

## Adding it All Up – the Hidden Costs of Elder Care

*Brian Oliver looked at his brother as he snapped his laptop shut. Mom's recent fall brought them both back to the family home for the first time in two years and they're dismayed at what they see.*

*"No matter what I do, it doesn't balance. We promised Mom and Dad they could stay at home but the money just isn't there. Maybe you can kick in \$1,000 a month, but I've got two kids in university!"*

*Let's look at the Oliver's worry list.*

*Mom has advancing osteoarthritis and Dad is showing signs of dementia. Their home is a 1960's suburban split level with at least four stairs to access either the bathroom, bedroom, kitchen or front door; a long driveway, huge lawn and backyard pool. Mom hasn't been out of the house all winter; the house needs repair and the pool and yard are badly neglected. Dad's seven-year-old car has expired plates and he can't find the ownership or insurance. The pantry is full of canned food and the freezer packed with mystery items. It's pretty clear Dad hasn't had a bath since a recent slip in the tub. And laundry? Mom's fall occurred enroute to the basement with an overflowing hamper. They've gotten estimates for the renovations they believe are required, and gathered some quotes for homemaking and care. The money-pit is looming – but where do they start?*

### *Home Modification:*

Any changes to the home must be guided by the strategy for accessibility and care. If the Olivers are determined to stay at home, what sort of care do they require now, and in the future, and how does that affect the home?

Modifications are urgently needed to allow both parents to easily walk – and eventually, use a walker or wheelchair – around their home. The 'golden triangle' of bedroom, bathroom and kitchen must be accessible, which may require ramping, stair lifts or reconfiguring the living space to place the bedroom, and possibly the laundry room, on the same level as the bathroom and kitchen. Finally, Mom must be able to easily reach the front door to access transportation and the outdoors. Any renovations should incorporate grab bars, roll-in showers and non-slip flooring; bedrooms with doorways wide enough for a wheelchair with low-pile carpet or hardwood flooring; improved lighting inside and outside the house; and energy-efficient upgrades to furnace, air conditioning, plumbing and electrical.

Longer-term, the family must consider the type of care they will require in order to stay in their home. For example, if they opt for live-in care, renovations may be required to provide suitable accommodation. Even basic personal care assistance will require a shower stall or tub with a hand-held shower attachment, grab bar and bath bench.

Sounds like a big ticket – and it is. However, the Olivers should recognize these are viable capital improvements to their home which will affect its resale value. But where will the cash come from?

They should research assistance from Canada Mortgage and Housing's programs for home adaptation and rehabilitation assistance – [www.chmh-schl.gc.ca](http://www.chmh-schl.gc.ca). National Resources Canada's Office of Energy Efficiency offers grants for an energy retrofit – [www.oeenrncan.gc.ca](http://www.oeenrncan.gc.ca) – for homeowners upgrading to more energy-efficient solutions. The March of Dimes – [www.marchofdimes.ca](http://www.marchofdimes.ca) – has a home modification program offering a lifetime maximum of \$15,000 for home adaptive renovations for qualified applicants.

The family may also investigate a reverse mortgage to access the capital in the home for these upgrades. Assistance in municipal taxes may be available through the local revenue services department.

*Homemaking and Care:*

Personal care and nutrition are the cornerstones of staying home and staying well, and the Olivers certainly need support. They were quoted \$25/hour for homemaking and personal support services – \$200 per 8-hour day, totaling \$73,000 per year – wow!

Contact the government community care agency for an assessment of what services can be provided and subsidized by the provincial health program. Community-based programs, often funded by the province, local government and United Way, offer subsidized home-making and yard work.

Carefully research the actual type and amount of care that is needed. For example, a ‘granny-nanny’ can perform morning personal care, do laundry, serve a hot lunch, check supplies and leave dinner in the fridge for a few half-days per week – much more affordable than an 8-hour day

If the Olivers decide to engage a live-in, the person could be shared-out with neighbours to defray the cost.

