“Bob has been diagnosed with Alzheimer’s disease! What are we going to do? Am I going to lose my home? Are we going to lose everything?”

The caller was a dear friend, Luise, a woman in her 60s whose husband, Bob, was 72 years old. She was the organist at her church and taught children to play piano. Bob was a Korean War veteran and a retired policeman. With Bob’s diagnosis, they lost their hope of a comfortable retirement of enjoying their long and fulfilling marriage. Only one of them had been diagnosed with Alzheimer’s disease, but they both are victims.

Bob was a former amateur chess champion, so he was well aware that he was mentally declining. He was also a tough guy; he had fought in the Korean War, walked a beat as a cop, and survived everything up until this diagnosis. Now he felt helpless and dreaded sliding into the dark abyss of Alzheimer’s disease. Luise was panicked with the fear of losing her husband, losing her home, and losing her hard-earned financial security. Would she even be able to live in the same neighborhood? Both husband and wife had been smashed by the wrecking ball of dementia.

Bob and Luise are typical of millions of aging American citizens. Most of them live frugally, play by the rules, and plan on enjoying a modest and pleasant retirement. But now, after the diagnosis of a long-term disability, they are overwhelmed by the staggering emotional, physical, and financial
costs. This diagnosis may end up destroying their marriage, finances, and dreams.

Suddenly, their world has been turned upside down. Luise and those in her situation have many questions:

1. What can happen to Bob?
2. How will he get the health care that he needs?
3. How will he get the quality long-term care that he needs?
4. How will they live through the years between his diagnosis and his eventual death?
5. How can they protect their home so that Luise can continue to live in her community, despite the cost of Bob’s multi-year care needs?
6. What will be left for Luise to live on after Bob’s Alzheimer’s disease has run its course?
7. What will Luise do if Bob, her always-in-charge husband, refuses to yield control of their financial and health-care decision-making?
8. Where could she find the answers to all of these questions and receive trustworthy guidance?

Luise’s call to us was the best thing that she could have done. She could not have known the legal issues surrounding Bob’s diagnosis. Wisely, she reached out to a trusted and experienced attorney.

Based on our many years of experience, we recommend that you follow Luise’s example. Whenever you or a loved one receives a diagnosis of a long-term disease, it is very important to add an experienced elder-law attorney to your health-care and legal team.

**Use This Book to Help You**

When someone receives a diagnosis of dementia, it sets off an avalanche of concerns. This book is designed to help you to understand the legal issues and will also share important insights from other professionals. You’ve heard the term, “It takes a village to raise a child.” The same can be said about helping a person who has been diagnosed with dementia. It takes a community, a family, a team of health-care providers, and experienced legal counsel to properly support and guide the person diagnosed with dementia and his/her family.
Chapter 1: Diagnosed with Alzheimer’s Disease: What Are We Going to Do?

This book has been written to help you and your loved one to:

1. Find the right type of attorney to assist you in answering questions on the following topics.
2. Avoid impoverishment of the healthy spouse due to the nursing home costs of Alzheimer’s care.
3. Preserve the family home for the benefit of the healthy spouse and/or an adult child with a disability from loss due to nursing home costs and Medicaid.
4. Understand nursing home Medicaid and governmentally approved asset protection planning tools.
5. Avoid the hidden traps and obstacles that can cause denial or delay in the approval of nursing home Medicaid and/or veterans’ benefits.
6. Understand the difference between Medicare (neither income nor asset limitations will restrict your access to hospital and acute-care benefits) and Nursing Home Medicaid (income and asset limitations do restrict your access to long-term care benefits).
7. Understand short-term in-home rehabilitation benefits and nursing home rehabilitation benefits are provided under Medicare.
8. Understand the different impoverishment requirements of Nursing Home Medicaid benefits for either a married couple or a single individual.
9. Avoid the big mistakes caused by DIY asset-protection strategies involving asset transfers and monetary gifts to children and grandchildren.
11. Determine the truth regarding wartime veterans’ benefits, popularly called “Aid & Attendance.”
12. Resist being victimized by annuity sales people masquerading as veterans’ benefits qualification experts.
13. Discover the only safe and legal way to employ as an in-home caregiver a family member who may also be serving as power of attorney.
14. Discover the legal loophole that can be used to give the family home to an adult child who is willing to provide caregiving services to a parent.

