

## The Family Caregiver: When an Elder Parent Needs Outside Help

Rosanne Corcoran, host of the podcast Daughterhood, interviews ALCA member Denise M. Valerio who discusses the various and often complex issues that arise when adult children seek professional care for an aging parent, and why an aging life care professional is the solution to putting those moving pieces in place.

**Rosanne Corcoran:** There's millions and millions of caregivers across the country. What services does a geriatric care manager or an accredited life care manager provide to caregivers and to people who aren't caregivers but who want to stay independent and in their house?

**Denise Valerio:** My role as a care manager is a much broader approach for the client. As a care manager providing services to the elderly and disabled adults, there are a variety of services that one can provide in this profession. A care manager, geriatric care manager or an aging life care manager will open a case and take on a client by doing a full needs assessment, which is the opportunity to get a baseline for that client at that snapshot in time. When I take on a referral and after my initial consultation, I'll then schedule a time to do a face-to-face assessment where I cover everything from soup to nuts. I talk about their medical diagnoses. I'm taking a look at their housing arrangements and getting an understanding of their health insurance. Do they have their estate planning in place? The goal is to assess and evaluate that person to get a baseline for where they're at and how they function both physically and cognitively. Typically that will be about an hour and a half of face-to-face time. Then I'll gather all of that information and put it together in a written report to outline what the client has and what they're missing.

The most important part of that written document is to provide the client (family members and friends) my list of recommendations about how to keep them as safe and independent as possible in their own home if that's the appropriate place for them to age. The key part of my report is to provide a roadmap, as I like to call it, for how to set up care and what to do in the short-term, midterm and the long term, to help that person age safely in place. Safety is what really drives my process. If the person at the end of this still isn't safe in their own home, then the discussion is going to shift to what do we need to talk about in order to transition this person to a senior community. But both personally and professionally, I really believe most people like myself, want to stay in their own home to age in place. So how do we make that safe and how do we maintain the quality of life for that person in an independent setting?

**Rosanne Corcoran:** Who usually makes that call? Do you have a lot of older people that decide I don't know how I'm going to stay in my house, or do their children call you?

| Key Demographic                         | 2020                  | 2050       |
|---|-----------------------|------------|
| Baby Boomers (born 1947-1956):          | 60 Million            | 85 Million |
| Adults 65+ Assisted Living/Nursing Home | 1 million/1.5 million | N/A        |
| 9 in 10 Seniors Age in Place            |                       |            |

\*Sources: census.gov; nih.gov; ncoa.org

**Denise Valerio:** My experience in this business, and I know you mentioned that I'm a licensed social worker, so I've got almost 40 years in healthcare and about 30 years of doing care management for the elderly. Typically the call I get is from a child family member or a relative. Sometimes it's from someone in the community or a neighbor who's concerned about the person. There are times when a spouse of a prospective client contacts me because they're just overwhelmed. They're the primary caregiver and they're crying uncle and asking for some guidance and direction. But overall it's typically not the client because most of my clients don't believe that they need a care manager to help them navigate the systems out there--be it financial, be it legal or healthcare, a hospital admission and setting up a plan upon discharge. My referrals also include elder law attorneys, financial advisors, physicians...it comes through different paths.

**Rosanne Corcoran:** I would think it wouldn't come from the person because they don't think they need help to begin with.

**Denise Valerio:** Correct but every once in a while I've had somebody call to sort of dip their toe and say, well I'm struggling with this or I'm noticing that. My kids told me to call and what is it that you do?

**Rosanne Corcoran:** Take me through that. If I reach out to you and say, my mom lives alone in her apartment and I've been noticing some things. What does that look like when we hang up the phone and you come out and do the face-to-face? What happens after you've conducted your evaluation?

**Denise Valerio:** Sometimes I'll sense some hesitancy when someone says I've noticed some changes. It's not unusual for me to receive a lot of inquiries during the holidays. Come January or February, they're paying attention. I don't remember my mom or dad doing that before. They'll make that initial call to kick the tires and check things out. I'll offer to do an initial consultation which is me coming out to get a thumbnail sketch of what's going on with that person (without me providing a written report of my

recommendations). Most of the time it's to see if they're on the right path. We're feeling like we need an expert pair of eyes. Are we on the right track here? My job is to recommend what the next steps should be. In order for me to assist with the best support possible, I'll schedule a date to conduct a full needs assessment. With a lot of my clients their children live in either Europe or the west coast or they're removed and busy with their own lives. For the most part I'll have other family members there and I welcome that. Some will ask do you want to meet with my mom yourself or should I be there? The only rule I have is if family members want to be there during my assessment, they need to make certain they're not answering the questions for the client because I ask a lot of questions and I know that can sometimes be annoying. So I tell them up front the only way to get to know you is to ask questions to get a sense of who you are, and you're welcome to ask me questions.



