## Checklist for Hiring a Geriatric Care Manager

| Name:  | Company:  |
|--------|---|
| Websi  | te: Contact info.:  |
| Social | media sites/educational resources:  |
| Backg  | round Questions:  |
|        | Are you a member of the National Association of Professional Geriatric Care Managers?   |
|        | What other professional credentials or affiliations do you carry?   |
|        | Tell me a little bit about your academic background and training.   |
|        | Describe your experience working with elders and families (describe your situation and needs to the care manager and ask about specific experience related to this, such as expertise in dementia,  |
|        | working with insurance or Medicare or mediating family conflict).   |
|        | How long have you been in business?   |
|        | Can you provide references; do you have testimonials (especially important if you were not referred by a trusted professional or friend)?   |
|        | What types of organizations are you involved in within the community? Do you provide educational or community services?   |
| Ger    | caccepted professional credentials, standards and code of ethics of the National Association of Professional ciatric Care Managers, visit: <a href="http://www.caremanager.org/why-care-management/selecting-a-care-nager/">http://www.caremanager.org/why-care-management/selecting-a-care-nager/</a> . Check out the Aging Wisely team at <a href="http://www.agingwisely.com/meet-our-team/">http://www.agingwisely.com/meet-our-team/</a> . |
| Worki  | ng together:  |
|        | Types of services provided that I might need:   |
|        | Can I review your contract or engagement letter? What type of contract will we have? How do I cancel services?  |
|        | Do you offer a consultation, where I can hire you for a flat rate to meet and get eldercare advice and a determination of what/how additional services might be needed?   |
|        | What do you charge (consultation, assessment, hourly fees)? What about extra fees (expenses, phone calls, mileage, etc.)?   |
|        | Are you available 24/7 for emergencies? What fees apply to after-hours/emergency services?  |
|        | How often (and how) do you communicate with me?   |
|        | Do you use an electronic record keeping system to manage care and share information with the family/providers as appropriate?   |
|        | How do we determine what services are needed/create and change on ongoing care plan as things   |
|        | change with my family member?   |
|        | Give me an overview of how we get started and what types of things you think you could do to add value and assist in our situation.   |