

Knowing Your Home Care Choices

A guide for consumers and families



Home Care Services for Seniors

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Contents

Introduction.....	3
What Is Home Care?.....	4
Who Performs Home Care Services?.....	5
What Kinds Of Organizations Provide Home Care?.....	6
How Are Home Care Agencies Structured?.....	7
Should You Hire A Home Care Worker On Your Own?.....	8
Who Pays For Home Care?.....	12
How Do You Select A Home Care Agency?.....	14
Suppose A Parent Or Loved One Resists Needed Care?.....	17
Eldercare Help And Advice: The Role Of Geriatric Care Managers.....	18
Special Situations.....	21
Should Your Elderly Relative Still Drive?.....	21
Arranging Home Care Following Hospital Discharge.....	22
Caring For A Loved One With Alzheimer’s Disease.....	23
Special Problems in Alzheimer’s Disease And Other Dementias.....	25
Falling Among Older Adults.....	26

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Introduction

It's a fact: virtually all of us will experience a period in our lives when we cannot perform all the daily tasks needed to function independently. Most often this will result from impairments associated with advanced age, but many younger Americans with disabilities face the same problem.

There are many possible sources of help for people with age- or disease-related functional limitations. Family members are usually the first line of support. In fact, according to the National Family Caregivers Association, about 50 million Americans comprise an "invisible workforce" whose services to loved ones are valued at \$257 billion per year. Family caregivers are truly the backbone of long-term care in the United States.

Besides family members, people in need of help may turn to friends, neighbors, volunteer organizations, their churches or synagogues. Collectively, family members and community resources such as these are referred to as "informal caregivers."

Sometimes, however, the need exceeds what available informal caregivers can provide. When that happens, people begin to think about options such as moving in with family members, entering an extended care facility or arranging for home care services.

This booklet has been developed by Ready Hands to help those who are considering the option of home care. If you are exploring home care for yourself or a loved one, we hope you find information in these pages that will help you make the best decision possible.

What is Home Care?

The term home care can mean many things. Basically it refers to any health-related or supportive services delivered to individuals in a residential setting. However, about 25% of home care services are actually performed in nursing homes, hospitals and assisted living facilities to supplement the services of those institutions. Home care certainly includes skilled services like nursing care, rehabilitative services, infusion therapy (medications or treatments administered into the bloodstream via intravenous catheters or other means), social services or doctor visits.

In addition, home care encompasses non-skilled services that can be categorized as either hands-on or hands-off. Hands-on services consist of help with what are known as activities of daily living, or ADL's for short. The ADL's, as usually defined, include bathing, dressing, toileting, feeding and mobility, including walking and getting in and out of a bed or a chair. Help with ADL's is sometimes referred to as personal care.

Hands-off home care services are those which do not require direct personal contact with the recipient of care. Hands-off services include help with instrumental activities of daily living, or IADL's. The major IADL's are: shopping, using the telephone, taking medications, driving and transportation, housework and meal preparation. Hands-off care also embraces a wide variety of other kinds of help like home-delivered meals, companionship, safety supervision, and help with myriad tasks that an individual may not be able to accomplish independently.

Finally, there is a diverse range of additional services that are designed to improve the quality of life of home-based individuals with functional limitations. A partial list would include home modification services to improve safety and accessibility; provision of durable medical equipment or medical supplies; remote monitoring; personal emergency response systems; and even home "de-cluttering" services. Although such services may be invaluable for many people, they are not usually embraced in the term home care.

Activities of Daily Living (ADL's):

- Bathing
- Dressing
- Toileting
- Feeding
- Mobility

Instrumental Activities of Daily Living (IADL's):

- Shopping
- Using the telephone
- Taking medications
- Driving/transportation
- Housework
- Meal preparation



Who Performs Home Care Services?

The personnel who deliver home care services vary greatly in their training and credentialing requirements, depending on the kinds of services they provide. The following table summarizes the common types of home care workers and examples of the tasks they perform:

Types of home care professionals:

Category	Examples of Services Performed
Physicians	Medical evaluation, treatment and referral.
Physician Assistants	Medical evaluation, treatment and referral under the general supervision of a physician.
Nurse Practitioners	
Registered Nurses	Basic medical assessments and monitoring, liaison with physicians, administration of medications and treatments, dressing changes, urinary catheter management, injections, infusion therapy.
Licensed Practical Nurses	
Physical Therapists	Therapeutic exercises and functional training for a wide variety of physical impairments.
Occupational Therapists	Assessments and treatments to improve functional living skills like ADL's and IADL's.
Speech Therapists	Evaluation and treatment of speech and language disorders and swallowing dysfunction.
Medical Social Workers	Coordination of care, case management, procurement of financial assistance, counseling and support.
Registered Dietitians	Education and meal planning for individuals requiring specialized diets.
Geriatric Care Managers	Care planning, help with financial or legal issues, liaison with family, help with choosing among long-term care options.
Nurse Aides, Home Health Aides, Nursing Assistants	Assistance with ADL's and IADL's, companionship, safety supervision.
Companions, Homemaker Aides, Chore Workers	Companionship, household tasks, errands and transportation.

What Kinds of Organizations Provide Home Care?

Skilled Care Agencies

Most of us know that after a hospital stay, patients who are discharged home often receive skilled nursing or rehabilitative services for a period of time afterwards. Most of such services are covered by health insurance. Since Medicare is the largest insurer for people receiving skilled home care, agencies providing these services are almost always Medicare certified.

Medicare certified agencies deliver nursing services in the home and may also provide a variety of other skilled care like physical therapy, speech therapy, occupational therapy and medical social services. Often these agencies also can provide unskilled services as well.

