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Fresh Starts

## Drawing a Map for the Later Years



Amy Johansson for The New York Times

Laura Morgan left a career of two decades in communications to work in elder care. She is shown at an assisted living facility in Glendale, Calif.

By CHRISTINE LARSON

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**LAURA MORGAN'S** father, in his final years, had lost much of his short-term memory to **Alzheimer's disease**. But Ms. Morgan was moved by what remained. On one visit, he didn't seem to know her until she spoke her name: Then, "he put his arms together like he was holding a baby," she recalls.

Years later, her insight into **dementia** and her empathy for patients and families led her to a new career. After two decades in

communications, she began training to work in elder care. She took courses on aging issues and became certified to operate an assisted-living facility, then took a job in a hospital's geriatric **psychiatry** unit. This year Ms. Morgan, 59, started her own geriatric care management practice in Los Angeles, helping families coordinate care.

The number of Americans over 65 is expected to exceed 71 million by 2030, and demand is growing for aging experts in every field, from law to fitness training to relocation. Revenue for elder care services should grow 6.6 percent annually through 2011, according to the Freedonia Group, a research firm.

But many family members don't know how, or live too far away, to find and manage help for aging parents. That's where geriatric care managers come in. They serve as guides through the fragmented care landscape, connecting clients with local services, assisted-living facilities and a wide network of paid caregivers, elder law attorneys and financial advisers. They help families find living options, assess the abilities of older people, write care plans and sometimes hire and supervise home help.

Some geriatric care managers specialize in problems of dementia, while others may focus on aging issues like **depression** or relocation. Although geriatric care management has existed in the United States for about 20 years, with roughly 7,000 practitioners today, experts on aging say the profession is poised for rapid growth.

"I believe in the next 10 years, geriatric care managers will be one of the most important professional roles in the whole health services delivery system," says Larry Minnix, C.E.O. of the American Association of Homes and Services for the Aging, a group of nonprofit retirement homes and service providers.

According to a 2008 survey by the National Association of Professional Geriatric Care Managers, 32 percent are solo

practitioners, Many others work for social services agencies or small practices.

“This work satisfies two parts of myself: the part that loves to take care of people and the part that wants to be a businesswoman,” says Beverly Bernstein Joie, a co-founder of Elder Connections, a care management and home help practice outside Philadelphia.

A care manager working for an agency or small practice may earn \$50,000 to \$80,000 a year, says Cathy Cress, author of “Handbook of Geriatric Care Management.” Practice owners may make as much as \$250,000 to \$500,000. Solo practitioners often charge hourly fees of \$80 to \$200 and may earn more than \$100,000 a year. Because geriatric care management is rarely covered by insurance, most clients pay out of pocket.

The payoff can be more than financial. Ms. Morgan worked with the family of one woman in her 80s who had suddenly become depressed. Ms. Morgan says she discovered that the new owner of the woman’s retirement community had discontinued all social activities. She recommended another community, known for its busy social calendar. Today, the woman has a boyfriend, roughly her age, who takes her dancing. Seeing this woman blossom was “immensely rewarding,” Ms. Morgan says.

Technically, anyone can call himself a geriatric care manager. But the association requires new members to hold one of four certifications. (Members who joined before 2008 will need to be certified by 2010.) Among them is “care manager certified,” issued by the National Academy of Certified Care Managers. It requires several years of supervised experience and a four-hour exam. Ms. Joie holds this certification.

Another is “certified case manager,” from the Commission for Certified Case Manager Certification; it requires a license in a

caregiving field like nursing or social work, as well as certain types of experience and an exam.

MANY care managers start as nurses or social workers. All need to be familiar with the physical, emotional and social issues of aging, as well as with local resources.

To provide that background, more colleges are offering programs in geriatric care management. [Hunter College](#) in New York has offered a certificate in the subject since 2002, and the master's program in gerontology at San Francisco State University added a formal emphasis in care management last year. The care managers association offers many resources for would-be care managers at [www.caremanager.org](http://www.caremanager.org).

The profession has its drawbacks. Care managers sometimes mediate bitter family conflicts, and most are on call round the clock. Those starting practices may earn nothing or very little the first year, as they build networks.

But most managers find that the rewards outweigh the disadvantages. "It's an honor to be allowed into people's lives at a very vulnerable moment," Ms. Joie says. "It teaches you a lot about how to live your own life."

*Fresh Starts is a monthly column about emerging jobs and job trends.*