

Caregiver's

HOME COMPANION

Volume 5 Issue 8 | April 2007

www.caregivershome.com

H E L P I N G T H O S E W H O H E L P O T H E R S

Geriatric Care Managers

The Elder-Caregiver's Best Ally

By **Melissa A. Goodwin**

Our family got the “double whammy” at the end of 2004. In November, Mom was diagnosed with Alzheimer’s disease. Then, in December, Dad, who at age 82 was Mom’s caregiver and still employed, had a debilitating stroke.

The first few weeks after Dad’s stroke were a blur of questions and unknowns: How well would he recover? Would he ever walk again, let alone drive or work? Where would Mom live while Dad recovered? Would they be able to return to their home? If not, could they live in assisted living or would they have to go to long term care facilities? Would they be able to be together? How much would everything cost? What would insurance cover? How much money did they have available? Would we have to sell their house? The questions seemed endless and overwhelming.

To further cloud the picture, I lived across the country from my parents. As a result, my sister Jess, who lives closest to



our parents in Massachusetts, bore the brunt of getting answers to these questions. Fortunately, a friend suggested that we look for a geriatric care manager to help us. Jess located Nancy Johnson, pres-

ident of Affinity Associates, an independent geriatric care management company in Massachusetts. Nancy’s impact was immediate, bringing our family a sudden sense of hope and relief. ▶

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Print: \$29.95 per year (U.S.)
Online: \$19.95 per year (U.S.)

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Caregiver's Home Companion
is published monthly by:
Pederson Publishing, Inc.
P.O. Box 693,
Southport, CT 06890-0693

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Geriatric Care Managers

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What Does a Geriatric Care Manager Do?

"The formal answer to that question is that geriatric care managers (GCMs) provide guidance, consultation and support to older adults and families with regard to healthcare options and living arrangements," says Johnson. "But on a more human level, I think of myself as a kind of 'surrogate daughter,' because I try to come up with the best practical solutions for my clients, while helping families navigate the emotional issues in a less emotional way."

The declining health of a family member can bring about highly charged emotional situations. Already-existing family dynamics can become intensified, and even the most agreeable families can have differences of opinion when it comes to the care of their parents, decisions about selling property, and other financial considerations.

Says Johnson, "Sometimes it's just easier for people to hear things from someone outside the family—someone who is a professional, but who really cares about them on a personal level. I often deflect the emotional issues away from family members, where personalities and family history play a role. My recommendations are based on practical considerations and not on emotions, which can make it easier to reach consensus."

One clear advantage of working with GCMs is the holistic and highly individualized attention they give our loved ones. They take into account the older person's medical condition, preferences for care and the living situation, family dynamics, finances, and even religious beliefs. The GCM's recommendation is not scripted, it is specific to the set of circumstances.

On a practical level, the GCM's work will include:

- Full assessment of the older adult's medical condition, both physical and psychological
- Evaluation of the overall situation, including financial, insurance, legal, and family dynamics
- Explaining the situation to the client and family members and helping them accept the situation
- Helping the older adult and family members work through issues of grief and denial
- Researching and explaining options, and making recommendations
- Finding and securing services, including medical, home care, assisted living, long-term care, financial planning, insurance, and legal

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- Supporting and counseling family members, including the use of mediation, negotiation, and advocacy to meet the needs and desires of the older adult client.

A GCM can be especially helpful when the family lives far away. Families may worry about whether their loved ones are eating properly, taking their medications, getting to the doctor, managing their finances, or experiencing depression. The GCM can be your eyes and ears, and keep you informed about your loved one's status.