**Denise Valerio:** The goal is to create a dialogue. Part of what I'm doing is assessing this person cognitively. Are they oriented? Do they know where they're at? The month? The day? Basic things just to ferret out if they have any deficits. That's an important piece of formulating a plan of care in terms of implementing the recommendations I make. That creates a sense of levity because inevitably the family member starts answering for their mother or father. Or the client will look at them and ask, what year was I born? It helps to reduce the initial anxiety and again, it's a dialogue, a give and take of information. Once the assessment is done I let the client and their family member know I'll turn in my written report within three to five days depending on my caseload. And when you get it, call me. Let's slice and dice it. Let's talk about the recommendations and let's see if some of the things I've noted make sense. I remind them that because they're not always there we need to keep their loved one safe. Sometimes my list of recommendations can be five and sometimes twenty depending on the situation. I'll list them in terms of priority and what needs to be done immediately given that particular situation. After my review with the family member that's when they'll usually say, you know I'm really busy with my career, how about you take the first five. If you can implement the first five, my siblings and I will handle the other ten. Then I'll start on an hourly basis providing care management to facilitate what I've listed in my report.

**Rosanne Corcoran:** And what type of recommendations comes from the report?

**Denise Valerio:** I continue to be surprised by how many people in their 80s (and some in their 90s) don't have their estate planning documents in order. For instance, a financial power of attorney or healthcare power of attorney, or they've heard of estate planning but they're not sure what to do. So one of the recommendations I might have is here's two or three names of elder law attorneys that I work with very closely. They do home visits, they can meet with you in your office, or they can come to your home. You should call, interview them and figure out who's a good fit for you, and then sit and get these documents in order. Legal issues are a consistent need I've found. A lot of times the person is having trouble with their ADL (Activities and Daily Living). They're having difficulty with dressing. They're having trouble with meal preparation or showering on a regular basis. I'll then recommend two or three home health agencies that they should explore to get some aid in there, either a certified nursing assistant or a home health aid depending on the needs of the client to provide hands-on services. Again, to reduce the number of falls, to keep them safe, to make sure their nutrition is viable—ultimately to be an extra pair of eyes for me and for the children. Along with my needs assessment, I will also do a home safety eval, which means I'm going to take a tour of the house or the apartment and look at what could be done to make this person safer. Is it pulling up some of the area rugs because the client uses a walker and keeps tripping over it? Do they need grab bars put in the shower, in the kitchen, or up the staircase? Are they doing their laundry in the basement and have another flight of stairs to navigate. Can we talk about moving the washer and dryer upstairs or bringing an aid in who can do the laundry? It can be a number of suggestions that I'm making.

**Rosanne Corcoran:** And as you said, you'll have lists of caregiving agencies.

**Denise Valerio:** One of the values that I bring to the table as a care manager is I've vetted all of these agencies and service providers. I've vetted handymen. I'm not going to use a handyman in my own house if I can't recommend them to a client of mine. I've vetted these folks. I know the agencies that I've had a positive working relationship with that I can recommend to the client. Attorneys, financial planners, landscapers...everyday things that we forget about because we're not focused on them as we age. I've personally verified these resources, and I'm able to comfortably say, these are people you can trust. I'll give them names and numbers and contact information right on my report.

**Rosanne Corcoran:** I'm sure in your conversations, you're also talking to the children of the person where you can help them decide if they can take care of them at home or if a facility would be better. It's a working document when you put down these plans because things change. You don't know what's coming, and you don't know how it's going to look. Do you also have those types of recommendations as well?

