# Elder Fraud: How to Protect Yourself

**KNOW THE FACTS:**

- Studies show that older American lose BILLIONS of dollars a year to fraud and exploitation; this handout contains information on how you or a loved one can prevent being a victim of Elder Fraud.
- Senior are frequent targets of SCAM EXPERTS.
- All adults are at risk of being fooled: The vulnerable older adult (living alone and isolated, dependent on others for care) is the prime target for both first time and repeat exploitation.
- About 1 in 9 adults over the age of 65 and about 1 in 3 over the age 85 years has a diagnosis of dementia.
- A core feature of a diagnosis of dementia is a change from a prior level of being able to carry out important functions such as buying groceries, preparing a meal, making phone calls, paying bills and correctly taking medications. Half of older adults with early stage dementia are undiagnosed because in the context of a brief routine doctor's office visit, a church service or other social gathering they may appear to be entirely normal.
- Financial Capacity is the ability to accurately handle cash and checking or banking transactions. Financial Capacity can be significantly impaired in the very early stages of dementia illness even when testing shows little to no impairment in memory.
- Know the Law: If you have **ANY** reason to suspect a vulnerable adult is being abused, neglected or financially exploited, you are required by law to make a report to your county's Department of Social Services.

**WHAT TO WATCH FOR:**

- Frequent visits to the person's home by overnight courier services/solicitors asking for personal information.
- Being asked to make a financial decision in a hurry.
- Numerous cheap prized in the home (e.g., plastic cameras, gold-plated jewelry, vacation certificates, small television sets).
- Phone bills showing a sudden, unexplained increase in long distance and overseas calls.
- Wire transfer receipts showing large sums going to out of state addresses, Canada, the Middle East or the Caribbean, especially with someone who normally does not utilize such services.
- Checking and credit card accounts showing sudden increases in transactions with wire services, unexplained debits or charges, purchases of money orders or check in large amounts.
- Several colorful mailings in the home such as lotteries, puzzle-solving contests.
- Unexpected borrowing patterns or inability to pay bills or meet living expenses.
- A sudden reluctance to be away from home or to have visitors in the home.
- Unexpected secretiveness or defensiveness regarding any of the above.
- Social withdrawal, depression, anxiety, alcohol or drug abuse that cannot be attributed to other causes, together with any of the above.

**THINGS TO DO:**

- If you have an older relative, be involved enough to know if there is a problem.
- Educate yourself and key family members to know what scams are occurring in your area.
- PROTECT YOUR NUMBERS – Never give out your social security number, credit card or bank account number to someone contacting you in person, by phone, mail or email.
- END THE CONVERSATION with telemarketers. Simply say, "I AM SORRY, I AM NOT INTERESTED." And hang up. Do not engage in further conversation.



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- NEVER WIRE OR SEND MONEY TO ANYONE, ANYWHERE, WHO SAYS YOU'VE WON A PRIZE. DO NOT PAY MONEY UP FRONT in order to get a loan, to repair credit, or for foreclosure help. BE WARY OF DOOR TO DOOR CONTRACTORS offering home repair services. AVOID GET-RICH-QUICK SCHEMES…

## IF IT SOUNDS TOO GOOD TO BE TRUE, IT PROBABLY IS

**MORE THINGS TO DO:**

- Even sophisticated investors can be (and have been) fooled: If you are considering an investment or change in how you will use any retirement savings or home mortgage, follow the ASK and CHECK guidelines:
    - ASK: "Are you a licensed broker?" Is this investment registered? And then,
    - CHECK on the investment by contacting www.saveandinvest.org (1-888-295-7422) and www.finra.org/brokercheck.
- Have Durable Power of Attorney completed so that wishes are clear *before* there is a problem. Consider including a clause that allows it to be activated in cases of cognitive impairment.
- **Put all phone numbers on a DO NOT CALL registry (see "helpful resources" below).**
- Give your banker permission to contact a trusted family member or friend if they witness suspicious activity on your account.

