

SMART AGING *Update*

NEWS AND IMPORTANT INFORMATION FOR SENIORS AND THEIR FAMILIES



Aging at Home: Practical Choices as the Silver Tsunami Arrives

Fourth Quarter 2025

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Most of us hope to stay in the place we know best as we grow older: our home. That wish isn't sentimental fluff, it's the reality for a strong majority of older adults. In AARP's 2024 Home & Community Preferences Survey, 75% of adults 50+ said they want to remain in their current home as they age. That preference matters because the policy, financial, and caregiving systems that support aging at home are under pressure from rising demand and funding cuts.

Below is a plain-language guide to what "aging at home" really looks like, why more families will need it in the years ahead, and what steps you should consider now to protect independence, safety, and financial security.

The population shift is enormous: baby boomers continue to cross the 65 threshold at a dramatic pace (roughly 10,000 people

a day over the last decade) and by 2030 all boomers will be 65 or older. That demographic wave will place unprecedented demand on long-term care services, including home-based care.

At the same time, institutional care is costly and getting costlier. National median figures from Genworth/CareScout for 2024 show annual median costs of roughly \$77,800 for in-home care with a home health aide, \$70,800 for assisted living, and \$127,750 for a private nursing-home room. Those figures explain why many people prefer to pursue home-based options when possible.

Finally, the workforce that delivers home care is growing but strained. Employment of home health and personal care aides is projected to grow faster than most occupations, yet analysts still warn of significant gaps between demand and



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supply, which is an issue that will affect availability and price of services.

There's no single model for what aging at home looks like. The best approach depends on health needs, finances, and local availability.

Aging in place with home modifications. Simple changes such as grab bars, curbless showers, better lighting, and one-floor living, can greatly reduce falls and make daily life safer. Many homeowners tackle these upgrades early, rather than waiting for a crisis.

Paid in-home support (home health aides, homemakers, skilled nursing). Care can be part-time (a few hours a week) or nearly round-the-clock. Costs vary widely by location and intensity. Families often combine paid help with informal caregiving.

Adult day programs. These provide daytime supervision, social activities, and some medical oversight. This option is particularly useful when a family caregiver works outside the home.

PACE and integrated community programs. The Program of All-Inclusive Care for the Elderly (PACE) offers a bundled approach (medical + social + supports) for those who qualify; it can be a great option where available.

Assisted living or nursing facilities. For people who need 24/7 personal or medical care, congregate settings remain essential. Though they are expensive and, in some places, in short supply.

While these alternatives seem appealing, families often still face hurdles. Medicare generally doesn't pay for long-term custodial care at home; Medicaid covers long-term supports for eligible low-income people, but many states have waiting lists for Home & Community-Based Services (HCBS). That gap, before supplemental pay kicks in, means families often must pay out of pocket or provide unpaid care.

Even where families can pay, finding reliable home care workers can be difficult, and prices are rising as demand increases. Further, many American homes weren't built for aging. Multi-step entries, narrow doorways, and upstairs bedrooms all complicate staying put. Early planning and modest renovations can prevent emergency moves.

Family members provide the lion's share of long-term care in the U.S. Without support, that burden can undermine family finances and health.

So start the conversation early. Talk with family about preferences, acceptable tradeoffs, and financial realities while decisions can be made calmly.

Ensure your durable power of attorney, health care proxy, HIPAA release, and any trust documents explicitly authorize agents to access digital health portals, arrange care, and handle financial transactions related to home modifications and paid help.

Assess your home and budget. A professional aging-in-place assessment identifies priority modifications. Compare renovation costs to likely alternatives - sometimes modest remodeling is far less costly than a move to assisted living. And don't forget to explore public programs and benefits. Check eligibility for Medicaid HCBS waivers in your state, PACE where available, VA Aid & Attendance (for eligible veterans), and local senior services. Be mindful of waiting lists and rules.

Aging at home is the preference of most older Americans, and, for many, the most realistic option in light of skyrocketing institutional costs and an aging population. But it isn't effortless or free. Good outcomes require planning: clear legal authority, thoughtful budgeting, practical home changes, and a realistic view of available services in your community.

How Seniors Are Adapting to Digital Health Care

If you still imagine most seniors as reluctant smartphone users who avoid apps and artificial intelligence like the plague, it's time to update that picture.

A new survey from KFF (the Kaiser Family Foundation) found that today's Medicare beneficiaries are surprisingly comfortable using digital health technology; from apps that manage prescriptions and appointments to online portals that track test results and doctor messages.

In fact, more than eight in ten Medicare beneficiaries used a health care app or website in the past year, and most said it made the system easier to navigate. Even more interesting: there was no real difference between seniors and adults in their 30s and 40s when it came to using these tools.

Maybe it was COVID that pushed everyone online. Maybe it's that today's 65-year-olds were still in the workforce during the smartphone revolution. Or maybe it's simply the reality that, these days, you can't refill a prescription, pay a bill, or reach a doctor without logging into something.

Whatever the reason, seniors have adapted, and many have even come to appreciate the convenience. They use apps to check lab results, message care teams, track medications, and manage chronic conditions. Nearly two-thirds of Medicare beneficiaries said they want Medicare itself to make it easier to share information among providers and to support apps that help manage ongoing health needs.

In other words, seniors aren't rejecting technology. They're asking for more of it; as long as it's done well.

That said, not all older adults have equal access to these tools. Seniors with higher incomes and stable internet connections are far more likely to use digital health tech than those with lower or moderate incomes. For families with older relatives who may be struggling to keep up - especially in rural areas or with limited resources - this digital divide can make it harder to stay on top of care.

If your parent or loved one is managing a chronic condition or multiple specialists, helping them learn to use their provider's patient portal or app can make a world of difference. It's not just about convenience, it's about better coordination and fewer gaps in care.

While most Medicare beneficiaries have gone digital in some way, only about 30% have used telehealth video visits in the past year. And just 23% have used apps to manage a chronic condition. There are good reasons for this. Many older adults still prefer a real conversation to an online chat box. About 17% of Medicare beneficiaries also face cognitive or mental health challenges that make navigating technology harder.

Trust in artificial intelligence remains low: only about a third of older adults say they trust AI to access medical records or offer personalized health advice. Privacy concerns also loom large. Seniors (well, really most adults) worry about how tech companies, insurers, and even government agencies use the personal health data these systems collect.

You might wonder what digital health tech has to do with estate planning or elder law. The connection is actually quite close. The more our health care moves online, the more important it becomes to plan for digital access and authority:

Who can log into your health portal if you're hospitalized?

Who can manage your online accounts or apps if you become incapacitated?

Does your health care power of attorney or HIPAA authorization specifically allow digital access to records and communications?

If those powers aren't clear, your loved ones could face frustrating barriers, when time matters most. Including language about digital access and telehealth authority in your planning documents can prevent delays and confusion.

Today's Medicare beneficiaries are not Luddites. They've adapted to a digital world - sometimes out of necessity, often with surprising enthusiasm. Technology isn't replacing good medical care or personal connection, but it can make an overwhelming health system a little easier to navigate. And if your estate plan or health care documents predate the "app age," it may be time for an update.

A PERSONAL NOTE FROM KIMBERLY

Dear Clients and Friends,

Thank you for reading our newsletter! We hope you find the insights helpful in enriching your knowledge in the area of estate planning.

Life changes, and your plan should keep up with it too. If it's been a while since your last review, now is a great time to ensure it still aligns with your wishes.

Schedule an appointment today to update your planning and secure peace of mind.

