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Cedar Pathfinders
Examples of Geriatric Care Management and Advocacy in action

Assessment: The Pathfinders care manager will first meet with the client(s) to learn about their situation, help understand their concerns or needs and develop a plan to help meet those needs.

Home visit: This gives the care manager a chance to meet the client(s) in their home to learn more about their physical and social environment.

Setting up home care services: Depending on a client's needs, the care manager will contact reliable home care agencies and assist in setting up the type of care needed, including home health aides, nursing care, therapy services, equipment needs, companions, volunteers, shoppers, etc.

Living transitions: If a client needs to make a living transition, the care manager - together with input from the client, client's family and other professionals - can assist in choosing the appropriate level of care - Independent Living, Senior Housing, Assisted Living or Skilled Nursing. The care manager will take economic, geographic and other factors into consideration and recommend providers and assist with the complete application and placement process.

On-going care management: This includes the initial service set-up and ongoing service coordination and monitoring. This can be done through phone calls to the client, family or community agencies or visits to the client in their home or facility.

Attending medical appointments: The care manager can accompany a client to medical appointments, meetings or conferences as an advocate for his or her family, and help communicate and coordinate care. This service is particularly helpful and reassuring for family members who live at a distance or have other professional or personal obligations

Medication management: The care manager can help the client organize and understand their medications and ensure they are taking them as prescribed. If additional assistance is needed, the care manager can recommend home medication-dispensing systems.

Assistance with advanced directives: If the client does not have Living Will or Power of Attorney for Healthcare documents in place, the care manager can help him or her understand how the documents work and assist in completing them.

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Assistance with financial or personal needs: At times, an older person can take care of some of their personal needs but may have difficulty handling daily financial matters. The care manager can help set up a monthly budget and then monitor the client's bill paying and check writing. This is an opportunity to observe whether the client has been a target of increasing instances of elder abuse or fraud by telephone or mail solicitations. The care manager can also assist the client with filing monthly records and receipts, processing medical insurance claims or keeping expense records yearly tax returns or, if required, refer to outside service providers.

Referrals to vetted professional services: The care manager can assist with referrals to attorneys, probate courts, bank trust officers, financial advisors, accountants and county social service departments. Appointments can be arranged and the care manager can accompany the client to help communicate information with the family as required.

Counseling and mediation: The care manager can act as a liaison or mediator as families and the older adult work through difficult decisions. Conflicts among family members as to what is best for the aging parent or relative can be discussed with an objective professional.

Crisis prevention/intervention: Support and advice can be provided 24/7 if a crisis occurs. Often, on-going care management sets up support networks and services to help monitor situations before they become crises.

When is a good time to contact Cedar Pathfinders?
· If family members live far away from the elderly client.
· There is a need for assistance coordinating care with medical personnel.
· An elderly loved one lives alone.
· An older person's support system is questionable.
· A recent trauma or sudden change in condition has occurred.
· Abuse or neglect is suspected.
· Multiple medical problems or medications need monitoring.
· There is a need for home or community services.
· Long-term planning and placement is required.
· Depression and anxiety are a concern.
· The client has experienced frequent ER visits or hospitalizations.
· Terminal illness exists.

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