**HELPFUL RESOURCES:**

**Telemarketers and Junk Mail:** *Cut down exposure to telemarketers and junk mail by participating in the lists below. NOTE: Scam Experts may still call, and legitimate charities are still allowed to contact you.*

*Federal DO NOT CALL registry via the Federal Trade Commission:

**888-382-1222 or www.donotcall.gov**

*Register for the DO NOT MAIL list by sending your name and address on a card to:

**DMA Mail, Preference Service, PO Box 643, Carmel, NY 10512**

**General information:** *FBI – http://www.fbi.gov/scams-safety/fraud/seniors*

**Identity Theft:** *If you are a victim of Identity Theft contact these hotlines immediately:*

- Social Security Administration: **800-269-0271**
- Internal Revenue Service: **800-829-1040**
- Federal Trade Commission: **877-438-4338**

**Credit:** *Check your credit regularly with reliable agencies; notify them (all) in case of identity theft*

- Equifax – Free reports and credit scores (automated) and suspected fraud reports and info: **800-525-6285**
- Other reliable agencies: Experian **888-397-3742;** TransUnion **800-680-7289;** Innovis **800-540-2505**

**IF VICTIMIZED, CONTACT:**

- Local Police Department
- National Elder Fraud Hotline: **833-372-8311**
- Federal Trade Commission: **877-382-4357**
- US Postal Inspection: **877-876-2455**
- Medicare Fraud Hotline: **800-447-8477**

This document was prepared by JFS Compass a nonprofit charitable organization dedicated to providing treatment and support to patients and families affected be dementia and to healthy aging in our region.

# Talking to Mom About Alzheimer's and Her Money

## Ruffenach on Alzheimer's impact: lost money, damaged credit, even foreclosure

By Glenn Ruffenach Adapted from SmartMoney Magazine April 23, 2012

Increasingly, my friends and I – most of us in our mid – to late 50's - are starting to see the same thing; elderly parents who are grappling with memory loss and finding it difficult to manage their finances. And most of us, I'm learning, are making the same mistake: We're waiting too long to act.

The numbers are scary: One in eight Americans age 65 and over and 43% of individuals 85 and over have Alzheimer's disease. Every 69 seconds, on average, someone in the U.S. develops the illness. But financial advisers and accountants, when asked about their experiences with clients who have memory loss, invariably raise the same concern: Elderly parents and adult children alike are too slow to seek or provide help in the early stages of decline.

"Denial is a big part of it," says Ron Kelemen, a certified financial planner with the H Group is Salem, Ore., who has seen the problem firsthand. Parents, hoping to stay independent, typically are quick to minimize difficulties, adult children, hesitant about meddling, may ignore red flags. The consequences, says Kathleen Michon, an attorney and editor at Nolo, a provider of legal information and products, can be dire: closed accounts, damaged credit, money lost to scam artists – even foreclosure.

I asked financial advisers to highlight the warning signs involving memory loss and money management, as well as how to broach the issue with elderly parents and what steps to take. Here are some of their thoughts:

**Red flags**

Amy Charles, a senior vice president and financial adviser to Pinnacle Financial Partners in Nashville, remembers visiting her father – and overhearing him give his debit card number to a caller on the phone (purportedly, from a political campaign). Shocked, she warned him against sharing financial information with strangers, but soon learned why older adults are disposed to listen and agree to request for help. "It's a way to stay involved with the outside world and feel like you're still making a difference," she explains.

But unusually large numbers of phone solicitations and mailboxes stuffed with donation request are two signals that parents might need help, Charles says. Other indicators: checkbook mistakes; unpaid bills; and desks and drawers, once neatly organized, now scattered with paperwork.

**"Can we Talk?"**

Broaching the issue of financial assistance with parents is difficult enough; waiting until problems have arisen all but guarantees conflict, says Kiki Brink, a former college professor who worked with dementia patients in hospice settings before starting her own personal-administrator service in Salem Ore. "If you suddenly step in and take control, without any prior give and take, parents feel belittled," she says. But "if you get in early, you haven't taken away their dignity." Several strategies can help. Michon suggests that adult children and parents – before memory loss sets in – agree on "triggers" that might signal a need for help (for example, a notice that an account is in arrears). At the same time, both sides can settle on a plan that lets parents and children work together if such an event occurs.