"Finding Nancy was the best thing that happened to us," says my sister, Jess. "The system is

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CHECKLIST OF GCM SERVICES

A reliable geriatric care manager will offer this range of services:

- Performs a client medical assessment, including physical and mental health
- Holds in-depth conversations with the elderly client about their situation and preferences, as well as (separately) with family members
- Holds conferences with physicians
- Learns and understands family support system and dynamics
- Reviews finances, legal affairs, and insurance
- Makes referrals to appropriate experts such as lawyers, accountants, physicians, and psycho-therapists
- Explains Medicare, Medicaid, and other insurance programs
- Coordinates medical care among doctors with different specialties
- Searches out and recommends appropriate living facilities
- Negotiates financial arrangements with living facilities
- Develops an overall care plan
- Lays out and recommends the best options based on the complete picture
- Helps family members understand and accept the situation and their options
- Negotiates disagreements and helps family reach consensus
- Secures and monitors in-home care
- Facilitates move to new living arrangements
- Negotiates arrangements with facilities
- Provides ongoing consultation and support

Healing Power of Touch

Massage: Delivering Basic Caregiver Relief

By Kelly D. Morris

“About one-third of Americans still think massage is a luxury,” says Mary Beth Braun, president of the American Massage Therapy Association, “but our latest survey shows that 40% have a massage to relieve pain.” Massage is now a well-established form of therapy, treating injuries, relieving pain, and providing relaxation—and caregivers stand to benefit in a big way.

Massage relieves pain by loosening tight muscles and improving circulation. Caregivers often experience pain in certain muscles, particularly their backs, from bending to assist their loved one or helping to lift their loved one. Massage can relieve back pain and muscle spasms. A study conducted by the Oregon Hospice Association and East-West College of Healing Arts found that massage relieved physical pain for 77% of the caregivers involved in the study.

Stress—always synonymous with caregiving—also causes muscle tension that can be painful. During times of stress, lactic acid builds in the muscles and causes pain. Massage releases the lactic acid and other toxins that have built up in the muscles.

Massage is an excellent way to relieve emotional stress, as well. We don’t touch one another much in today’s society, but touch can be very soothing and healing to the mind. An hour-long therapeutic massage can relieve an awful lot of stress!

“It works the tension out and makes my day go a whole lot better,” explains Kristina Stockman of Rapid City, South Dakota. This was confirmed by the



Oregon Hospice-East-West College study which found that 85% of participants reported decreased emotional stress after having a massage.

It can be easy to forget to take care of ourselves when we are busy taking care of our loved ones, yet if we neglect ourselves, we will be in poor condition to care for anyone else. Therapeutic massage is a great way to take care of yourself.

Types of Massage

There are many types of massage, each used for a different purpose. Massage therapists often use a combination of techniques. You can talk with the therapist ahead of time about the techniques he or she will be using. They include:

Swedish Massage. This is the most common type of massage. It involves long, light strokes, circular movements, and kneading of the muscles. It is very relaxing.

Deep Tissue Massage. This type of massage uses more direct pressure. It can be a bit uncomfortable as tight muscles are loosened. This kind of massage is very

effective for relieving muscle pain and spasms.

Aromatherapy Massage. This involves the use of essential oils in the massage. It smells lovely, and the oils are meant to have certain health benefits.

Cranio-sacral Massage. This type of massage focuses on the head and spine. It is particularly effective for relieving headaches, and can help with back pain as well.

Acupressure. This is not to be confused with acupuncture, in which needles are inserted at various points on the body to induce healing. With acupressure, no needles are used. Instead, pressure is applied using the finger tips to relieve muscle tension and improve circulation. Different pressure points relate to different parts of the body.

Reflexology. This type of massage focuses on the feet. Various pressure points on our feet correspond to different parts of the body, and as they are touched or pressed they affect those other body parts.

Hot Stone Massage. Smooth, heated stones are placed on the body to soothe

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Kelly Morris is a former social worker and home health and hospice worker whose freelance writing has appeared in a number of health-related journals. She lives in Mansfield, Ohio, and can be reached at multihearts@hotmail.com.

