expectation that the spouse has to be the caregiver.

Candace Dellacona: This. The spouse can be the advocate. Um, but you know, conversely, the spouse is also not gonna get paid by the government to take care of her spouse.

Jody Argentino: Okay. Well that makes sense. So

Candace Dellacona: children in-laws, neighbors, so joint assets and

Jody Argentino: stuff too?

Candace Dellacona: Well, yeah, I mean, you know, certainly when you, when you go through the Medicaid, um, application process, there's a lot of simmering of assets, um, between what we call the well spouse and the Medicaid spouse.

Jody Argentino: I can, I can only imagine how difficult it gets when there's two Medicaid spouses, but

Candace Dellacona: it's, it, it's a different podcast

Jody Argentino: for a different day.

Candace Dellacona: That's true. I'm actually working on, uh, on a joint application now, and it is, it is a little tricky. So, um, but you know, I, I do think that there's a lot of misinformation out there about Medicaid.

Candace Dellacona: Um, about the presumption that unless you're very, very impoverished, that you won't qualify. And I encourage people, um, to really get the facts and talk to, you know, an elder care attorney in your area, um, specific to your situation because, you know, even I point out the, you know, the, the issue with assets and you just said, well, the, you just said that the person could have 300,000.

Candace Dellacona: But they can only have 30,000. What's the story with that? Um, if you have assets in an IRA, it's different than if they're not in an IRA. So these little facts are really determinative of the type of care that you can get and whether or not you can qualify. So don't assume that you can't get the care.

Jody Argentino: So I, I think that, um, you know, this sort of goes back to what we were talking about in the last one, which was about prenups and stuff.

Jody Argentino: Right. But it was about being prepared. Yeah. And I think a lot of times from a psychological standpoint, people get stuck and they don't wanna plan for what happens when they are not. I. Fully able to participate in their life the way they have always participated in their life, right? Like, so there's like a denial of, um, humanity or denial of mortality.

Jody Argentino: Um, and to, to me, a part of this is just what just hap, you know, just what just happened. You need to think about where your assets are placed so that it affects. You know, you can deal with it appropriately down the road, but practically there's also those issues. Right. So, um, just on a personal level, I have an ongoing dispute with my father because he built a retirement home that has no full bathroom on the first floor and no.

Jody Argentino: Extra bedroom on the first floor. Everything is up like this enormous, beautiful flight of stairs. And I'm like, well, what are you gonna do? Oh, don't worry about that. I'll worry about that when it happens. And I'm going, okay, but if you break your leg, you're not gonna build a room. Right. Like, let's, let's go with a non aging concept.

Jody Argentino: I'm like, you can't do it. Then you need to prepare for that in advance and think about that. And so I think whether it's financially or practically or familially, it's, I think it's really important to think about these things in advance.

Candace Dellacona: Yeah. Rather

Jody Argentino: than just being like, oh, I'll deal with it when it comes because it doesn't happen like that.

Candace Dellacona: Yeah. And all of those things you mentioned are part of a plan, right? A plan for finances, a plan for the physical place of where you're gonna be, um, and a plan for who's going to be involved and making decisions. Right. So. With respect to your dad, I think you're bringing up a really good point, and I think a lot of us, um, who have aging loved ones look around at their current living situation and go, how is this gonna work?

Jody Argentino: I'm, who's gonna have to deal with it?

Candace Dellacona: You know? I mean, in New York City, you know, people say that all the time too, and they live in their one bedroom apartment. Like, where will the be? Right. So,

Jody Argentino: or they live in a walkup, or

Candace Dellacona: in a walkup, a very good point. That has happened a lot. I, you know, took care of, uh, an uncle in the village and he was in, uh, a walkup.

Candace Dellacona: Thankfully it had a, a, an elevator, but we didn't use it very often until he became sick. Um, and, and that apartment did work for him to age in place. But there are so many people, um, that have living situations that will not work to age in place if there's a stroke, God forbid, or a, a Parkinson's diagnosis or something like, as you say, that could be not age related, like a broken leg.

Candace Dellacona: Um, what does one do? And you know, I think it's never too early to talk about a plan, um, to really. Talk with your, your loved ones about, look, what do you wanna do? If this ever came to pass? Where do you wanna be? Do you wanna stay in this house? They may say, no. You know, I, I like this house, but I feel really lonely here.

Candace Dellacona: Um, right. And, and or no, I may wanna move closer to my niece and nephew who are in Chicago. And so I think those conversations are so important to have, um, with your, your aging loved ones so you know how to advocate for them.

Jody Argentino: Absolutely. I mean, like we've been talking about in a whole number of these podcasts, talking about things, talking about the hard issues.

Jody Argentino: That's, that's part of what we have to do, especially if we're caring for, you know, people younger than us, people older than us, and ourselves having those difficult conversations with ourselves.

Candace Dellacona: Yeah,

Jody Argentino: too, and saying, okay, I have to do this. I have to have the, I'm a big procrastinator, right? So I'll be like, yeah, I can't, I can't handle that today.

Jody Argentino: I'm gonna do it the next day. Yeah. But it's important to have those difficult conversations. Absolutely. Yeah. And

Candace Dellacona: you know, mind people for information too. Right. And, and we're, we're gonna put some resources out for our, our listeners, but. One of the things that's kind of universal is that we're all gonna have gone through something like this at some point in our lives.

Candace Dellacona: To your point earlier, Jody, we all die. Some of us get sick before we die, some of us don't. But there are so many great resources out there. There are senior housing specialists, there are geriatric care managers who will probably have on eventually home care agencies that are excellent resources on how to hire.

Candace Dellacona: Right person and match up the right person to take care of your beloved, maybe vulnerable senior loved one. Um, so really sort of seek out those resources and then back to, which we've talked about before, self-care, your own support. It's stressful being a caregiver. It's stressful having those conversations.

Candace Dellacona: So check in with yourself as well.

Jody Argentino: Yeah. Well, thank you. This is awesome. I, I love when I learn something on our podcast that I didn't know before. And I'm like, oh wait, this is a genuine question. What is actually happening here? Um, so that's awesome. Thank you so much. Um, you're

Candace Dellacona: welcome.

Jody Argentino: Alright, so I think we're good for today and we will see everyone or here.

Jody Argentino: Listen, talk to everyone. Um, next time, next month.

Candace Dellacona: Thanks for tuning in, everyone.