You can share news articles with parents about scams targeting older adults – and ask to monitor their accounts for signs of abuse, says Charles. Or you can tell them about steps you've taken to safeguard your own finances and ask if they have similar plans. Sometimes, the simplest approach is best, says Brink: Point out that, as they've aged, they've likely allowed others to help with tasks like yard work or home repairs – and that "there comes a times when we all need a 'personal secretary' to help with money."

**Diving In**

If your parents are willing to accept help, the critical first step is to ensure that they have essential documents: a will, a power of attorney and health directives. Consider, too, the benefits of a living trust, says James Kane, a tax lawyer in Atlanta. With a power of attorney, you're acting "simply as (your parents') agent, and some third parties will balk at dealing with an agent," he notes. As a trustee, though, you could take direct control, if need be, of a parent's assets.

An increasingly popular – and less hands on – option is a service called "daily money management." Pros who offer it can sit with a parent at home and help pay bills, balance checkbooks and file medical claims, among other tasks (a list of such managers can be found at the website of American Association of Daily Money Manager, aadmm.com)/ Be sure the managers are insured, bonded and willing to include other family members in their work, says Vivian Wright, president of Common Sense Solutions, which offers money-management services in Atlanta: "If you aren't asking to review what a manager does, that's a big mistake."

With luck, your parents will act on many or all these things before you do. Adviser Kelemen recalls a client who with his wife and daughter, walked into Kelemen's office and asked to have his name removed from all his accounts. "He knew his memory was slipping, and he didn't want anyone to take advantage of him," Kelemen says, "That takes a lot of courage."

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TIP SHEET

# Top Tips for Discussing When it's Time to Stop Driving

As someone you care for ages, you may become worried about his or her ability to continue to drive safely. Some people can drive competently well into their 80s and even beyond, while other people may have difficulties in their 60s or even younger.

When you're responsible for an older adult's overall safety, you may wonder when it's appropriate to start talking about safety behind the wheel.

Your first step in this process is to observe the older adult while driving.

**The following situations can indicate possible driving problems:**

- Getting lost, even when driving short, familiar routes
- Failing to obey traffic signs or signals
- Cutting off other drivers, straddling lanes, or making wide turns
- Reacting slowly to emergencies
- Falling asleep behind the wheel or appearing inattentive
- Becoming easily angered or agitated
- Using poor judgment, such as not yielding right-of-way
- Forgetting to use mirrors or turn signals or to check for blind spots
- Having trouble judging distances

**It's important not to comment on or to criticize the older driver's behavior during the drive.** Instead, have a chat about any issues after you're both out of the car. Calmly state any unsafe actions, without sounding judgmental or angry. Be sure to be specific.

## If you see that the older driver had problems like the ones mentioned above, consider these steps:

**Schedule a check-up.**

A healthcare professional can evaluate whether the older adult is physically able to drive safely. The provider can also advise you if any medications the older adult is taking could affect his or her ability to drive safely.

**Get a vision test.**

An eye care professional, such as an optometrist or an ophthalmologist, should test the older driver's vision to make sure they are visually able to drive safely.

**Have a professional evaluate the older adult's driving skills.**

There are professionals who specialize in evaluating whether older adults can drive safely. A driving rehabilitation specialist (DRS) is a professional who has the skills to evaluate an individual's overall ability to operate a vehicle safely. Based on the individual's performance the DRS will develop a plan, make recommendations about strategies, equipment, and provide training to improve a person's driving safety and overall health and well-being. However, there are not many DRS's in the United States. If you do not have access to a DRS in your area, an occupational therapist may also be able to evaluate many driving-related limitations. The American Occupational Therapy Association (AOTA) and ADED: The Association for Driver Rehabilitation Specialists are organizations that can assist you in finding a professional.

**Know when to have the conversation.**

Ask yourself: Do you feel comfortable letting the older adult drive you somewhere? The answer may be a signal that it is time to start the conversation.