**Denise Valerio:** You're right on track. Sometimes the conversation has to shift where no matter how many recommendations I make and no matter how many are implemented, at the end of the day I'm still not going to sleep well if you're not going to be safe at home. In those cases, we might have to have a conversation about short-term memory loss. Maybe they're still driving and shouldn't be. They can't find the car. Maybe physically it's getting too much to manage the house. It can be difficult on my part to introduce these issues, not so much to the family members or children, but to the client. Maybe it's time to have a tough conversation about moving out of the home, not necessarily selling it right away but moving into a senior facility. If I'm having the discussion about taking tours of some of the senior communities, or other facilities out there, I'm already looking at what I think their level of care is. Are they independent and just need a little tweaking? Are they in need of a personal care setting or assisted living facility? Do they need a locked memory unit because they're a wanderer? Do they have needs that require skilled nursing or long-term placement? So as I'm evaluating and assessing, those are some of the things that are running through my brain so that I'm able to say you know what, I think your mother would be an appropriate referral for an assisted living facility. Here's a list of places I've developed relationships with. And within their geographic area I'm able to say here's two or three that I would suggest you call, schedule a tour, go out and kick the tires and let's talk about what you think as it's appropriate for their level of care.

**Rosanne Corcoran:** And would you also give them advice about what to look for?

**Denise Valerio:** One of the things I think is so important is we all can ask questions whether it's a doctor's appointment or you have to go get blood work...whatever it is we all need to know the right question(s) to ask. Otherwise, we're not getting the information we need to make an informed decision. I make it a point to say to people keep your eyes on this or watch for that. Observe how the residents are interacting. Do a sniff test. Look for cleanliness. I'll give them cues on what to look for when they do these tours or sometimes I'm asked to go along, which I like it because it's a real personal touch. I have a relationship with the admissions or marketing person so it helps to mitigate stress and anxiety, and fear about strangers and moving into a new venue.

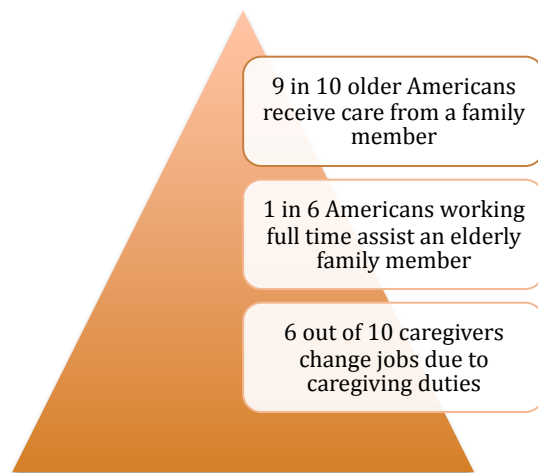
**Rosanne Corcoran:** That's wonderful. Again, you don't know what you don't know. And you're going there already feeling bad that you're going there. So your judgment is clouded. Everything's clouded because you're making this huge decision. If your parent doesn't want to do that and you know you're going to have to fight about it...

**Denise Valerio:** And again, my approach is I paint with a broad brush. I'm looking at the big picture. These situations, whether it's a time of crisis or decision making, they're not necessarily looking at the big picture. They're focused on am I doing the right thing?

**Rosanne Corcoran:** Exactly. Is this the right thing to do? That's what's yammering in the brain so it's good that you can actually go with them. What do you do in cases where the parent can't live alone and they're going to move in? What do you advise?

**Denise Valerio:** That's a really delicate issue because typically that's not the scenario. I've only had a handful of children that say I want to move in with my loved one or they can move in with me. If that's something they would like to explore I certainly will sit down with them and go through the pros and cons. My recommendations for having someone in the house who does care [professionally] still stands. That's a portable service. There's a lot of different ways that you can go. I think, and I've learned this on a personal level with my own mother, it's important that children be the children. Or be the friend to their mother, father, the aunt or uncle. Whatever the relationship, they should be able to step away as the caregiver because if I'm doing my job correctly and well, then I can be that person to take that burden and help make the decisions. Let me be the bad guy. They'll be a part of the team taking care of this person. Allow me to be the one who says I can't support the decision to remain at home. You're at high risk for wandering or high risk for falls. You get confused about taking your medication. I think it's important for everyone to have their own understanding that we're all caregivers at some point. But for people who aren't comfortable it's much easier to bring in an outsider to help assume that role. Sometimes people have a hard time giving up the role of caregiver. If a person chooses to cohabitate with someone in need of care, that's a personal decision. My responsibility is to lay it all out, short term, mid-term and long term. I also have a fiduciary responsibility to my client. Here's the bucket of money and we need to make this last for a lifetime. How do we take this money and stretch it to the best of our ability so we're avoiding the Medicaid application for a nursing home?