Feet Are Complicated Work Horses

Proper Foot Care Saves Caregiver and Loved One

By Susan L. Cunningham, CSA

**“Oh, my aching feet!
If I can just put them up!
I can’t wait to take off these shoes!”**

Does any of this sound familiar? Have you or your elderly loved one ever experienced this type of foot aching or pain? Do you know what is causing your foot pain? If not, you’re not alone! Read on for some relief.

Our feet—just one of them has 26 bones, 33 joints, 19 muscles, 107 ligaments and some tendons—are complicated appendages with an almost constant heavy load. Is it any wonder that they hurt after a while? And with such a complicated structure, many things can go wrong, especially with age.

So, why don’t we all take better care of—or even think about—our feet? In 2000, a study was conducted by International Communications Research of 1,000 adults nationwide. They were asked to rank the body parts that receive the most attention on a daily basis. Twenty-two percent said they devoted the bulk of time to their *hair*. Only 9% devoted any time to their feet. And even those who reported foot pain on a frequent basis said they spent less than two hours per week taking care of their feet.

Another study, released by Dr. Scholl’s and the Temple University School of Podiatric

Medicine in 2000, revealed that almost 75% of Americans experience some form of foot pain and almost half of those folks believe foot pain is “normal.”

“The fact is, while foot pain is prevalent, it isn’t normal. Thousands of people suffer from foot pain, but they don’t have to,” says Dr. John H. Walter, chairman of the Department of Podiatric Orthopedics and Medicine at Temple. “There clearly is an action gap between what Americans know about foot health and the steps they take to support and improve it.”

Obviously, there are numerous chances for something to go wrong with our feet. As we age, it is commonly accepted that seniors experience foot pain or joint discomfort as “a natural consequence of aging” according to the American College of Foot and Ankle Surgeons (ACFAS).

“Nothing could be further from the truth,” explains Kimberly Eickmeier, a podiatric surgeon at the Christie Clinic in Champaign, Illinois, and spokesperson for ACFAS. However, because of this thinking, seniors put off, or even worse, don’t seek treatment.

That’s where you come in as caregiver to help your aging loved one. And a better informed caregiver is better

armed to deal with these issues in Mom or Dad—or themselves.

What are some of the foot issues a senior or geriatric patient may experience? Here are some of the most common:

- bunions
- hammertoe
- bone spurs
- corns/calluses
- ingrown toe nails
- plantar fasciitis
- plantar warts
- toe nail fungus
- fallen arches (25% of Americans have flat feet)
- Achilles tendonitis
- arthritis
- foot fractures

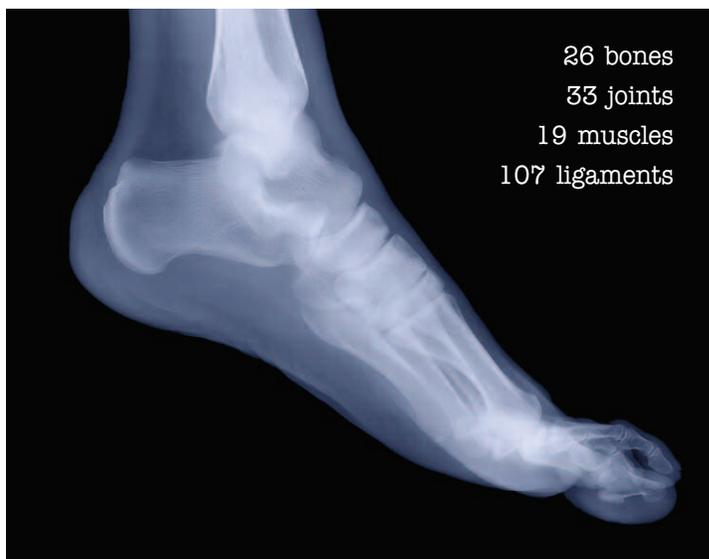
What kinds of care do these and other foot concerns require? While each person is different, of course, the first step most logically would be to try to prevent the issue in the first place. However, if you or your loved one already has the problem, consider a non-invasive, conservative means of correcting the problem. Find out what’s appropriate by ask-

ing your doctor first.