Hospice Agencies

Hospice agencies provide care and support for patients and families when a terminal illness will no longer respond to curative treatment. Typical services include skilled nursing care, counseling and emotional support and personal care. Hospice workers are particularly attuned to the importance of relieving pain and discomfort.

Agencies Specializing in Supportive Care

Organizations in this category comprise the fastest-growing segment of home care, primarily because they serve people who want to continue living at home but require ongoing help to do so safely. Their services might best be summarized as assisted living at home. As our population ages, the need for such services will only increase.

Supportive care agencies provide assistance with ADL's and IADL's as well as things like companionship, help with daily tasks and safety monitoring. Depending on the needs of the care recipient, these services may be provided in periodic visits of a few hours or on a live-in basis.

How are Home Care Agencies Structured?

Registries/Employment Agencies

These kinds of companies act as “matchmaker” services, assigning independent contractors to clients in need of services. Usually they perform certain screening and background checks on their personnel before placing them with clients. They can often find a good fit for a particular client because of the large number of home care workers in their files.

Companies that use independent contractors do not have to withhold income taxes or pay employment taxes. Because they don’t incur these and other types of employment-related costs, they can often provide services at a lower charge to clients.

However, there are several pitfalls when using a registry or employment agency:

➤ The use of independent contractors makes it unlawful for such companies to supervise their personnel. According to the U.S. Internal Revenue Service, if a company trains and instructs its personnel to perform services in a certain way, then they cannot be designated as independent contractors.

➤ Licensing requirements for home care agencies in many states require certain kinds of training and regular supervision. This is certainly true in Virginia. Companies that use independent contractors therefore often cannot gain licensure.

➤ The consumer is the employer and bears many of the attendant risks and obligations, although this may not always be made clear. For example, Medicare, Social Security, and state and federal unemployment taxes may have to be paid by the consumer.

➤ The consumer may be liable for worker-related injuries, since independent contractors do not have to be covered by Workers Compensation insurance. On-the-job back injuries, for example, are extremely common in home care. The costs of medical treatment for such injuries can be enormous.

➤ Companies that use independent contractors may not necessarily purchase general or professional liability insurance for their personnel. Some independent contractors purchase such coverage themselves, but there is no uniformity in the amounts or types of coverage.

National Private Duty Association

The NPDA is a national voice for companies that provide private duty home care services and an advocate for better care for anyone who can benefit from having care worker help in the home. Read their complete position paper, “Consumer and Worker Risk From the Use of Nurse Registries and Independent Contractor Companies” online at www.privatedutyhomecare.org

Because of the many drawbacks to using registries or employment agencies, consumers should be very careful to inform themselves in advance. According to the National Private Duty Association, “Consumers who receive home care, and caregivers who work in the industry, face increasing risk because of the growing use of companies who refer, but do not hire, workers.”

Agencies That Hire Their Workers as True Employees

Home care organizations that hire their workers incur all the legal obligations of employers, rather than passing some of these on to the consumer. They must withhold income taxes, pay Social Security, Medicare and unemployment taxes, and cover their employees with Workers Compensation insurance.

An agency that uses employees has much more control over the performance of its personnel. It can provide training and supervision, give period performance reviews and require adherence to agency policies and procedures.

Because of their higher personnel costs, such agencies generally charge a little more for their services. However, the protections they offer to consumers can be enormously important.

Should You Hire A Home Care Worker On Your Own?

Hiring directly is an option that many consumers consider. There are both benefits and risks to this approach. One benefit is that the cost is usually less, because there is no agency serving as the “middle man.” Another is that the consumer retains complete control over the employment relationship.



However, you should also be aware of several risks of hiring independently. First, you may be left without help if your employee is suddenly sick or has a family emergency—or quits. Also, as the employer, you are responsible for finding, screening, verifying credentials, hiring and paying taxes and insurance. In fact, all the drawbacks of engaging a company that uses independent contractors are even more pertinent when you hire on your own.

Finally, state and federal laws designed to protect consumers are not applicable to independent home care workers that you employ. Therefore you should prepare yourself carefully. Here are some suggestions if you decide to choose this route:

Prepare a Job Description

When you engage a reputable agency, a qualified health professional should visit your home to find out your specific needs, including the skills and qualifications required, your preferred schedule and the particular tasks you need performed. When you hire on your

own, you should go through this exercise first and put your requirements in writing.

Your job description should include:

➤ The credentials you are seeking. Do you need a skilled nurse, a nurse aide or a companion/homemaker? If a nurse or a nurse aide, what documentation of training, certification or licensure must they possess? How much and what types of experience are necessary?



➤ The key qualifications necessary. Demonstrable reliability, punctuality, honesty and an industrious and positive attitude are obvious requirements, but many others may be applicable. Must the individual be capable of lifting or other types of physical activity? Is driving a necessity? Will he or she need to be able to work around pets? Is experience with a particular type of medical disorder desirable (e.g., Alzheimer's Disease, diabetes, stroke etc.)? Is good English or foreign language fluency needed?

➤ The major tasks the employee will be expected to perform. It is well to be as explicit as possible about your expectations here, so that there are no surprises after hiring.

➤ The pay you will be offering, as well as any benefits like time off, bonuses for good performance, etc.

Know Your Responsibilities as an Employer

You should make sure you are prepared to comply with the many state and federal regulations that apply when you hire a domestic employee. For example, if you pay more than a certain amount of wages to a single employee in a calendar year (\$1400 or more, in 2004), you must withhold and pay Social Security and Medicare taxes. The taxes are 15.3% of cash wages; you and your employee must each pay half.

If you pay your employee more than a certain amount every calendar quarter (\$1,000 per quarter, in 2004), you must pay federal unemployment taxes and possibly state unemployment taxes as well. You will also need to verify documentation that your employee is legally eligible to work in the United States.