**Rosanne Corcoran:** The number of caregivers that are providing care in the country is staggering. Forty-three million. And with the dementia explosion or tidal wave that's coming, it's only going to get worse. The continuing care homes, the nursing homes, everything's expensive. If you don't have that kind of money what happens? My mother's lived with us for four years. I've always said I got "lucky" that she had an acute condition where I literally scooped her up out of her apartment, brought her to my house and never brought her back. You can always see the train coming. But [my mom] is fiercely independent. You're not going to talk someone like that out of their house. I was at my mother's every day for a year before that happened. And I have two kids. I'm a sandwich caregiver. So a geriatric care manager like yourself would have been a wonderful addition to my life had I known.



\*Source: Family Caregiver Alliance

**Denise Valerio:** To dovetail off of your point, often I'll get the reaction I never knew there was such a thing as a care manager. And I think the conversation we're having today is important, and we need to have them more often so we can get the education out to the communities about the existence and the role of a professional aging life care manager. This is what I do. I help people navigate the healthcare system and the decision making process on how to keep that person safe without compromising quality of life or independency because they're important to all of us. Sometimes there's more than one solution to a problem. Sometimes there's more than one option to resolving an issue. Sometime's the issue is just a temporary one or it's permanent but there's always a solution. It's just a matter of sitting down with an aging life care manager who's seasoned and has the experience of what has worked best in times of crisis.

**Rosanne Corcoran:** I think also because it's constantly changing you can't say, this is what we're going to do today and that's how it's going to be. Because your parents are still going to get older and depending on what happens physically or cognitively, things are going to change. And it's so stressful because you can't plan for it. That's the struggle because you're constantly trying to figure it out.

**Denise Valerio:** I think there needs to be a respectful process in place whenever we approach issues like driving, e.g., you can't drive anymore, or you can't live alone anymore, you haven't been bathing... Those challenges will always be there but I think if we offer people an option on helping to affirm that they shouldn't be doing a particular task, I think everyone deserves an opportunity to do so. And again, I'm the bad guy. I'm the one who brings it up to the doctor because the kids are scared to do that. If you have a doctor who doesn't have a backbone (there are physicians who avoid the hospice topic), you have to step in and start that discussion. So we've got to get better at having these conversations. We have to get better at taking on those topics that scare all of us at some level. And if we don't we're just going to keep circling the bowl so to speak.

**Rosanne Corcoran:** Absolutely. It's part of the reality that it's not a good conversation to have but that doesn't mean it's not going to happen. And it's not fun but it's necessary.

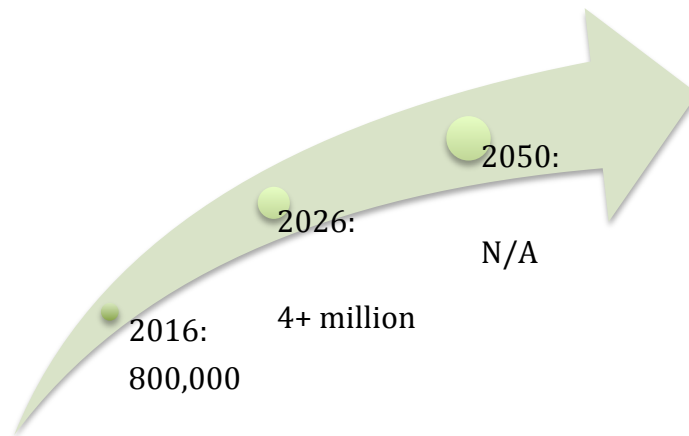
**Denise Valerio:** To your point, family dynamics are fascinating, particularly in this business. I see some of the ugliness and some of the niceties but there are dynamics that, once you scratch the surface, impact the outcome. What you're trying to achieve with that client, whether it's children worried about their inheritance or [they] won't challenge their mother or father...so there's always that dysfunction within all of us that has to be dealt with. This is not a black-and-white business. Issues like, you can't drive anymore and this is what needs to be done in order to make that happen. That's very black and white, but overall, I'm working in the grey areas. It's learning how to get through the grey and how to get out of it in order to help keep that loved one safe. Having said that, at the end of the day the client has the right to make their own choices. A nurse once said to me, "people have a right to fail." Unless someone is in real danger, people have that right. That was a tough lesson to learn.

