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AGING

In Loco Parentis

Aging Life Care Managers care for parents when families can't

By Margit B. Weisgal, Contributing Writer

ALCA
8
knowledge
areas



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ASSOCIATION

Stanley Cook lives in New Jersey; his parents, now in their late 80s, in Ohio. For a while, they managed their lives by hiring a part-time driver who could take them on their errands and help with small tasks. Soon, that wasn't sufficient. Many more doctors' appointments – but what did the doctor say? Greater difficulty getting around – but what if one of them had a fall? Flying back and forth wasn't really feasible or practical. Since Cook left his hometown years ago, he didn't know what services or support were available or to whom he could go for help.

He, like many of us, learned about role reversal as he became responsible for the people who raised him. His solution: a Geriatric or Aging Life Care Manager.

"Although our profession has been around for over 35 years, we're still the best kept secret when it comes to managing the aging process," says C. Taney Hamill, CEO of the Aging Life Care Association (ALCA: www.aginglifecare.org). "Our members understand care management and understand what a family is going through, all the different parts that are involved, and how to bring it into focus."

Case managers, certified by the American Case Management Association (www.acmaweb.org), are usually employed by hospitals or health care delivery sys-

tems, so their mandates revolve around the services a hospital provides. For aging individuals, though, their needs extend beyond medical requirements. That's where an Aging Life Care Manager steps in.

"Aging Life Care Managers are highly educated and credentialed professionals who take on the role of a health and human services specialist," says Hamill. "They are experts in eight different areas, so they can guide family members or individuals through the maze of care and personal needs as they get older. They also invest in education and training so they're current with new information and research."

"We help people navigate longevity," explains Ellen Platt, M.Ed., C.R.C., C.C.M., of the Option Group (www.theoptiongroup.net) and an ALCA member. "Yes, there's usually a health issue, but it is so much more. Each client has a different story, different requirements, different issues, so every care plan we create has to fit that individual's needs."

Platt has a Master of Education degree and is credentialed as a Certified Rehabilitation Counselor and a Certified Case Manager. She and her staff constantly attend continuing education class-

es to maintain their certifications and to ensure their knowledge is always current.

"We always start with an initial assessment that includes a cognitive screening as a baseline," says Platt. "It will include an inventory of the person's life and situation. For instance, are all the legal documents, including an advanced directive, in place? We find out if there's a point person with whom we can be in contact. Next, needs are ranked by importance and an understanding of what the person wants."

Included in this assessment is a clinical picture: diagnoses, medications and basic activities of daily living (ADLs) – fundamental tasks a person performs to maintain autonomy throughout the day, such as bathing, personal hygiene, dressing, eating and mobility. Instrumental ADLs include executive functions, like the ability to pay bills, shop, meal preparation, home maintenance and managing medications. As these abilities change, so do the client's needs.

"We look at gaps," Platt says, "such as the infrastructure around the person. The care plan should be the least restrictive but, at the same time, the safest. With so many resources now for staying in one's home and aging in place, we are



Taney Hamill, CEO of the Aging Life Care Association

like the hub of a wheel, bringing in only the specific help required. Of course, this changes over time and we're there to act as a go-between, only adding what is necessary. Health care is local. Our job is to know all the players, all the services that are available – both private, state or federal, all the options as people age.”

Long distance families are only one type of client Platt works with. “Sometimes there is a short-term need, and we have to act immediately. It can then morph into a long-term care plan that's sustainable and affordable. Other times, when we step in, it's to relieve caregivers who are burned out.”

And, sometimes, it's an individual. Michelle Douglas is 65 and an “elder orphan;” she's been single all her life and doesn't have any remaining relatives. “I want someone in my back pocket whom I could trust. If I become ill or can't take care of myself, I wanted someone to be my advocate, to represent me if I couldn't. I also wanted to know my options going forward.”

For Douglas, Platt created a blueprint.