You may be subject to many other requirements, including: obtaining an employer identification number; providing your employee with copies B, C and 2 of Form W-2 each January; sending Copy A of Form W-2 to the Social Security Administration every year; filing Schedule H (Form 1040), *Household Employment Taxes* with your federal tax return each year; and, adhering to laws governing such issues as discrimination, overtime pay and workplace safety.

A comprehensive discussion of these issues is beyond the scope of this guide. If you plan to employ a home care worker directly you should certainly request Publication 926, *Household Employer's Tax Guide*, from the Internal Revenue Service, and also contact your state taxation and unemployment agencies to find out about state requirements.

Screen Candidates Carefully

Placing newspaper employment ads, asking friends or health professionals for recommendations or contacting your local Area Agency on Aging are all ways that consumers look for home care workers. Once you contact viable candidates, there are several steps you should take to protect yourself and identify the best qualified person for the job:

- Always conduct an initial telephone screening to learn about the applicant's basic qualifications and availability and to describe your expectations.
- Do not give out your address or other unnecessary identifying details unless you decide to meet and interview a particular applicant.
- Invite suitable candidates for an interview. At or before the interview, have the candidate complete a basic application form. (The employment application used by Ready Hands is available for download via the internet at www.readyhands.com, for those who are interested.) Ask open-ended questions at first; resist the temptation to dominate the conversation. You want the applicant to do most of the talking.
- Ask to see documents verifying training, certifications and licensure. In Virginia, you can also do an online license search via the internet at the Virginia Board of Nursing website, www.dhp.state.va.us/nursing/.
- Check references carefully. This serves two purposes: assessing the applicant's prior performance and verifying the accuracy of information recorded on the application.
- Find out about any criminal background. Have the applicant sign a sworn affirmation disclosing any prior convictions. To obtain criminal records in Virginia you can ask the applicant to complete a request for release of records from the Criminal Records Exchange. The form and instructions can be downloaded via the internet from the Virginia State Police website at www.virginiatrooper.org. (The form is called a Criminal History Record Name Search Request).

General Interviewing Guidelines

(Excerpted from Ready Hands Home Care's Operating Manual)

- ◆ Review the application form for at least a few moments before the interview. Inquire about any omissions and ask the applicant to fill them in if necessary.
- ◆ Start with a clear idea of the key talents and qualifications for the job in question (detailed in the job description), and seek during the interview to determine if the candidate possesses these. The goal is to identify recurring patterns of thought, feeling and behavior (talents) that will best match the job.
- ◆ Have a plan. Review the applicant's application and any other relevant information before starting the interview.
- ◆ Follow a logical sequence: 1) Greet the candidate. 2) Put the candidate at ease with brief small talk. 3) Give an overview of interview goals, including an estimated duration. Explain that the interview may be a little different than the applicant has encountered before, because the focus will be on learning whether the applicant has the characteristics that will be a good match for the job—thus make the work enjoyable for him/her. 4) Elicit information about the candidate. 5) Describe the job. 6) Answer questions. 7) Close the interview.
- ◆ Create a comfortable environment free of interruptions.
- ◆ Put the candidate at ease beginning with a pleasant greeting (“We’ve been expecting you”). Accompany candidate to the interview location, offer coffee etc. Begin the interview with small talk.
- ◆ Listen well. Let the candidate do two thirds of the talking. Avoid sharing opinions about irrelevant topics. If the candidate presses too many questions at this stage, ask courteously that he/she hold them to the end.
- ◆ Use open-ended questions. Don’t telegraph expected “right” answers. *Believe* the answers an applicant volunteers to open-ended questions. excessively—the purpose is to find out what the applicant means, how he/she interprets the questions.
- ◆ Stay in control, and keep reactions to yourself.
- ◆ Take notes.
- ◆ Close the interview appropriately. Inform poor candidates that you are interviewing several people, that you will contact them if interested further, and that they can assume after a specified time period that if they have not been contacted, you have hired someone else. For top contenders, do not commit but do express any favorable impression.
- ◆ Finally, prepare a written interview summary and attach it to the employment application along with any other documents provided by the applicant.

Who Pays For Home Care?

Medicare

Medicare, America's tax-supported health care program for seniors and those with disabilities, covers certain types of home care under the following conditions:

- a) A physician must determine that home care is needed and prescribe a plan of care; and
- b) The patient must need at least one of the following: intermittent skilled nursing care, or physical therapy or speech language pathology services or continue to need occupational therapy; and
- c) The patient must be homebound, or normally unable to leave home. A person is still considered homebound if home absences are due to medical visits or short trips for things like barber or beauty shop visits or religious services. A need for adult daycare does not disqualify a Medicare patient from receiving home care; and
- d) The home care agency providing care must be Medicare-certified.

If all the foregoing conditions are met, Medicare will cover:

- Skilled nursing care on a part-time or intermittent basis. Skilled nursing care includes services and care that can only be performed safely and correctly by a licensed nurse (either a registered nurse or a licensed practical nurse).
- Home health aide services on a part-time or intermittent basis, including help with personal care such as bathing, using the toilet, or dressing (i.e., help with ADL's). Medicare does not cover home health aide services unless one also qualifies for skilled care such as nursing care or other therapy. The home health aide services must be part of the home care for the patient's illness or injury.
- Physical therapy, speech and language pathology services and occupational therapy.
- Medical social services.
- Certain medical supplies like wound dressings.
- Medical equipment such as a wheelchair or walker.



Medicare does not pay for:

- 24-hour per day care at home.
- Meals delivered to the home.
- Homemaker/chore services like shopping, cleaning, laundry, meal preparation (i.e., IADL's)
- Personal care (help with ADL's) given by home health aides like bathing, using the toilet, or help in getting dressed **when this is the only care someone needs.**

Private Health Insurance

Private health insurers also cover home care. The types of coverage they offer and the qualifying conditions are usually very similar to Medicare's.