According to the Ohio State University Medical Center, first see if the simple act of resting the foot helps. Do ice packs relieve any of the pain? Can you take a non-steroidal inflammatory medication? And what about stretching the area in concern? A study published in the *Journal of Bone and Joint Surgery* found that stretching was 75% successful in relieving pain and patients were able to return to full activity within six months. Plus, after sufficient exercise, about 75% of the patients didn’t need any further treatment. Of course, this is dependant on the particular foot issue and the patient, so a doctor’s advice is vital.

Finally, if none of this provides relief, then maybe surgery is the answer. However, sometimes surgery on an older patient is not encouraged. Why is that?

According to Dr. Erwin Juda, DPM, R.Ph., assistant professor in the Department of



Medicine at Temple, writing in the journal *Podiatry Today*, physicians are hesitant to perform foot surgery on the elderly for several reasons. The patient may:

- have brittle bones
- simply have too many other complicating medical problems (such as diabetes, cancer, deep thrombosis, etc.)
- have cognitive impairment
- be unable or reluctant to report their true level of pain (often for fear of further tests)
- lack the pro-active drive necessary to recover adequately
- be “poly pharmacy,” or take numerous medications
- fear that they won’t heal
- have vascular concerns
- have had prior, complicating foot surgeries

Discussing these issues with the surgeon prior to surgery will help establish a plan as well as follow-up treatment. Being honest with the physician allows for a better beginning and outcome of the surgery. Ask the physician what can be done to prevent any of the above objections from interfering with surgery.

Remember, once a person can no longer walk, a whole new set of problems can arise—obesity, dependency and depression, to name just a few. So, it is to everyone’s advantage to keep the senior healthy, on their feet and mobile.

Dr. William Fishco, DPM, of Phoenix, encourages any appropriate surgery, saying, “Generally speaking, patients well into their 80s tolerate foot surgery very well. In fact, most geriatric patients are compliant with the treatment plan and have very little post-operative pain.”

Maybe we can’t all be Fred Astaire or Ginger Rogers and dance the night away, but we can have a pair of happy feet that allow us to maintain our independence and stay mobile. And that’s worth a lot. ■

Susan L. Cunningham is a certified senior advisor and founder and president of Senior Resources Group and *Speaking on Aging*. She also is a television program host and author of *Unwrapping the Sandwich Generation*, as well as numerous booklets. She lives in Virginia Beach, Virginia, and can be contacted at sue@speakingonaging.com.

Geriatric Care Managers

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complicated, but she has contacts with everyone—care facilities, doctors, lawyers, accountants. It worries me to think about the poor choices we could have made just because we didn’t have access to the right information or the right experts.

“For example, the banks immediately tried to convince us to put Mom and Dad’s money into annuities. Well, for a number of reasons, annuities don’t make sense for our situation. What if I had listened to the advice of people who were just trying to sell their company’s product and who didn’t have our family’s welfare in mind?”

What to Look for in a GCM

GCMs are not regulated by state or federal governments. However, most GCMs are licensed in an area of expertise such as social work or nursing. The typical GCM has an extensive background in one of these areas, holds a state license in their area of expertise, and is subject to oversight by the state licensing board for their profession.

Additionally, the National Association of Professional Geriatric Care Managers (NAPGCM) requires that member GCMs be licensed in their fields, trained in geriatrics, and adhere to their guidelines for professional conduct and ethics. For these reasons, it could be wise to ensure that the GCM you select is a NAPGCM member.

It’s also important to understand an individual GCM’s philosophy and preferences. For example, at Affinity, the older adult is the client, not the family, even if the family is paying the bill. While the firm works hard to help families reach a consensus about care, it is the client’s preferences that receive primary consideration.

It’s also important to understand the size of a GCM practice, including the practice’s case load. Most firms will have a nurse, who performs assessments, works with physicians, and coordinates care. Caseload is a key factor because you want to know that you and your loved one will receive the level of attention you expect, and that your consultant will be available when needed.