“She wanted me to go with her to doctor's visits, trap the information and be an objective participant. We schedule regular reviews so that I was constantly updated on her status. It would probably be many years before she needed me for more, but, when the time came, we'd both be ready.”

Hamill explains the eight knowledge areas in which her members are qualified to assist. “Health and Disability is the first, and that ranges from physical problems to mental health and dementia issues. Aging Life Care Managers can deal with various health care delivery systems, going with clients to doctors' appointments and reporting to the family. When the time comes, we can help figure out what services are essential, even including home health or hospice. They'll engage and monitor them.

“Next is Financial, reviewing or overseeing bills. Because our members stay current with federal and state entitlements, they can connect clients to those and any local programs of which they may not be aware. Housing covers living

arrangements, relative to either aging in place or helping to find appropriate venues. When it comes to Families, having someone who stays unbiased while looking at the whole picture is extremely worthwhile. As mentioned, previously, access to Local Resources is a strength as are recommendations to Legal professionals who understand issues related to aging. Last are Advocacy, standing in for family, and Crisis Intervention for when an emergency occurs, or there's need for ongoing care.”

Being an Aging Life Care Manager can be labor intensive as many are on-call 24 hours a day. There's also an emotional toll. “Yes, you have to be professional at all times, similar to being a fiduciary – always acting in the best interests of the client – and we don't take that lightly,” says Platt, “but at the same time, it's intimate. Ultimately, your clients die, so we try to take care of ourselves whenever possible. Plus, because we have a team with different areas of expertise, we can take breaks.” Nonetheless, her role is be aware of future needs. “We're always

scanning the horizon for upcoming issues or to prevent bad things from happening. We also know what is normal and what isn't. And if there's a medical event, any emergency, we are there.”

When looking to hire an Aging Life Care Manager, you have a couple options. It can be a one-time visit where they create a blueprint for you and your family to follow and provide you with options or recommendations for resources. For instance, if you're visiting a senior living residence, they can provide a list of questions, so you get all the information you need to make an informed decision. Some are now offering tele-care management.

Alternatively, they can work under a long-term contract with hourly rates, meeting regularly to make sure everything is on track. In many ways, this person becomes a member of your family, your local, personal representative when you can't take on this job. With age, it helps to have an extra pair of eyes and ears when

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those with dementia grows, so will the costs.

Potential prevention

“Age is the biggest risk factor,” says Amjad. “By the time people are 90 years old, 30-40% will have some dementia, but it is not part of the normal aging process.”

“There’s usually some cognitive change that’s appropriate for advancing age. That’s normal. We’re learning that lifestyle is the most important prevention to dementia: diet, exercise, eating a Mediterranean diet – akin to the lifestyle recommended for preventing heart disease,” says Nowrangi. “What varies in the two types of lifestyle is the importance of brain plasticity: mental resilience and accrued mental and intellectual capital we build up over our lifetimes. This will create a small barrier to age-related decline.”

Amjad concurs. “Risk factors for dementia such as age and genetics cannot be changed. If you’re really concerned, talk to your doctor. With normal aging there’s some deterioration in memory. Ask if what you’re experiencing is normal or could it be more. Those with a family history tend to be more aware of lapses and become concerned more quickly. Most of all, don’t panic. If your symptoms are mild and you’re doing regular activities, don’t imagine the worst possible scenario. You can live well with dementia and, depending on your age and other medical conditions, may never see the severe stage. And you can control your environmental and lifestyle factors that will keep you healthier.”

Five research studies reported at Alzheimer’s Association International Conference (AAIC) 2019 suggest:

- Adopting four or five healthy lifestyle factors reduced risk of Alzheimer’s dementia by 60% compared to adopting none or only one factor.
- Adherence to a healthy lifestyle may counteract genetic risk for Alzheimer’s disease.
- Having a higher cognitive reserve, built through formal education and cognitive stimulation, may benefit the aging brain by reducing risk of dementia among people exposed to high levels of air pollution.