Medicaid and Other Assistance Programs

Medicaid helps pay for medical care for people of low income who fall into one of the groups covered by the program. It is an entitlement program administered by the state and funded jointly by state and federal dollars. Medicaid covers home care visits when provided by an authorized home health agency under a physician-prescribed plan of treatment, up to a specified number of visits.

Many counties provide some types of home care services to people who meet certain eligibility criteria. They must generally be evaluated first by a social worker, who may also assist applicants and families to arrange housing, nutrition and other community resources in the area.

In addition, a variety of other assistance programs may offer some help with home care coverage to special populations.

Long-Term Care Insurance

Long-term care insurance covers the cost of home care up to a daily benefit amount that varies policy by policy. A deductible or waiting period of up to 100 days must elapse before coverage begins; until then, the consumer pays the costs of care. A maximum policy benefit limits the total amount of care that will be covered under a given policy. This may be a period of time or a dollar amount.

Patients and Families

Much of the time it is the recipients of home care or their families who pay all or part of the cost of home care services. Since the cost can be substantial, several considerations must be weighed. For example:

- The total cost, including home care, of remaining at home versus moving to an assisted living facility or nursing home.
- The importance of staying at home from the standpoint of quality of life.
- If the care recipient lives with a spouse or family members, the value of continuing to stay together rather than experiencing the distress of separation.
- If the care recipient lives alone, the degree of socialization that can be achieved in the home versus in an assisted living facility.

How Do You Select A Home Care Agency?

If you or your loved one needs skilled care on a temporary basis, as when recovering from surgery or illness, the chances are that your medical insurance will pay for it. That means that quite often a social worker or case manager affiliated with your hospital or health plan will be making the arrangements for you. Many times only certain agencies are approved by your health insurer.

If you need temporary or ongoing services that are not covered by insurance, such as personal care or household assistance, then you will need to make the arrangements yourself. Here are some suggestions for how to proceed:

- Use the form in this booklet to record your needs and expectations. Be as complete as possible about what particular tasks will need to be done. Decide what schedule of services would best meet your needs, and also how flexible you can be.
- To learn about home care agencies in your area, ask for referrals from friends, health professionals or other trusted sources. In the greater Washington metro area, another good resource is the *Guide to Retirement Living*, a free magazine published every four months that lists many different types of services for seniors. The website is www.guidetoretirementliving.com.
- Call agencies that look promising, describe your situation and obtain preliminary information by phone. If you have the time, request written information to review.

Recording Your Needs and Expectations

Care Recipient's Name		Date of Birth	
General Description of Condition and Needs			
Preferred Schedule (Circle days, write in hours)			
Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____ Sun _____			
Comments:			
Services Needed:			
Help getting in and out of bed		Laundry	Telephone use
Walking or transferring support		Medication management	General safety supervision
Getting dressed/undressed		Meal preparation	Nursing care
Help with toileting		Shopping and errands	Physical Therapy
Bathing (bed, tub, or shower)		Transport to appointments	Occupational Therapy
Light housekeeping		Companionship/ socialization	Speech Therapy
Additional services (describe)			
Special diet?			
Activity restrictions		Likes and dislikes	
Special instructions			

- Meet with an agency representative in your home. He or she should be a health professional (usually a nurse) who will do an assessment of your needs, while also providing additional details about the agency's services. Use the list of questions in this booklet to remind yourself about issues you'll need to inquire about.
- When you have chosen a preferred agency, work with that one agency to achieve care arrangements that are satisfactory to you. If you are not satisfied, then you should approach an alternative agency.

Questions To Ask When Choosing An Agency:

Does the agency offer the kinds of services you need?

Can the agency meet your scheduling requirements?

What are fees for the services you need? Are there any additional or "hidden" charges?

Is the company licensed by the state as a home care organization?

Does the company employ its caregivers, or does it use independent contractors?

Does a qualified medical professional perform an initial assessment, prepare a Plan of Care and perform periodic supervisory visits?

Are workers covered by a fidelity bond? What is the coverage limit?

Are workers covered by general liability insurance?

Are workers covered by professional liability insurance for acts of negligence?

Does the agency adhere to state and federal guidelines in its employment practices, such as withholding appropriate taxes, providing workers compensation and other benefits?

Is a qualified supervisor available 24 hours a day?

Who do you call if you have questions or problems?

What stipulations are included in the contract or service agreement?

What provisions apply should you need to cancel a visit or terminate services?

Does the agency provide a replacement if an assigned home care worker is sick or has a family emergency?

Are criminal background checks performed on all home care workers?

What kinds of screening and credentialing procedures does the agency follow before placing a home care worker with clients?

Does the agency have a confidentiality policy?

Are services provided on holidays? Is there an additional charge?

If there are two care recipients living in the same residences, does the agency charge higher rates?

Home Care Licensure

When evaluating agencies, make sure to ask about home care licensure. Virginia law requires that any organization providing home care or personal care services be licensed by the Department of Health, unless it already has certain certifications or accreditations from other regulatory bodies. Agencies providing strictly hands-off services like chores and housekeeping are exempt.

License requirements are extensive and provide many protections for consumers. A few examples:

- Credentialing standards for employees.
- Minimum amounts of insurance and bonding.
- Client rights and complaint procedures.
- Quality assurance procedures.
- Documentation and record-keeping standards.

Suppose A Parent or Loved One Resists Needed Care?

What do you do when you see that your elderly parent or loved one needs help at home, but he or she doesn't agree? Perhaps you've noticed that your parent misses medications, walks more unsteadily or eats poorly. Maybe you worry that he or she seems less able to do basic household tasks, or is forgetting things more.

