

Most of us think of elder care as a series of ad hoc issues. If we have had any experience with it at all it has generally been with taking care of aging parents. That could mean arranging for some in home assistance, checking out a care facility, contacting Meals on Wheels or getting a power of attorney. The point is that these are individual responses to specific needs.

What is not so widely understood is that there is now an industry which is dedicated not just to the specific individual requirements of aging but instead takes an overall approach to the management of that care. A competent care manager will assess all of the client's care needs, establish a plan, bring in people who specialize in each service, and coordinate and monitor that care.

There are two general areas of focus, one is health and well-being, the other is financial and legal. On an initial visit a care manager should assess the safety aspects of the residence. These will be things generally overlooked when we are completely mobile. Stairs and carpets might be reviewed because of potential for falls. Cabinets might be lowered, or raised, bathrooms rearranged to set aside things that might easily cut or spill. Fasteners, like picture hooks or cup racks, could be re-enforced.

The assessment should also include a review of medications. Partly this is to orient the manager as to the patient's overall health, partly it is to establish a

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system that will facilitate taking all of the right pills at all of the right times. A good care manager will accompany the patient on medical appointments and will have enough medical understanding to see that a doctor's recommendations are followed. A manager should be able to interact with the whole range of medical professionals, including not just doctors and dentists but rehab people, therapists, psychologists and nutritionists. S/he should know enough to supervise assistants who may be called in to help with the client's physical needs.

A manager can act as a kind of chief handyman for the house. S/he might arrange for yard work, check the house for needed maintenance and be able to call on a number of people for minor repair work like leaky faucets or a stubborn furnace.

There are a number of new

technologies that assist in remote monitoring of the patient. A medical alert service will provide emergency care in case of falls, fainting, cuts and burns. An in home video camera will immediately show if the patient is having a problem. Patients' vital signs can be electronically recorded and transmitted. It should be possible to electronically monitor drug usage.

The second general area is legal and financial. At the extreme this means a fiduciary has full legal control over a client. Whatever right or power we might ordinarily expect an adult to have is here turned over to another. The fiduciary could make essentially medical decisions; should the patient have an operation, go to a rehab facility, to an assisted living residence or to a nursing home. More commonly the fiduciary is making decisions about the client's personal finances. This could mean determining expenses, arranging for the collection of income, executing the provisions of a trust or managing property. It could mean negotiating with a government or other agency for some service or financial benefit. It could mean hiring an investment manager.

Usually a fiduciary's powers are more specifically delimited. They might be created solely for a period of time, say when the client is undergoing surgery and convalescing in the hospital. They might be limited as to range. Say I grant full power over financial affairs but retain all medical care decisions for

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myself.

One of the most common types of assistance with financial affairs does not even rise to the level of fiduciary power. There are people whose business it is to record a client's checks, make sure the bills are paid, review expenses for anything untoward, and balance the check book. They are merely providing a service, not making decisions.

Care management and professional fiduciary service are fairly new professions. They have come along with the general movement to empower people, to make them less dependent upon institutional authority and more in command of the things directly related to their lives. In the case of the elderly that usually means staying in one's own home as long as possible. People live much longer now and retain their faculties to a much older age. A few specific changes and a few specific services can be enough to make a person independent. The alternative, institutionalized care, generally means a downward spiral, reducing the patient's capacities in all areas.

Traditionally, family and friends have stepped in to take over care and fiduciary responsibilities.

But there are a variety of reasons why an outside person may be desirable. First is geography. If we are caring for a parent or a disabled child at a distance then someone on the spot makes sense. Another reason is availability. There just may be no family or close friends. Or conflicts within the family may be such that it is better to have important decisions made by someone outside. Less obvious is the fear that elder care may introduce conflicts within the family that aren't even there yet. It may also be that the elder himself does not want any family or friends to know a lot of intimate details; or he may just not trust them.

This new world of care and fiduciary management offers us the opportunity to take a much more active role in planning for our future. We can screen, assess, interview and find a person who may be making some important decisions in our future. We can discuss contingencies and do much better informed planning for an unpredictable future.

Where do we find members of this new profession? They march under different banners, variously designated Senior Advisors, Senior Navigators and Elder Advocates. Probably the best known organization for care managers is the Aging Life Care Association. It's website has a list of local members. The Association has educational and experience requirements plus a code of ethics and an enforcement mechanism. Most care management professionals come from a social work

background.

Professional fiduciaries in California are state licensed. They too have educational and experience requirements. Their professional organization is the Professional Fiduciaries Association of California and their website provides a list of local members. Many care managers and fiduciaries are licensed in both specialties.

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