What Does Care Management Cost?

GCM costs vary geographically. In the Boston area, for example, fees run \$100

per hour, while they may run as high as \$400 per hour in larger cities like New York. Hiring a GCM is not inexpensive, but they could save you money in the long run—and provide much-needed peace of mind—by connecting your family to the right resources more quickly. A GCM has contacts with providers in health care, senior living, and the financial and legal communities, and can often negotiate better fees than you could get on your own. They can also help you avoid costly mistakes with regard to financial, legal, and insurance decisions.

How to Find a GCM

NAPGCM can help you locate a care manager in your community. Search their website www.caremanager.org or call (520) 881-8008. They also have brochures available for consumers, including Standards of Practice for Professional GCMs and a directory that lists professionals by area.

The Eldercare Locator (800) 677-1116 and Alzheimer’s Association at www.alz.org and (800) 272-3900 may also be able to refer you to GCMs in your area.

Other sources worth checking out are www.elderlifepanning.com and www.livhome.com ■

QUESTIONS TO ASK

There are a number of questions for an informed caregiver to ask a prospective GCM for your loved one. They include:

- Are you a member of NAPGCM (this helps ensure the GCM is licensed in their field and adheres to a code of ethics)?
- What is your background and experience?
- How long have you been providing care management services?
- Can you provide references?
- What licenses do you hold?
- What is your care philosophy?
- What are your fees and what services are covered?
- Will you work within my budget?
- How many clients do you handle?
- How available will you be to me?

Many Ways to 'Say' It

Importance of Saying **I Love You** to Your Loved One

By Dr. Vicki Rackner, MD

The act of caring for an aging loved one who is sick or disabled is a way of saying, "I love you." Just as there are many languages spoken on the planet, so, too, there are languages of love. The languages of love are not always expressed in words; they can be expressed in many different ways.

Gary Chapman, PhD, describes love languages in his book *The Five Love Languages: How to Express Heartfelt Commitment to Your Mate*. Here's how you can apply his ideas on expressing love to your elderly care recipient.

Expressing Love through Words

In the final days of his brave struggle with cancer, my patient Milton said, "I wish I had told my daughter 'I love you' more than once or twice a year. The words were always so hard to get out of my mouth. I always saw the way she lit up when I built up the courage to tell her." I handed him the phone at the hospital bedside and said, "There's no time like the present. Why don't you tell her now." And he did!

Some messages that warm the heart include the simple words, "I love you," "I'm proud of you," and "You're special." Or, you could give the person you love specific examples of your appreciation. You could say, "Dad, I always appreciated the way I could count on you. When I was a kid and you promised to help me fix my bike, you followed through even though you were so busy with work."

You can speak the words in person, over the telephone, or even make a tape



supply. Time may well be the gift that is the most challenging to give, and that is one reason it is so appreciated. Find creative ways to spend time together. Run errands together. Take your aunt to her favorite restaurant or even go to the art museum café and listen to the rain. You might ask your mother to tell you stories about what it was like when she was a girl. Or you can recount vacation stories and laugh at the disasters.

If you simply cannot sit still, consider renting a movie or playing a game of cards.

recording! Sally said she listened to a message her mother left on a telephone answering machine over and over.

The written word has special power. When I was helping my son clean out his desk at the end of first grade, I noticed a collection of notes that I pack with his lunch each day. When I asked why he kept them, he said, "They helped me when I was having a hard day." You can write a note or a letter to Mom or Dad, no matter the age. Even a message scribbled on a Post-it note can be a treasured gift—for them, and you.

Expressing Love with Time

Joe said to his sister, "It doesn't matter how much I do for Mom. It's never enough. I brought her the meal she loves, ran errands and hired a contractor to put a railing on the rickety staircase." His sister chuckled and said, "Joe, don't you realize that all Mom really wants is for you to sit down with her and enjoy a cup of tea?"