15. Avoid many scams that target persons with diminished mental capacity such as dementia.

16. Take legal control when a loved one with Alzheimer’s is out of control.

17. Choose the right legal proxy decision-making tool (advanced directive for health care and/or finances).

18. Avoid the big mistakes in creating Special Needs Trusts for adult disabled children and/or a surviving spouse.

19. Know whether to divorce or not divorce a person diagnosed with Alzheimer’s disease.

20. Understand what the honest and reliable caregiving adult child needs to know to be protected from accusations of elder abuse.

This book has been written and organized to quickly guide you to a chapter focused on specific legal concerns and recommendations. Use the table of contents to find the hottest issue that you are dealing with right now. After reading that chapter, please, read other chapters. We, the authors, know from experience that dealing with long-term care issues is a multi-disciplinary and multi-legal concept problem. This book is filled with information that you may need to know to make the right next step and to find the right attorney to help you.

**Expert View: The Red Flag of Alzheimer’s: A Change of Character**

In 2015, Dr. William Thies was the chief medical and scientific officer for the Alzheimer’s Association. Before joining the Alzheimer’s Association, Dr. Thies worked at the American Heart Association. Prior to that, he held faculty positions at Indiana University in Bloomington and the University of Pittsburgh.

**Q:** Dr. Thies, from your point of view, what is one of the most important things that family members and professionals need to know about Alzheimer’s disease and dealing with our loved ones affected by the disease?
Chapter 1: Diagnosed with Alzheimer’s Disease: What Are We Going to Do?

A: The worst part of Alzheimer’s disease is the later stages of the disease, and if we found ways to keep people from getting into those late stages, we would save an immense amount of human suffering, because people’s quality of life goes to zero, plus the fact that the family is devastated by it, and it can rob them of all of their resources at the same time.

This disease is costing billions of dollars, and it’s one of the major cost drivers in a health-care system that is becoming a major cost driver for our whole economy—and we’ve got to find ways to lighten the load, or it’s going to wreck the whole economy.

Q: What factors should we be looking for to be able to say, “I think Chris or Mary may be suffering from Alzheimer’s disease?”

A: Changes in behavior—that is the biggest thing to look for. For example, losing interest in hobbies—the guy who always got the newspaper first thing in the morning so he could do the crossword puzzle and now he doesn’t do it anymore. Look for changes in sleeping patterns. The person who was always up early and worked all day in one way or another, and now all of the sudden they’re sleeping a lot during the day. Drinking—certainly whether that’s a cause or an effect, I think is open to debate—but somebody who never drank and all of a sudden is drinking a significant amount. Those sorts of changes are markers of something going on.

If they have a spouse, they’re going to be driving that spouse crazy because they have become totally unpredictable and undependable. They’re asking them 150 times from about 3:30 to 5:30, “What’s for dinner?” That’s really significant.

Think about what nine out of ten people would say about your father. For example, was he funny or was he serious? Was he very punctual? Good with money? Interested in certain things? And if any of that starts to deteriorate, you should start thinking, “Gosh, this is serious.”

One of the things that is very clear is that a fairly large portion of our population is living at home in early stages of Alzheimer’s disease, early stages of dementia—and unless the community gathers around and tries to help them, they are in great danger.
lot of people live alone—more people are living as singles. They are those who have always been single or those who have lost a spouse, and their children have grown up and moved away, and now they are by themselves. Nobody sees their decline in cognitive function. They fall off the radar at their doctor’s office, and even if they have an attorney, they fall off the radar there as well. No one calls and says, “How are you doing?” I think that’s a significant worry for a substantial portion of our population. It’s a societal problem.

There was the notorious case of a car dealer who sold a gentleman eight new cars in nine months because the man couldn’t remember that he had recently bought a car. He would purchase the car, park it someplace, and not remember where he parked it. He had a distant memory that he needed a car and where to buy a car, but not where he parked the new car. When this problem was discovered, the car dealer was unapologetic. He said, “I sell cars, what do I know? The guy kept coming back and saying he wanted a new car, and I’m just trying to meet my customers’ needs.”

A man puts on a new roof after only three years—not that he has forgotten what a new roof is for, but rather he doesn’t remember that he already did it.

Q: Is there anything else you would like to add?

A: Another thing that happens in families that causes havoc is that people don’t see these changes as a manifestation of disease. They see it as the emergence of some sort of character flaw in their loved one. Dementia tends to aggravate a lot of the dysfunction within a family. There’s real science behind the idea that people cope better with Alzheimer’s if they understand that it is a disease and if they understand the sequence and they can anticipate what’s coming next, and if they understand that other people have gone through this and survived. It’s great to get education to people, and that’s one of the reasons for the support program of the Alzheimer’s Association.