You've been shouldering more of the load, but your own family and work responsibilities are being squeezed. You broach the subject of home care services, so that your parent can get help to continue living safely at home—but he or she doesn't want to consider it. What can you do?

Avoid No-Win Arguments

The first rule is not to make your parent's limitations or disability the central issue. Laying out the evidence of your parent's lapses and limitations might persuade an objective party, but it can just make your parent defensive or resentful.

To our elders, losing the ability to handle daily affairs symbolizes a loss of dignity and control. No one wants to feel dependent. And none of us like to be told that we are no longer capable of managing tasks that once came easily.



Emphasize Your Needs, Not Theirs

A parent may be more accepting of help if you emphasize that it's for your benefit. Point out that you would feel more comfortable knowing someone was helping with the meals, laundry and household chores. Pose it as a favor for you. Explain that it would give you peace of mind as you attend to your own personal or job priorities.

Focus on Household Tasks First

Your parent may be more willing to receive assistance with household chores, laundry and meals rather than personal care like bathing or dressing. Having a "housekeeper" doesn't entail the perceived stigma that a home health aide may represent. Once your parent develops a relationship with a home care worker, he or she may become less resistant to personal care.

Enlist a Trusted Professional

Your parent may be more receptive to the advice of a trusted counselor, clergyman, personal physician or lawyer. Meeting with such an individual is almost always a good idea. But be careful about appearing as if you have enlisted the professional to press your point of view. If your parent feels he or she is being "ganged up on," this approach may backfire.

Don't Ignore Signs of Dementia

When dementia such as Alzheimer's disease is present, things get more complicated because judgment is impaired. Telltale signs include forgetting recent events, retelling the same story repeatedly, becoming lost in familiar surroundings, losing track of time and place and losing the ability to perform tasks that were once routine.

Such behaviors are not part of normal aging. If you recognize them, a medical evaluation is critical. And, be prepared to take a firmer approach on the issue of arranging help. Your parent's safety may depend on it.

Eldercare Help and Advice: **The Role Of Geriatric Care Managers**

Geriatric Care Managers (GCM's for short) are professionals from the fields of nursing, social work, gerontology and psychology who help families make safe arrangements for frail seniors to remain in their homes and communities. The services developed to help this population are often fragmented and confusing. Many people find it bewildering and time consuming to locate reliable resources and information. Geriatric care management emerged in response to this need.

GCM's most often work in the places their clients call home and they do many of the things that family members would do if they could. They help families through complex situations and assist them in making good decisions about eldercare based on the needs and wishes of the family system. They are often involved in very intimate aspects of their clients' lives. Professional rules of confidentiality apply to care managers just as they do to medical or legal professionals.

When Can You Use A GCM?

- If you are concerned about an older family member but don't know exactly why or what to do.
- If you are a caregiver and don't know what your next steps should be.
- If you are trying to get information to help your family member but don't know where to look.
- If you live at a distance from your loved one and need a liaison to do the things you would do if you were there.
- If you feel you need to have a plan for care in place but don't know what to include.
- If there is a crisis, a hospitalization, a change that affects the older person that is beyond your understanding.
- When you are so frazzled and overwhelmed that you don't feel you can help.
- When you want objective advice and knowledgeable information about how to address your family member's needs.
- If the entire family is at odds over how to proceed with the older member.
- If you think the family member needs additional help to stay at home, or if he/she may need to consider moving to a more supportive environment.

What Does A GCM Do?

No two cases are alike and it is crucial to learn the specific needs of each client system. This starts with a comprehensive assessment that guides the subsequent course of action. The information gathered at the time of the assessment helps the care manager understand the requirements of the client and family. It also allows him/her to develop a plan that addresses the immediate situation, but also takes into consideration the issues that should be considered in the future. A GCM will perform the tasks you ask of them, acting as your

consultant and advisor, with you and your family member at the heart of the decision-making process.

➤ **Assessment.** This is the information-gathering phase. GCM's need to assemble information about the person, the living environment, medical and psychosocial information, support systems, financial condition and other basic information to permit a clear understanding of the situation.

➤ **Objective Report To Family.** Once the assessment is completed, the GCM will report to you with his/her professional and objective observations. Remember, the care manager is viewing the situation differently than the family and may offer insights and information far different than what has been already considered or expected.

➤ **Care Planning.** The care manager will draw up a plan of care based on the needs and wishes of the client and the family. The care plan identifies the roles that everyone will play in the care of the client as well as the tasks required. It will usually incorporate goals so that the success of the plan can be measured. If the family is going to provide most of the care, there will be a list of what needs to be done and how to accomplish it. If the care manager will be playing an active part, it will also be included in the care plan. The care plan should be a flexible document that changes to accommodate the needs of the client.



➤ **Information and Referral.** Care managers are knowledgeable about a wide array of community and private resources relating to client care. Part of the service is to provide such information to clients, or to offer referrals to professionals such as elder law attorneys, financial advisors, medical professionals, home care services, and other useful companies and organizations.

➤ **Coordinating And Monitoring Services.** Many families do not have the time or ability to find and manage all the services their older member may need. GCM's often are requested to make all the preliminary calls for information, arrange services and monitor them to ensure they continue to be appropriate. Services can include, but are not limited to, home health or personal care, meal delivery, transportation, errands, home and yard maintenance, moving services, and many others.

➤ **Medical Appointment Assistance.** Many care managers will coordinate medical care for their clients and can actually attend the medical appointment with the client. Older clients are sometimes intimidated by their physicians. Sometimes they are unable to provide or receive necessary information. Families may not be available to attend. The GCM will ensure the physician receives all necessary information, and also ensures that

all pertinent information is transmitted to the appropriate parties..

