

Crisis Path:

A Guide for Houston Families Who Need to Act Now.

You need answers.
You need a PLAN. **NOW**

This guide will give you both -
Let's get your parent to SAFETY.



THE FOUR THINGS YOU NEED RIGHT NOW

- What to do in the first 24 hours
- How to find the right care community fast — without making a bad decision
- What to ask when you have one conversation, not three tours
 - What to do about the home — and who can help

FIRST — A WORD

You didn't plan for this moment.

Most families don't.

And now everything has to happen at once.

A fall. A hospital call. A doctor saying the words you weren't ready to hear.

This guide was built for exactly this situation.

You don't have weeks to read seven guides and tour ten communities.

You have days.

**That's
okay.**

Families do this every day. You can make a good decision under pressure. This guide will show you how.

One thing before you read further: If your parent is currently in the hospital, talk to the discharge planner or social worker today. Tell them you need help with next steps. That is their job. They have done this before. Let them help you.

You don't need to do everything

STEP ONE

Nobody is ready for this call.
You are!

The first 24 hours.

You are probably running on adrenaline right now.

That is normal. **Use it.** There are a few things that matter most in the first 24 hours.

1 Find out exactly what the doctor is saying

Get clarity on the medical picture. Can your parent return home with help? Or is the doctor saying home is no longer safe? You need this answer in clear language before you make any other decision.

2 Ask for the discharge timeline

Hospitals will tell you when they need a decision by. Get that date. In most cases you have more time than the urgency feels like — but ask the discharge planner directly for your specific timeline. Every situation is different.

3 Identify who is making decisions

Is there a power of attorney in place? There are two documents that matter here: a Financial Power of Attorney and a Healthcare Proxy or Medical Power of Attorney. They cover different decisions. Know which ones are in place and who holds them. If it's unclear — ask the hospital social worker immediately. This cannot wait..

4 Make one family call — not ten

Designate one person to coordinate and communicate. Group panic does not help your parent. One calm voice does. Everyone else waits for updates from that person.

5 Ask the hospital for a placement referral

Discharge planners work with assisted living and memory care communities every day. Ask them which communities they trust for a fast placement. Their recommendations matter. Write them down.

On the insurance question: Medicare does not pay for assisted living. It may cover a short stay in a skilled nursing or rehab facility after a qualifying inpatient hospital stay. Note: observation status does not qualify — confirm with the discharge planner whether your parent was admitted as inpatient or placed under observation status before counting on this coverage.. Ask the discharge planner what Medicare will and will not cover in your parent's specific situation. Do not assume.

STEP TWO

Know what you're choosing between.

In a crisis, most families are choosing between two or three options — not twenty. Here is a fast framework. (See Step 5 if you have time)

| SKILLED NURSING / REHAB | ASSISTED LIVING |
|---|--|
| For recovery after hospitalization 24/7 medical supervision | Help with daily activities Meals, medication, housekeeping |
| Medicare may cover short-term | Private apartment, some independence |
| Not a long-term solution for most | \$2,200-\$4,000+/month typically* |
| Buys time while you plan next step | Right for most crisis placements |
| MEMORY CARE | HOME WITH HELP |
| For dementia or Alzheimer's | In-home care agency provides support |
| Secure environment, 24/7 supervision Specialized staff and programming | Works if home is safe and parent is cooperative Can cost as much as assisted living |
| \$4,800-\$8,000+/month typically* | Not always a safe long-term option |
| Needed if wandering is a safety risk | Sometimes the right bridge solution |

*Houston Averages

You do not need to make the perfect decision.

You need to make a safe decision.

A good-enough community that your parent moves into soon... is better than the perfect community they move into in three months.

If you are unsure whether your parent needs assisted living or memory care: Ask the hospital's social worker or a geriatric care specialist for their assessment. Most assisted living communities will also conduct their own intake assessment before admission. Be honest about what you are observing — confusion, wandering, inability to manage daily tasks. Getting this right matters.

Give yourself permission to choose good enough.

STEP THREE

Finding the right community when time is short.

You cannot tour ten communities. You don't need to. Here is how to find a good option fast.

- 1 Start with the discharge planner's list**
Ask specifically which communities they have seen families do well at. Which ones communicate well. Which ones have handled urgent placements before. This is more valuable than any online review.
- 2 Call a senior placement advisor**
Senior placement advisors are free to families — they are paid by the communities. They know which communities have immediate availability. One call can replace hours of your own research.
- 3 Visit the top two or three — not more**
You need one visit per community. Not three. Trust your instincts on the first impression. A warm, engaged environment where staff are attentive and residents look cared for is more telling than any brochure.
- 4 Confirm availability and timeline**
Ask directly: do you have availability now? What does the admission process look like? How quickly can we move forward? Good communities handle urgent placements regularly.