**Rosanne Corcoran:** I agree. With "normal aging." But when changes in cognition start to happen then what? That's a totally different issue. When you get into things like dementia, that's a whole different ballgame, it's no longer about you'll figure it out because [in those cases] they're not eating or taking their medicine. I think there are two very different distinctions there.

**Denise Valerio:** Exactly. Not only am I there for the client and to support them in their journey, it also dovetails with helping family members and the children in their own journey in helping their parents. Sometimes it's multiple clients within my scope and just trying to help family members deal with the reality their loved one is not who they used to be. I think the most challenging clients are those who have mild to moderate cognitive impairment, or mild to moderate, or moving into advanced dementia, and they still haven't even acknowledged it themselves let alone the family members. Those can be the most challenging cases. For children who live at a distance, I always like to say I'm the boots on the ground. That's what a care manager is. We're their eyes and ears for the client and then [it's about] figuring out a plan of care. A plan of care is a fluid process. For example, what might have been a suitable option for the World War II generation to go to senior centers may not be something that the Baby Boomers and others are interested in. It's fascinating to observe how senior communities are beginning to look at the huge volume of numbers coming at them. And for those who can't afford the costs involved, it becomes particularly challenging.



GROWTH OF HOME HEALTH/PERSONAL CARE AIDES  
Source: Bureau of Labor Statistics; PHInational.org



\*Home Care Workers expected to have highest job growth 2014-2026

**Rosanne Corcoran:** Right. These places are eight to twelve thousand dollars a month.

**Denise Valerio:** It's like Swiss cheese. There are a lot of holes in our social and human services—any kind of care setting. It's not a perfect system. Looking at the financial resources and recognizing that it's more cost-effective to keep somebody in their home and bringing care into the home, sometimes it's not possible to do on an ongoing basis. But I think more people are figuring out how it can be more affordable. Maybe that means family members and children shifting their careers or work hours. Keeping an aging person at home is really the push right now, both from a private, fee-for-service out of pocket payment and for Medicare and Medicaid services finally understanding that it's more cost-effective to maintain somebody in their home if it is realistic and reasonable. Every situation is different. This isn't a cookie-cutter business.

**Rosanne Corcoran:** What does an aging life care manager cost?

**Denise Valerio:** It depends on your geographical location. It also depends on your business model but I charge a flat fee to come out and do a full needs assessment, which includes the interview, travel time, and then taking several hours to write up my report. If people retain my services on an hourly basis, that's an hourly rate.

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## **VALERIO CARE MANAGEMENT:**

As professional Life Care Managers, we are advocates for elders, the growing aging population, and disabled adults helping them maintain their dignity and independence.

Our dynamic team of a licensed MSW social worker and RN offers our clients in-depth guidance at every level. This integrated approach sets us apart from other care providers. We provide the opportunity and support for the aging or disabled individual to receive services that will help meet healthcare, psycho-social and spiritual needs. For those starting to think about their own future care planning, we encourage you to reach out to us.

We are responsive, friendly, and welcoming to all clients. Denise Valerio is a multidisciplinary, licensed and insured Life Care Management provider. Her background and expansive knowledge has placed her as one of the top experts in the industry.

## **ABOUT DENISE VALERIO:**

A Licensed Social Worker and Certified Life Care Manager with over 30 years of professional experience in the care management industry, Denise has afforded her clients a wealth of services and support. She is a graduate of Temple University with an MSW in Social Administration and received a BA in Psychology from East Stroudsburg University.

After years of managing various programs and departments, Denise launched her entrepreneurial venture, Valerio Care Management in 2007. Since its formation VCM has been devoted to providing consulting and care management services for both the elderly and disabled adult population. Denise continues her mission to be an advocate for her clients and is passionate about the need for information and guidance for people who are faced with critical decisions about their medical care and how to best navigate those challenges. She is also reaching out to the “Baby Boomer” population and those who are beginning to think about how approach this phase of life and manage the potential needs of their parents or loved ones.

Denise is a member of the National Association of Social Workers, the **Aging Life Care Association**, and has served for four years on the Board of Directors for the **MidAtlantic Chapter** of NAPGCM. In January 2015, Denise assumed the role of President for the Chapter Board. Denise also maintains professional membership with Elder Care Matters and the **National Care Planning Council**.