**Enlist support.**

Talk to others in the older driver's circle. Ask them if they share your concerns about the older adult's ability to drive safely. Rehearse the discussion with them so you can be calm and caring. Depending on the circumstances, you may even ask one or more of them to participate in the driving conversation with the older adult.

**Make the conversation compassionate.**

You don't want the older adult to feel like "everyone is ganging up on them," so make certain to frame the conversation in a supportive, concerned way. Don't let your own anxiety or fear about addressing driving skills lead you to sound angry.

**Discuss specifics, but avoid blame.**

Explain to the older adult why you're worried about his or her driving. Cite examples: "Dad, you went through a stop sign last time we drove together. And you forgot to use your turn signals." Or, "Mom, you got lost on the way to the supermarket."

**Be prepared for resistance and even anger.**

Driving represents independence to many older adults. When they think you might be taking away their ability to get around, they may become defensive, even irate.

**Schedule time for another talk.**

If the older adult resists what you're saying or gets agitated, gently end the conversation. Let them take in what you've said, then revisit the topic a day or two later.

**Ask for the older adult's opinion.**

Make sure to take the time to hear what the older person thinks about his or her driving ability and honest feeling of security behind the wheel. It's very possible that if you've noticed problems, he or she may have, too, and may feel vulnerable.

**Appeal to the older driver's sense of responsibility.**

If the medical professionals and the driving specialist you consulted agree that it's time for the older adult to stop driving, appeal to his or her sense of responsibility. Remind the older driver that driving poses a risk not only to self but also to others, who could potentially be injured – or worse – in case of a crash. Older drivers might want to think about how they would feel if they were to cause an injury.

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# Firearms and Dementia

*Adapted from Department of Veterans Office of Geriatrics and Extended Care and Jessica Mezzapesa, Care Specialist Alzheimer's Association California Central Coast Chapter*

Like driving a car, gun ownership is a powerful symbol of freedom and independence. Although dementia compromises a person's capacity to handle a weapon safely, it is not uncommon for family members to be reluctant to take away this symbol of independence from people they love.

Even if your loved one has been trained in safe handling techniques, as dementia progresses, the training can fade, and he or she will experience a decline in judgement, memory, perception, and reasoning. Changes in personality and emotion can lead to bursts of emotion, with resulting danger to those with dementia or to people around them.

Removing guns without a battle

The safest way to remove the risk with guns and dementia is to remove weapons from the home. This can be difficult, but here are some tips to manage the process:

- Consider having an adult child, neighbor, or friend "borrow" or "store" the guns permanently. There is special paperwork to be completed to legally transfer gun ownership, which a licensed dealer can assist you with.
- Have the guns leave the house for "professional cleaning."
- Have a licensed firearms dealer take them for "appraisal."

How to get rid of guns

If you can remove the guns without incident, there are ways to eliminate or destroy them:

- Contact local law enforcement; the police or sheriff will come to the home to retrieve and destroy the gun. They many want to see a statement of diagnosis from a physician.
- Have a licensed firearms dealer place the guns on consignment.
- You may take the firearm to law enforcement. Place it unloaded in the trunk, go inside the station and explain that you have a firearm you want to turn in for destruction because you have a loved one with dementia. They may want a statement for diagnosis. An officer will escort you to the car and retrieve the firearm and ammunition.

If you keep guns at home

You need to take steps to ensure that they are safely stored.

- Always store guns unloaded.
- Keep your guns in a sturdy locked cabinet that does not have glass.
- Install trigger guards on all guns to prevent them from being used.
- Keep all ammunition in a locked fireproof safe in a separate place from the guns.
- Keep the keys for the trigger guards, gun cabinet, and ammunition hidden from children and people with dementia.

# IS LIVING ALONE SAFE?

The amount and type of support available are important factors is determining if a person can live alone. A person with a large family nearby and many local supports may be able to live alone longer than someone with little family and few supports close by.

OVERALL WELL-BEING

- Is there a good quality of life at home?
- Is there enough stimulation during the day or is a day program available?

HEALTH

- Can they take medication properly? If sick, could they call for help?
- Can they manage personal hygiene, such as bathing and toileting?
- Are there health problems that might put them at risk for harm (i.e. – unmanaged diabetes)?