- **Advocacy.** Care managers have a responsibility to advocate for their clients, especially for those who cannot advocate for themselves. Even with family members present and involved, the older person is always the focus of the care manager's efforts and he/she strives to help the family focus their efforts in the same direction.
- **Daily Money Management.** Sometimes people need help paying bills, organizing paperwork or balancing a checkbook. Care managers often are called on to assist with these tasks. If the client needs higher-level services than these, the GCM would refer him/her to a financial consultant or advisor with expertise to meet the client's needs. Care managers do not give legal or financial advice or make financial decisions for their clients.
- **Transition Assistance.** Often families are making decisions about moving their older members. Sometimes this is a move from one part of the country to another. Sometimes it is from a large home to a retirement apartment. Sometimes it is from a home to assisted living or nursing home care. Any move has its own set of challenges and these can be exacerbated if the person being moved is frail, ill, or unhappy about the change. Care managers can help manage this transition, offering advice and information to make it less traumatic on everyone.

Special Situations

Should Your Elderly Relative Still Drive?

It's a fact: car accident rates increase with advanced age. Drivers older than 85 experience an average of 38.8 accidents per million vehicle miles traveled, about ten times the rate for 40-45 year-olds. Many seniors sensibly curtail their driving, but some don't. What should you do when you suspect impaired driving in an elderly loved one?

Observe Driving Performance

A history of recent accidents or "fender benders" may be all the evidence you need that a problem exists. Otherwise, the first priority is to create non-threatening opportunities to observe driving skills. Look for warning signs like incorrect signaling, trouble navigating turns, hitting curbs, inappropriate lane changes or delayed responses to unexpected situations.

Signs of significant cognitive impairment would be even more troubling. Examples include becoming confused at exits, getting lost in familiar areas, mixing up the brake and accelerator pedals or even stopping in traffic for no reason.

Even if you note nothing of concern, ride in the passenger seat occasionally to catch indications of declining skills over time. Your presence will also seem more natural that way.

Intervene for Safety

If you note problem driving, begin intervening early so as to make driving cessation a gradual transition. Start arranging practical transportation alternatives, like having others drive to church, appointments or social events. Don't be shy about asking relatives or friends to shoulder some of the load. Have groceries and medications delivered. Look into home care or errand services. Use taxis or public transportation if practical.

You should also consider the local government-sponsored services for those with income limitations and/or disabilities. In Northern Virginia, consider Fastran, (703) 222-9764; Metro Access, (703) 523-7009; or Seniors-On-The-Go, (703) 324-1172. Or, contact Connect-a Ride, an excellent free transportation help line offered by the Jewish Council on Aging, at (703) 323-6494.

If your loved one won't relinquish the steering wheel, enlist help from his or her personal physician, whose advice may carry more weight. A geriatric care manager, social worker, elder law attorney or clergyman can play a similar role.

If necessary, take the keys or remove or disable the car. Think about reporting the unsafe situation to the Virginia Department of Motor Vehicles (DMV), which will trigger a driving competency exam. The DMV does not reveal the source if notified by a relative, friend or treating physician.

Don't Dodge the Issue

It is stressful to deal with a resistant elderly relative who is a problem driver. Rather than confront the situation, some of us procrastinate and hope for the best. Others try to limit the danger by "riding shotgun" in the passenger seat, long after obvious warning signs have been recognized. Don't make these mistakes. The risks to your loved one and other innocent people are just too high.

Arranging Home Care Following Hospital Discharge

Seniors are being discharged from hospitals quicker than ever. In 1970 the average admission for a person over 65 lasted 12.6 days. By 2001 it had dropped to 5.8 days.

This has put more pressure on families who want to be sure that safe arrangements are made for their loved one at discharge. Here are four tips to avoid being caught unprepared on discharge day:

Start Planning for Discharge from Day One

Be thinking from the start about where your loved one will need to go for safe care post-discharge, and what services will be needed. Will he or she be able to return home? Would it be safer to stay with a family member for a while? Will home care or medical equipment be needed?

Each hospital patient is assigned a social worker or case manager who coordinates discharge planning under a physician's direction. Find out who this person is and contact her. Don't wait until the last minute.

Talk Regularly with the Doctor(s)

Talk to your loved one's physician(s) daily about his or her progress. A good doctor, even if busy, should want to keep family members informed. Find out what works best with each doctor. Often a phone call to you after morning rounds is an efficient way to stay in touch. Or, you might arrange to meet him or her at the bedside during rounds. Some doctors' schedules make a late afternoon or evening telephone conversation most workable. The important thing is to establish lines of communication early on.



Observe Things First Hand

Nothing beats frequent visits to the bedside and seeing for yourself how your loved one is doing. How is he or she feeling day to day? Walking? Eating? Responding to treatments and therapies?

Ask staff members like nurses, physical, occupational and speech therapists what they're seeing as they work with your loved one. Get on a friendly basis with these people, because they can be invaluable sources of information and support.

Get the Covered Services you'll Need

Medicare and private health insurance companies will pay for home care and medical supplies up to certain limits (see the section titled "Who Pays For Home Care?" earlier in this guide). You should ask for whatever covered services may benefit your loved one. You may have to press your case with the physician(s) and/or the person in charge of discharge planning. The right type, frequency and duration of home visits are all judgment calls; if you think more help is needed, say so.

Caring For A Loved One With Alzheimer's Disease

Alzheimer's disease is a progressive, degenerative disorder of certain nerve cells in the brain. It is the most common diagnosis in the class of disorders called dementias. Currently there is no cure, but certain medications can temporarily delay the progression of the disease in about half of patients.

Symptoms of Alzheimer's disease

The symptoms of Alzheimer's disease include the following. If a loved one is experiencing any such symptoms but has not been evaluated medically, he/she should be seen by a

physician competent to evaluate and manage patients with dementias.