You are not choosing a forever decision under a deadline.

STEP THREE (cont)

Trust what you feel when you walk in the door. You will know.

What to ask when you have 20 minutes — not 2 hours.

You do not need to ask everything.

You need to ask the right things.

These ten questions will tell you most of what you need to know.

- 1 Do you have availability right now — and what does the admission timeline look like?
- 2 What level of care does my parent need based on what I've described — and do you provide that level?
- 3 What is the total monthly cost, and what would be added on top of the base rate?
- 4 What is your staff-to-resident ratio during the day and overnight?
- 5 How do you handle medical emergencies — is there a nurse on site 24 hours?
- 6 Can my parent continue seeing their current doctors?
- 7 What does a typical day look like for a new resident?
- 8 How do you support someone through the first few weeks of adjustment?
- 9 Can I see the most recent state inspection report?
- 10 May I speak with a family member of a current resident?

RED FLAGS — TRUST YOUR INSTINCTS IF YOU SEE THESE

Leave and don't look back if you notice: Persistent unpleasant odors. Staff who seem rushed, distracted, or dismissive. Residents who look unengaged or unkempt. Evasive answers to direct questions about costs or inspection reports. Pressure to sign quickly. Anyone who discourages you from visiting unannounced.

STEP FOUR

How will you bridge the gap?

How to pay for care when the home hasn't sold yet.

This is the question that stops most families cold.

Care needs to start now. The home takes time to sell. There is a gap between those two things.

There are ways to bridge it

BRIDGE FUNDING OPTIONS

- **Personal savings or family funds** — Cover the first 1–3 months while the home sale closes. The most common bridge for most families.
- **Bridge loans for senior transitions** — Short-term loans specifically designed for this gap. Companies like ElderLife Financial specialize in exactly this situation. Repaid at closing.
- **Veterans Aid and Attendance benefit** — If your parent served, this benefit provides meaningful monthly assistance toward assisted living costs — amounts adjust annually based on the veteran's status. Apply immediately — processing takes time. Contact an accredited VA claims agent (there is no fee for their claims assistance) or an elder law attorney. Confirm current benefit amounts at benefits.va.gov
- **Long-term care insurance** — If your parent has a policy, call the insurance company today. Benefits may begin quickly. Understand the elimination period.
- **Community payment flexibility** — Some communities will work with families on timing if the home sale is in progress. Ask directly. It is worth asking.

What Medicare does — and does not — cover: Medicare does not cover assisted living. It may cover a short-term skilled nursing or rehab stay after a qualifying hospital admission. The moment your parent transitions to long-term assisted living, Medicare steps back entirely. Do not plan around Medicare coverage for assisted living costs.

Important: If Medicaid may be part of your funding plan, consult an elder law attorney before selling or transferring the home. Medicaid's five-year lookback can affect eligibility. This guide is educational — not legal or financial advice.

STEP FIVE

Take what matters - Leave the rest

What to do about the home.

The move has happened — or is about to happen.
The home is still there.

*This is the part most families don't know how to handle.
Here is what you need to know.*

In a crisis move, you almost certainly cannot prepare the home the way you would with more time.

THE CRISIS MOVE PRINCIPLE

Take what matters. Leave the rest. Handle the home after.

Your parent's safety and comfort in their new home comes first. The belongings left behind can be sorted after. The home can be sold after. Nothing left in the house is worth delaying a safe move.

WHAT TO MOVE — AND WHAT TO LEAVE

TAKE NOW

- Medications and medical equipment
- Essential clothing for 1-2 weeks
- Comfort items — favorite blanket, photos
- Hearing aids, glasses, dentures
- Important documents
- Beloved personal items

LEAVE FOR NOW

- Furniture and large items
- Clothing beyond the essentials
- Collections and decorative items
- Kitchen contents
- Garage and storage items
- Everything else

STEP FIVE (cont)

Selling the home when speed matters.

Once your parent is settled, the home needs to be addressed. In a crisis situation, most families need two things from the home sale: **speed and simplicity.**

A traditional real estate listing takes 60–90 days from start to closing. It requires cleaning, repairs, showings, negotiations, and inspections. In a crisis situation — when you are already exhausted and your parent's care needs to be funded — that process can feel impossible.