NUTRITION

- Can they maintain proper weight and eat well and stay hydrated throughout the day?
- Are they able to prepare and store foods properly?

SAFETY

- Can they react to an emergency, such as a fire or falls? Is the home safe (ie – well-lit stairs)?
- Are they at risk for wandering? Do they get days and nights confused?
- If there are risks, are they reasonable? For example, risk of falling on stairs might be acceptable if their gait is stable.
- Is there risk to others, such as smoking or cooking causing fires in an apartment complex?

FINANCES

- Can they handle finances, pay bills, and keep track of cash and credit cards safely?
- Are they at risk of exploitation, by phone, with unscrupulous visitors, or via email?

# IS STAYING HOME ALONE SAFE FOR BRIEF PERIODS?

- Do they become confused or unpredictable under stress?
- Do they recognize a dangerous situation, such as a fire? Can they access help? Having a Lifeline doesn't necessarily mean one is wearing it or remembers what it is for.
- Can they stay content within the home or are they easily disoriented and wander?
- Do they show signs of agitation, anxiety, or depression when left alone?
- Do they attempt to pursue former interests that might warrant supervision, such as cooking, appliance repair, or woodworking with power tools?

As the illness progresses, these questions will need ongoing evaluation. It may help to discuss them with your physicians, family, and trusted friends.



Adapted from University of Iowa College of Nursing 2019.11.15

# IS LIVING ALONE SAFE?

The following factors may indicate when a person with dementia is no longer able to live alone or at minimum requires greater services.

A = Emergent – Immediate help/placement required. (Only 1 factor needs to be present.)
B = Semi-Emergent – Not an immediate threat to safety or well-being. May wait a few weeks, but there is clear need for in-home services or support or work towards placement. (Increasing safety risk when 2 or more are present.)
C = Non-Emergent – Consider additional help, especially when 3 or more are present. Re-Evaluate monthly.
Combined letters indicate the ranking depends on reviewer's perception of severity.

| Grade | Observed Conditions |
|---|---|
| A | • Weight Loss of >6 lbs. or 10% body weight in 6 months; Loose clothing, evidence of wasting (protruding bones)<br>• Florid (agitated) paranoia, hallucinations, delusions, suicidal thoughts, aggression<br>• Evidence of misuse of appliances or equipment, evidence of fire<br>• No food or rancid food in house<br>• Falls (especially with long lie >2 hours), evidence of injuries, unexplained bruises, evidence of substance abuse.<br>• Medications mistakes or poor care of potentially life-threatening/unstable conditions<br>• Reports of self-neglect or dependent adult abuse, founded or unfounded<br>• Repeated ER visits, hospitalizations, physical complaints<br>• Evidence of caregiver injury or domestic violence<br>• Calls police or emergency or emergency services frequently<br>• Wandering outside the home<br>• Eviction notice served |
| A/B | • Malfunctioning, plumbing, especially no water or toilet stoppage<br>• Thermostat set inappropriate for weather conditions<br>• Chronic anxiety, panic attacks, chronic worry, depression<br>• Unsafe driving, refuses to stop driving<br>• Law Enforcement referred |
| B | • Poorly managed incontinence<br>• Repeated calls to family or others asking what to do next or expressing concern about planned activities<br>• Dirty or infested household that poses risk to health<br>• Garbage accumulation<br>• Food stored inappropriately (ice cream in closet)<br>• Exploitation by neighbors, friends, relatives, others<br>• Resists personal care for prolonged periods of time. |
| B/C | • Client states: "I need to move", "I can't take this much more" or otherwise indicates he/she feels a move is necessary<br>• Neighbors and others complain of unwanted or unrealistic dependence on them.<br>• Phone calls from community members advising help is needed |
| C | • Vegetative or socially isolated behavior (sitting all day with the TV on or off)<br>• Missing belongings, hiding things<br>• Poor grooming and wearing the same clothing all the time, clothing is soiled<br>• Post-it notes throughout house |

Scores: A's_____ A/B's_____ B's _____B/C's _____ C's _____



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