- A gradual deterioration of memory, with short-term memory (i.e. the ability to form new memories) affected the earliest.
- Problems performing familiar tasks that were not difficult before.
- Language difficulty, such as inability to recall familiar words or names.
- Impaired judgment, manifested by behaviors like dressing inappropriately for the weather (e.g. winter clothes on a hot day) or spending money foolishly.
- Loss of ability to work with figures or think abstractly. Alzheimer's patients may develop difficulty with tasks like balancing a checkbook or paying bills. They may lose the ability to recognize meanings behind common sayings.



- Disorientation to time and place. Alzheimer's patients often lose their awareness of the date, month or season, or the state, county and town where they live.
- Mood swings and personality changes. Alzheimer's sufferers may experience unpredictable swings from sadness to anger to placidity. They may exhibit erratic or bizarre behavior. Many Alzheimer's patients also lose initiative and must be prompted to carry out tasks that once would have been natural.

Tips for Caregivers

Caring for someone with Alzheimer's disease can be stressful and demanding. Every day brings new challenges and frustrations. As a result, caregivers themselves are subject to depression, physical and emotional stress. The following suggestions can help caregivers understand the disease better and adapt to its realities, while improving the quality of life of its sufferers. These suggestions are equally appropriate for patients with dementia due to other causes.

- Be patient and controlled. This is one of the hardest challenges for caregivers. But being in a hurry or showing irritation or anger almost always makes things harder on everybody.
- Adopt predictable routines. The symptoms of Alzheimer's disease are particularly aggravated by unexpected change. Therefore, keep to a regular schedule for activities such as eating meals, bathing, dressing, sleeping and arising from bed.
- Communicate clearly. To understand and be understood, caregivers should speak

slowly, calmly and clearly using simple words. Allow time for the patient to respond to you. Minimize noise and other distractions. Pose suggestions and questions in a positive way.

- Allow as much independence as you safely can, even if the patient is slow or fumbling with a task. Give regular positive feedback.
- When helping with activities of daily living such as bathing or dressing, explain what you are going to do in advance. Work calmly and unhurriedly.
- Keep choices limited. For example, lay out clothes for the patient in advance, and minimize meal choice decisions for the patient.
- Set realistic goals for activities during the day. Keep things simple and allow enough time. Be attentive to signs of frustration and gently distract the patient away. Find activities the patient enjoys and try to incorporate them into a daily routine.

Special Problems In Alzheimer's Disease and Other Dementias

Sleeping

Alzheimer's sufferers are prone to erratic sleeping patterns. To encourage uninterrupted sleep, adopt a regular bedtime and awakening schedule. Create a relaxing environment in the evening and avoid excitement or distractions. Restrict fluid intake during the three hours prior to bedtime, and especially avoid caffeine and alcohol. Exercise during the day is very helpful. Avoid long daytime naps, which can perpetuate a cycle of awakening at night and sleepiness during the day.

Making the Home Safe

Alzheimer's patients pose special demands for keeping the home environment free of hazards that might cause injury. Make sure there are secure locks on all doors leading outside. Remove locks from interior rooms or otherwise protect against the possibility that an Alzheimer's patient will become accidentally locked in a room.

Keep cleaning supplies and harmful chemicals secured away. Reduce falling risk by eliminating clutter and tripping hazards and providing good lighting (see the next section in this guide). Keep harmful items like knives, guns, matches and lighters secured away. Make sure medications are clearly labeled and stored safely.

Depression

Coexisting depression occurs in 20% or more of Alzheimer's patients and an even higher percentage of their family caregivers. Depression has features that can be confused with Alzheimer's symptoms and therefore it is particularly easy to miss. However, there is very

effective medication available to treat depression.

The basic signs of depression are persistent low mood or loss of interest or pleasure lasting at least two weeks. In addition, several of the following are usually present: unexplained weight loss or weight gain; fatigue, loss of energy; sleep disturbances; thoughts of death or suicide; difficulty concentrating; feelings of guilt or worthlessness; slowing of physical or mental function. If an Alzheimer's patient or caregiver exhibits such symptoms, particularly if they represent a change, it is very important to seek immediate help from a physician trained in the recognition and treatment of depression.

Caregiver Burnout

Caregivers of Alzheimer's patients face enormous burdens that frequently take their toll emotionally and physically. Signs of burnout include depression symptoms (see above), irritable mood, physical aches and pains, resentment or mistreatment of the patient, increasing use of alcohol, feelings of being trapped and strained relationships with others.

To avoid burnout, make sure the demands on you are realistic. Get help from family members, private or community agencies and support services. Consider joining a support group. Budget personal time away from the demands of caregiving.

Finally, be realistic about your limitations and when the time comes, arrange for home care or place your loved one in a long-term care facility. If signs of burnout do occur, don't try to handle it alone—get professional help for yourself.

Falling Among Older Adults

Every year one out of three community-dwelling seniors over 65 experiences at least one fall. That just begins to reveal the enormous functional, psychological and financial impact of falling among older adults. Falls cause about 350,000 hip fractures per year, for which the mortality at six months approaches 25%. Seventy-five percent of fall-related deaths occur in people 65 and older. Recurrent falls are one of the major reasons for loss of independence and admission to nursing homes.

Fortunately most falls don't result in serious or disabling injury. The trouble is, falling in the older population is usually due to ongoing risk factors that will cause more falls in the future. In fact, people who fall once are two to three times as likely to fall again within a year. So, most falls can be thought of as a warning to seek intervention before serious injury occurs.

Why Do Falls Occur?

Normal changes of aging are only part of the answer. For example, it is normal to experience a decline in muscle mass and consequent loss of muscle strength after a certain age. Likewise, neurological functions controlling balance and position awareness become less sensitive. But the more important risk factors for falling are certain medical conditions common among

seniors, such as stroke, inner ear disorders, Parkinson's disease, neuromuscular disease, urinary incontinence, visual impairment, heart rhythm disturbances and arthritis. Such conditions can usually be improved with treatment.