Unlike words, which are infinitely renewable resources, time is limited. However, for most of us, time is in short

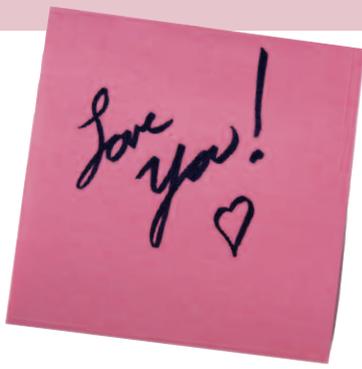
Expressing Love with Gifts

Mary said, "I happened to have the award I got from work when I visited Mom and I showed it to her. She was so proud that I told her she could keep it. She lit up just like she did when I gave her the potholders I made in Girl Scout camp." Some people show utter delight when they receive gifts – and the gifts do not have to be expensive or extravagant. A gift is a physical token of your love. Maybe you bring your loved one a bouquet of your grandmother's favorite lilacs or your father's favorite chocolate.

The more personal the gift, the better. It's a way of saying, "You're important, and I was thinking about you."

Expressing Love through 'Service'

Your life is filled with moment-to-moment opportunities for acts of service. Nancy said, "Once I realized that Dad loved my 'acts of service' for him, my attitude changed! I used to think of the chores like grocery shopping and driving him to the doctor as, well . . . chores! Now I repeat to myself, 'I'm saying I love you. These ►



chores mean “I love you,” to Dad! I go through the to-do list with greater joy.”

Expressing Love through Touch

Marina and her mother were waiting in the exam room when the doctor came in, accompanied by a medical student. The doctor examined her mother then asked, “Would it be okay if the medical student listened to your heart?” Marina’s mother replied, “It is fine. It seems like you’re the only person who touches me since my husband died, and I miss it!”

Most sick and elderly people are deprived of touch. Be generous with hugs. Sit close and maybe even hold hands. Ask your loved one if he would like a hand massage or a foot massage. Maybe Mom would like a pedicure. Or DAD!

Find Love Language of Your Loved Ones

Words are my primary love language. Some of my most treasured gifts are the cards that my patients write me. I just went to a family reunion where touch was the primary love language for most of my family members. Lots of hugs and kisses. Although I’m not a big “hugger,” I made a point of overcoming my resistance and even offered the hugs myself.

Get to know your love language and the love language of those you care about. It will help you take better care of yourself. And start saying, “I love you,” in the language your loved one best understands. ■

Dr. Vicki Rackner is a board-certified surgeon and clinical instructor at the University of Washington School of Medicine who left the operating room to help caregivers and patients take the most direct path from illness to optimal health. Get your free tips “Caring for the Caregiver” by contacting her at DrVicki@DrVicki.org.

Healing Power of Touch

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and relax tight muscles. The therapist may hold the stones and apply gentle pressure with them. This is a very gentle type of massage.

Massage works in tandem with other types of therapy, as well. For instance, it can be combined with chiropractic care or physical therapy to treat injuries in a holistic way.

So What’s It Like?

Before your massage, talk with the therapist about any particular areas of pain and the main reason you are having a massage. Tell the massage therapist if you have any health problems, as that may affect your treatment. Feel free to ask any questions. People often feel a bit nervous or awkward the first time they get a massage, so if you feel that way, you’re not alone. Just relax, and get on with the experience.

The massage room is usually warm, dimly lit, and quiet. There may be soft music playing. There will be a special massage table that is padded. Most people undress for their massage, but it’s up to you, depending on your comfort level. Either way, you will be covered with a sheet or towel during the massage. Only the part of the body being worked on will be uncovered.

Your job during the massage is simple: relax. You don’t need to talk to entertain the massage therapist. Close your eyes and allow your body to go limp. “Leave” the room through your relaxation. Mentally go somewhere far away.

After the massage, you should drink lots of water. This will help continue to flush toxins from your body.