Even if the family incorporates these suggestions, care for Mr. Oliver’s dementia and Mrs. Oliver’s arthritis will still cost them about \$53,000 per year, on the following model:

Description	Monthly Cost
<b>Personal support worker</b> (21 hours per week) * (to augment what is offered by provincial health plan)	\$ 2,100.00
<b>Nursing</b> (2 hours per month, to monitor vital signs)	\$ 138.00
<b>Therapy - Physio/Occupational/Cognitive / other professionals</b> (2 hours per week x 2 people)	\$ 2,000.00
<b>Transportation</b> (8 trips per month)	\$ 184.00
<b>Total Monthly Costs</b>	\$ 4,422.00
<b>Total Annual Costs (Monthly cost x 12)</b>	\$ 53,064.00

*Assistive Devices:*

Brian consulted his list. “Stair-lift, \$3,000; walker, \$350; custom wheelchair, \$400; customer handrails, \$700; adjustable bed, \$1,500 – are you kidding?”

Determine what home-safety equipment and devices are really needed via a safety and accessibility audit; your provincial society of occupational therapists (for example, in Ontario, [www.osot.on.ca](http://www.osot.on.ca)) can provide a list of visiting therapists.

Check your parent's health benefits for coverage for assistive devices and care; policies may cover care, services or supplies that are not covered by provincial health plans, and deemed medically necessary by a physician or health care professional. These may include purchase or rental of 'durable medical equipment' such as (non-electric) hospital beds, wheelchair, walker, crutches, canes; ambulance services, physiotherapy and paramedical services such as chiropractor, podiatrist, osteopath; medical supplies including "lifeline"-type personal repose services; hearing and vision aids.

Your provincial government may offer an assistive devices program that rebates up to 75% of the purchase price of eligible devices such as rollators / walkers and wheelchairs; in Ontario, [www.health.gov.on](http://www.health.gov.on).

The March of Dimes has an assistive devices program for manual & power wheelchairs, scooters, home and bath and personal aids, seating inserts and wheelchair cushions, walking aids, lifting equipment, threshold ramps and some repairs - [www.marchofdimes.ca](http://www.marchofdimes.ca).

#### *Tax Considerations:*

Medical expenses such as medical services, care, equipment and even transportation may be tax-deductible.

If your parent is classified as disabled via the Canada Revenue Agency's form T2201, Disability Tax Credit Certificate, a credit may be claimed on their annual tax return. The form is completed by a physician or healthcare professional such as an optometrist, physiotherapist, occupational therapist or psychotherapist. The 'attendant care' expense deduction is available to those claiming the disability tax credit; it applies to the personal care necessary to carry out the one of the activities of daily living –bathing, eating, ambulation, personal hygiene.

Total medical expenses must exceed 3% of net income or \$1,813 per year in order to qualify for the credit. Expenses may be claimed for the taxpayer or spouse. Transportation costs can qualify as a medical expense if the service is provided at least 40 km from the patient's home. Check the Canada Revenue Agency's website [www.cra-arc.gc.ca](http://www.cra-arc.gc.ca) and your tax professional for more information.

#### *Transportation:*

One of the most devastating events for a senior, especially a man, is giving up the ability to drive, yet transportation is essential for shopping, appointments and social outings.

With the diagnosis of dementia, Mr. Oliver will no longer be able to drive. Tact will be required to help him cope with this loss; if the car is removed, perhaps he could keep, but not use, his driver's license. Allow him to say, "I decided to give up the car", rather than the humiliation of having the keys taken away by his family.

Running a car is a significant expense for a senior, and often the car is not driven very far. Mr. Oliver's car was purchased for \$25,000 and only driven locally; it cost \$1,000 per year to insure and \$100 per month for gas, so in its seven year lifespan, it cost \$40,400 to run. The \$5,700 per

year formerly spent on the car could easily cover transportation by taxi; many families open an account with a taxi company, with a monthly statement paid by credit card, avoiding the need for cash and tips. This also allows easily tracking of transportation costs for tax purposes.

Other transportation options include subsidized transit services such as Wheeltrans, and non-emergency ambulance and wheelchair transit fleets. Volunteer drivers are available for many community services, including day programs and congregate dining; eligibility criteria may apply.

Many medical and personal services can be delivered in the home, avoiding the need for transport. Numerous services including lab testing, physiotherapy, footcare, hair care and personal training, are available in the home.

So where does this leave our brothers ? Will they balance the budget? Can they keep their promise to Mom and Dad? Actually, they're still working on the spreadsheet - but at least they now have clear priorities and a game plan to help them evaluate their research and guide their family toward an informed choice.

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