Prescription and non-prescription drugs can also be major culprits. Pain pills, sedatives, antihistamines, cardiac and blood pressure drugs, diuretics and antidepressants are just some of the many classes of drugs that can contribute to falling. Depending on the drug, falling risk can be aggravated in one of three ways: by causing confusion or drowsiness, by lowering blood pressure and by contributing to dizziness, especially the kind that is precipitated by sudden standing.

Reducing the Risk of Falls

Fortunately, a number of studies have shown that a great deal can be done to reduce falling incidence. First, get a medical evaluation directed at discovering and treating medical conditions that contribute to falling. To ignore this step is to risk overlooking things like a correctible inner ear disorder or a drug modification that could be beneficial. When seeing a physician for such an evaluation, bring a list of all your medications, including any non-prescription agents (or better yet, bring the bottles themselves.)

After a medical assessment, physical exercise is an indispensable component of any fall prevention strategy. Just the muscle-strengthening benefits of a general exercise like walking would be expected to improve gait stability, and to an extent this is true. But for people at increased risk of falls, supervised exercise targeted at improving balance is a better bet. There is also evidence that Tai Chi, the oriental exercise consisting of slow, coordinated movements and relaxation, reduces falls and improves confidence in seniors. Senior Centers in many communities offer Tai Chi classes.

Well-fitting shoes with thin, non-slip soles are a prudent measure for all seniors and a must for those at increased risk for falls. (Thick-soled shoes are a bad idea because they impair balance and position sense.) Assistive devices like canes or walkers can be indispensable. It's best to have a physical therapist go over their proper use, however, as many people don't get the benefit of such aids because of lack of instruction.

Modifications of the home environment can be beneficial at reducing falls. Some simple steps include making sure rooms are well-lit, avoiding clutter, eliminating throw rugs, tacking down carpets and placing non-slip mats in tubs and in front of sinks. More involved but still beneficial in some cases are interventions like installing grab bars in bathrooms or solid railings on both sides of a stairway. Studies show that such measures do help, but they need to be incorporated into a comprehensive program that also includes the components of medical evaluation and exercise.

How to Use a Cane:

If you have a "bad" side that needs more support, hold the cane in the *opposite* hand. Start by placing the cane one small stride ahead and step with your weaker leg, finishing with your better leg. As you walk, your weaker leg and the cane should strike the ground at the same time.

To climb stairs, grasp the handrail (if possible), step first with the cane and your stronger leg, then bring your weaker leg up. To descend stairs, step down first with the weaker leg, then with the cane and the stronger leg.

Finally, there is one important risk factor for falling not yet mentioned: the fear of falling itself, a serious problem in its own right that causes many to curtail walking, social interactions, church attendance and other activities. Inactivity aggravates the very muscle weakness and gait instability that make falling more likely. Thus, experts agree unanimously that withdrawing from life's activities is exactly the wrong way to deal with falling risk, since in the end it just makes things worse. With a little patience and courage, there really are better options available to seniors who fear falling.

Checklist For Reducing Falling Hazards In The Home

In addition to 1) consulting your physician, and 2) enrolling in an exercise program or Tai Chi class, the following tips can help reduce your risk of falling:

Bedroom

- Place a lamp, telephone and flashlight near your bed.
- Sleep on a bed that is easy to get into and out of.
- Arrange clothes in your closet so that they are easy-to-reach.
- Install a night-light along the route between your bedroom and the bathroom.
- Keep clutter off the bedroom floor.

Living areas

- Arrange furniture so you have a clear pathway between rooms.
- Keep low-rise coffee tables, magazine racks, footrests and plants out of the path of traffic.
- Walk only in well-lighted rooms, stairs and halls.
- Do not store boxes near doorways or in hallways.
- Remove newspapers and all clutter from pathways.
- Keep electric, appliance and telephone cords out of walkways, but don't put cords under a rug.
- Don't run extension cords across pathways; rearrange furniture.
- Secure loose area rugs with double-faced tape, tacks, or slip-resistant backing.
- Don't sit in a chair or on a sofa that is so low it is difficult to stand up.

Kitchen

- Remove throw rugs.

- Clean up immediately any liquids, grease, or food spilled on the floor.
- Store food, dishes, and cooking equipment within easy reach.
- Don't stand on chairs or boxes to reach upper cabinets.
- Use nonskid floor wax.

Stairs and steps

- Keep stairs clear of packages, boxes or clutter.
- Light switches should be at the top and bottom of the stairs. Or consider installing motion-detector lights which turn on automatically.
- Provide enough light to see each stair and the top and bottom landings.
- Keep flashlights nearby in case of a power outage.
- Remove loose area rugs from the bottom or top of stairs.
- Replace patterned, dark or deep-pile carpeting with a solid color, which will show the edges of steps more clearly.
- Put non-slip treads on each bare-wood step.
- Install handrails on both sides of the stairway. Each should be 30 inches above the stairs and extend the full length of the stairs.
- Repair loose stairway carpeting or wooden boards immediately.

Bathroom

- Place a slip-resistant rug adjacent to the bathtub for safe exit and entry.
- Mount a liquid soap dispenser on the bathtub/shower wall.
- Install grab bars on the bathroom walls.
- Keep a night-light in the bathroom.
- Use a rubber mat or place nonskid adhesive textured strips on the tub.
- Replace glass shower enclosures with non-shattering material.
- Stabilize yourself on the toilet by using either a raised seat or a special toilet seat with armrests.
- Use a sturdy, plastic seat in the bathtub if you cannot lower yourself to the floor of the tub or if you are unsteady.