RESOURCES

For more information or to find a qualified massage therapist near you, contact the following organizations:

American Massage Therapy Association, (877) 905-2700 and www.amtamassage.org

National Certification Board for Therapeutic Massage & Bodywork, (800) 296-0664 and www.ncbtmb.com

What’s the Cost; Where Do I Sign Up?

A massage usually costs about \$60 for a one-hour session, depending on your region of the country. Half-hour sessions are often available for a lesser price. If there is a massage therapy school in your area, low-cost massages by students may be available.

Believe it or not, sometimes insurance will cover the cost, especially if you have been injured or if your doctor has recommended massage therapy for you. A study conducted by the American Massage Therapy Association found that as many as 10% of people receiving massage had insurance that helped cover the cost. Don’t hesitate to ask your doctor for a referral and to ask your insurance company to pay for massage therapy.

Find a massage therapist by asking your doctor, looking in your local Yellow Pages, or contacting the American Massage Therapy Association or National Certification Board for Therapeutic Massage and Body Work. It is important to find a qualified therapist. Ask if the massage therapist is licensed in your state or is certified by the National Certification Board for Therapeutic Massage and Body Work.

For busy caregivers, it can be hard to find the time—or money—to squeeze in a massage. If you do, however, you’ll find the benefits are well worth it. ■

COMING UP IN MAY

- Navigating elderly medical care in a world with a shrinking number of geriatrics specialists.
- I am the face of Alzheimer’s—a first-person account of the author of *Alzheimer’s from the Inside Out*.
- The ins and outs of medication compliance. Helping assure Mom takes her meds as prescribed.
- Managing your moods—how to reduce stress and maintain emotional balance.

SHIP—State Health Insurance Assistance Programs

By Molly Shomer

From my own personal perspective, there just isn't much that's more fun than trying to make heads or tails out of medical bills and health insurance statements. I've been trained to decipher statements, and I still get a headache.

Caregivers aren't trained, don't have the time or the desire to get trained, and all complain that dealing with medical and insurance providers is more than they can cope with.

But there is help: Enter SHIP.

The State Health Insurance Assistance Program, or SHIP, is a state-based program that uses federal grants to provide free counseling and assistance by phone or face-to-face to anyone 60-plus years of age, and to Medicare beneficiaries regardless of age. SHIPs exist in all 50 states and Washington, D.C.

Trained counselors offer information, advice and assistance to Medicare beneficiaries on a wide range of Medicare and Medicaid, and Medigap matters. SHIP

counselors are typically consulted about:

- Information about Medicare benefits and limitations, Fee-for-Service Plans, and Coordinated Care Plans/Health Maintenance Organizations (HMOs);
- Special Medicare/Medicaid benefit programs for those with limited income and assets such as Qualified Medicare Beneficiary (QMB) and Specified Low-Income Medicare Beneficiary (SLMB) programs;
- Assistance with claims, requests for reconsiderations, and appeal processes for Medicare and Supplemental Insurance (Medigap) plans;
- Help with Medicare prescription drug plans;
- Determining health insurance needs and providing unbiased information to assist consumers in making informed decisions about health and long-term care insurance.

Because benefits and entitlements for older people and people with disabilities

are written into so many different laws, SHIP counselors must know about legal services in general. They are trained to help the elderly with basic legal problems, but they are not under the direction of a lawyer. Representation by an attorney is not included as part of SHIP services.

To find a SHIP counselor, start with the SHIP National Directory online at www.shipusa.org/Find_a_State_SHIP.html and ask for a referral to the most qualified counselor near you. If you're under age 60 and don't have Medicare, you can contact your State Department of Insurance—check here to find yours: www.naic.org/state_web_map.htm—for assistance with most questions or problems. ■

Molly Shomer is a licensed geriatric care manager. She is a recognized expert on eldercare issues and the author of The Insider's Guide to Assisted Living. Her website is www.eldercareteam.com, and she can be reached at molly@eldercareteam.com.

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