There is a faster path.

The Fast Cash Path — What to Look For

A cash buyer purchases the home as-is, with no repairs required, no showings, and no waiting for mortgage approval. The process typically closes in 7 to 30 days. You take what matters. You leave everything else. The buyer handles it.

- Sorting Help
- Moving Assistance
- Take what matters
- Leave the Rest
- We'll Handle It!

WHAT A LEGITIMATE FAST CASH BUYER OFFERS

A no-obligation offer with no pressure to sign quickly. Transparent pricing — they show you how they arrived at the number. Flexibility on closing date so you can coordinate with your parent's move-in. Clear terms with no hidden fees. As-is purchase with no repair requests after inspection.

WHAT TO WATCH OUT FOR

Pressure to sign immediately without time to review. Unusually low offers with no explanation. Requests for upfront fees. Anyone who won't put the offer in writing. Companies that won't let you consult an attorney before signing.

A cash offer will typically be below full market value. That is the tradeoff for speed and certainty. In a crisis situation, many families find that tradeoff is worth it.

Only you can decide that for your situation.

Who to look for: Not every real estate agent can help with a fast cash sale. Look for an agent or investor who specifically works with senior transitions and understands the timing constraints. Ask your discharge planner, placement advisor, or elder law attorney if they know someone. A specialist in this area will understand your situation without needing to be educated on it.

STEP FIVE (cont)

If you have a little more time.

Not every crisis requires a cash sale. If your bridge funding covers the first few months of care, you may have time to pursue a traditional sale — which typically results in a higher sale price.

*The traditional path involves working with a real estate agent, doing some light preparation of the home, listing it on the market, and navigating the standard 60–90 day process. **With the right agent**, this can still be coordinated smoothly around your parent's care timeline.*

THE RIGHT AGENT FOR A SENIOR TRANSITION UNDERSTANDS

- That the home may not be in show-ready condition — and knows how to handle that
- That timing matters — coordinating the sale with care funding needs
- That families are emotionally exhausted — and keeps the process simple
- That belongings may need to be cleared — and can refer trusted resources
- That creative options exist — owner financing, investor buyers, as-is listings

FINDING THE RIGHT HELP

If you are in Houston and need to move quickly on the home — whether that means a cash sale, a traditional listing, or something in between — Daniel Stine at MoveMomTX specializes in exactly this situation.

Daniel works exclusively with senior transitions and understands that the home decision has to move at the pace the care situation demands — not the other way around.

Call or text: 281.845.1260 or dan@movemomtx.com

There is no cost for the consultation. The goal is to make sure you have someone you can trust on the real estate side — someone who has done this before and knows how to keep it simple when everything else feels overwhelming.

You have been handling an enormous amount.

Getting the right help on the home is not a luxury. It is part of getting your parent safely settled.

Let someone carry this part for you.

ONE MORE THING

What to expect in the first 30 days.

The move is done.
Your parent is safe.

*You did something hard.
You made a decision under impossible
pressure. And you did it because you love
your parent.
That matters more than doing it perfectly.*

The adjustment period after a crisis move is real — for your parent and for you.

Knowing what is **normal** helps you not panic and not make decisions you will regret.

WHAT IS NORMAL IN THE FIRST 30 DAYS

- Your parent may be confused, sad, or resistant to being there — this is normal and usually improves
- Sleep disruption and appetite changes in the first 1–2 weeks are common
- Your parent may tell you they want to go home — this is grief, not necessarily a sign the community is wrong
- You may feel guilty even when you made the right decision — that is also normal
- It typically takes 4–8 weeks for a senior to begin feeling settled in a new community

WHAT WARRANTS A REAL CONVERSATION WITH THE COMMUNITY

- Physical changes — unexplained weight loss, signs of injury, medication errors
- Staff who are dismissive when you raise concerns
- Your parent's needs are clearly not being met after a reasonable adjustment period
- Significant decline that seems related to the environment, not the underlying condition

On making a second move too quickly: Many families pull a parent out of a perfectly appropriate community during the hardest weeks of adjustment — before the senior has had time to settle. A second disruptive move is rarely better. Give the community and your parent real time before concluding it is the wrong fit. (Check out our "Guide 7 - Make a Move for a more detailed guide)



Is it Time?



Have the
Conversation



Make the Plan



Understand
the Costs



Choose the
Right Place



Prepare the
Home



Make the
Move



Call or text me anytime:

 281.845.1260 or

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