- Confirmation that early adult to mid-life smoking may be associated with cognitively increased risk of dementia in older women.
- Alcohol use disorder significantly increased risk of dementia in older women.

A post from the Alzheimer’s Foundation blog sums up the studies’ findings: “The future of dementia prevention could be in treating the whole person with a combination of drugs and modifiable lifestyle changes – as we do now in cardiovascular disease.”

Tips for dealing with forgetfulness

The National Institute on Aging provides some techniques you can use to deal with memory lapses. Here are its recommendations

- Learn a new skill.
- Stay involved in activities that can help both the mind and body.
- Volunteer in your community, at a school or at your place of worship.
- Spend time with friends and family.
- Use memory tools such as big calendars, to-do lists and notes to yourself.
- Put your wallet or purse, keys and glasses in the same place each day.
- Get lots of rest.
- Exercise and eat well.
- Don’t drink a lot of alcohol.
- Get help if you feel depressed for weeks at a time.

Most of us know someone with dementia or Alzheimer’s and have seen or heard, first-hand, the challenges created by this cognitive impairment. It doesn’t mean, nor should you worry about, it happening to you. Accept that you’ll misplace – or lose – your keys or your glasses. Accept that you’ll go back a few pages in that book you’re reading. Accept that you’ll occasionally forget why you entered a room. Accept that you can’t remember what you were going to search for when you open a browser.

Choose, instead, to adopt a lifestyle that will give you the best chance possible to remain mentally healthy throughout your life. Stretch your mind (a lot!), interact with multiple generations, be active. And, if the time comes, know there are good people out there who will help you find your way. •

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visiting doctors or dealing with any of the needs and added services. It may be explaining in clearer terms what is going on or ensuring that the client’s wishes are complied with. And, when it becomes overwhelming, you have someone who can stay calm in the eye of the storm.

Hamill adds one note. “These are the nicest people you’ll ever meet. This is what they do, day in and day out, and they do it because they care. They treat your relative as they would want to be treated. When you’re trying to manage a relative’s life, it’s hard to remain unemotional and make realistic choices. Having someone with experience who cares and can also do that is a huge help.”

ALCA (www.aginglifecare.org) has a search function for you to locate professionals in your area. “ALCA members have specialized degrees and experience in human services, such as social work, psychology, gerontology or nursing, and are expected to adhere to ALCA’s Standards of Practice and Code of Ethics.” The association still recommends you do your due diligence in selecting someone and has a page of questions for you to ask when you interview someone.

Families will always be on the front line as their relatives age, but knowing there are competent, qualified people out there who can guide you and support you is priceless. •

Questions to Ask When Looking for an Aging Life Care Professional

Aging Life Care Professionals who primarily work with older adults bring more to their practice than an expertise in geriatrics. They bring knowledge of aging issues that allows them and their staff to overcome the myths relating to aging and to focus on the problems at hand. At the same time, they will bring an experience of working with resources in your community. They are most aware of real-life problems, health and otherwise, that emerge as persons age and the tools that are available to address those issues. They are also connected with a community of social workers, nurses, psychologists, elder law attorneys, advocates, and other elder care professionals who may be of assistance to you.

It is important for the wise consumer to ask questions. Some of these include:

- What are the primary services provided by your agency/business?
- How many Aging Life Care Professionals are in your agency/business?
- Is there a fee for the initial consulta-

tion and, if so, how much?

- What are your professional credentials?
- Are you licensed in your profession?
- How long have you been providing aging life care or care management services?
- Are you available for emergencies?
- Does your company also provide home care services?
- How do you communicate information?
- What are your fees? (These should be provided to the consumer/responsible party in writing prior to services starting.)
- Can you provide me with references?

The answers to your questions will assist you in determining whether that particular Aging Life Care Professional and agency/business has the qualifications important to you for a successful relationship. If you have a specific issue that requires immediate attention, be sure to inform the Aging Life Care Professional of this during the initial conversation.

Source: Aging Life Care Association