

# Professional Geriatric Care Management

## The 1,000 Points Of Light

By Mark Zilberman, LCSW

During George H. W. Bush's inaugural speech in 1989, the newly elected president spoke of the "thousand points of light--all the community organizations that are spread like stars throughout the Nation, doing good."

He was referring to the American Social Services system made up of thousands of private service organizations. Although many hesitate to call this structure a system at all, the comparison is perfect. Ordinary citizens across the U.S. can find themselves in need of a little light when overshadowing family problems occur.

Family challenges regarding the care of elderly loved ones often become complicated because of life demands and additional constraints due to time and location, multiple generations needing care, or children with disabilities living with aging parents. To navigate through The 1000 Points of Light, you need the assistance of someone familiar with the landscape who has both the time and the access to resources for your family's unique requirements.

### The Geriatric Care Manager: History and Role

Although case management services are known to have existed in the late 1800's, modern geriatric care management is a relatively new profession. In a 1984 article in *The New York Times* ("Long Distance Care Giving for the Elderly"), Geriatric Care Managers (GCMs) became aware of each other's existence. These individuals (mostly social workers) formed the NAPGCM (National Association of Private Geriatric Care Managers). Today the NAPGCM continues setting standards, codifying ethics, conducting research, drafting public policy, presenting workshops, and working in an interdisciplinary manner with parallel professions. Most recently, they approved a credentialing process mandatory for all members. In a little over 20 years, a membership of about 50 is now over 1,700.

Case management begins with four basic steps.

**1. Assessment:** This starts with the first phone call for help. The GCM asks numerous questions to get the overall picture. If he/she can help, the GCM then holds a formal meeting with the prospective patient. It includes a visit to the home and talking with family, friends, and doctors to review the patient's medical, psychosocial, legal and financial status in order to know what is available for determining options. These are sensitive areas, and it's important to be brutally honest about the real picture, especially functional and cognitive strengths and/or limitations. Assessment is an ongoing process, as is maintaining the person's dignity.

**2. Planning Care:** This often is a formal document that charts the problem on one side and the solution on the other. Or there may be no document at all due to the circumstances and urgency. A document may be arranged hierarchically; that is, with the most critical matters at the top. Similarly, it may be arranged chronologically so that the most important items are resolved first. This plan is subject to constant change. Just as assessment is ongoing, The Care Plan is ever-evolving.

**3. Implementation:** This is where the care plan comes to life. After consultation and approval of the family, the GCM engages and coordinates the various services needed to complete the plan. GCMs use formal (home care agencies, professional contractors) and informal supports (volunteers, friends and family.) Your GCM may well be a licensed professional (many are either social workers or nurses) and are more inclined out of self-protection to stay close to acknowledged standards.



There are times when we all need a point to help us focus. The North Star (shown here in a 30 minute exposure) has been used to chart direction and latitude for over 2000 years. *Istockphoto.com*

**4. Monitoring:** Once services are in place, the GCM continues to monitor staffing, needs of the client, and any changes in medical conditions.

### Finding and Paying For a Care Manager

Care management can be expensive. There are contracts and releases (this is America.) Most typically, time is paid for by the hour. Depending upon where you live, costs could range from \$75-\$150/hr. Compensation includes travel and phone time. Before you rule out this service, factor in the value and the availability of your own time. Can you take time away from work; or afford to lose your vacation? Can you stop to make the necessary phone calls to follow through on promised actions? Factor discrimination by an employer who may have offered you a promotion or employment were it not for the distraction of filling in the gaps that a GCM may accomplish more quickly and perhaps with better results. Factor in what you can't factor: time with your loved one that is not totally consumed with the nuts and bolts of taking care of them. Time may be all you've got. Don't waste it. There are various ways to find a geriatric care manager. The best way is word of mouth. The relationship with the care manager is pivotal.

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If someone who you know or trust (i.e., friend, neighbor, colleague, doctor, etc.) has used the services of one they're delighted with (and that's usually the case), place a high value on their opinion.

The NAPGCM has an excellent website called Findacaremanager.org. Just enter your geographic location to receive referrals within a given radius. If you don't find someone nearby, don't be shy about calling someone else in the vicinity. When people ask me where my office is, I tell them it's parked in their driveway.

### Closing Thoughts

One of the chief issues you're going to be working on initially with the GCM is a strategy to get around the resistance. Often, aging individuals don't see the need for help. It can be quite emotional for them. Some will welcome help as love; others see it as insult. The number one reason for resistance is money. Remember this service IS for the family. You WILL all benefit from this.

Finally, you are going to love your geriatric care manager. Relationships between the GCM and the family are very often long and deep. We are invited into the wounded parts of families and tasked to fix all manner of crises.

Fellow professionals welcome us because they know we understand matters in a way that their patients may not and that they have failed to explain. We live for that look in our families' eyes that says we've really done something. We are a blessed lot.



*Mark Zilberman, LCSW, has been working in geriatric care management for six years. He brings diverse experience to the field, having worked and studied in the specializations of substance abuse, mental health, developmental disabilities,*

*and homelessness. As Founder of NorthStar Care and Guidance, he and his organization are called upon to manage a spectrum of issues for families. Zilberman was previously affiliated with SeniorBridge, Inc., Beth Israel Medical Center, and The Floating Hospital. He received his MSW from SUNY at Stony Brook. A licensed clinical social worker in NY and NJ, Zilberman holds credentials in substance abuse counseling from both states.*

You may reach Zilberman at, [www.NorthStarCare.net](http://www.NorthStarCare.net), 888-288-6152.



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### WHAT IS A GERIATRIC CARE MANAGER?

Geriatric Care Managers (GCMs) are professional human service and health care workers who specialize in the care of the elderly and disabled. A GCM will first conduct a thorough assessment of the patient in their environment to determine what modifications, financial assistance, entitlements, supports, and changes (if any) need to be made. The GCM's expert brokering skills help attain the best services and supports for a family's needs. With services in place, the GCM will continue advocating to maintain the appropriate levels of support so that care is provided seamlessly and their patient has the greatest possibility for independence. For more information contact:

**The National Association of Professional Geriatric Care Managers @[www.caremanager.org](http://www.caremanager.org)**