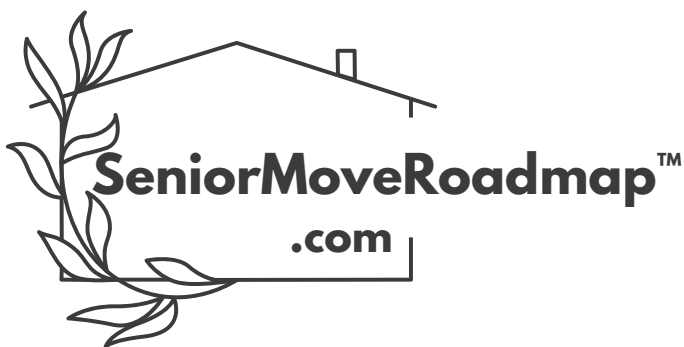


Before It's Needed - National Guide

What you Need to Know



A family's guide to navigating a senior transition with the right help



Part of the Senior Move Roadmap™ system
— SeniorMoveRoadmap.com

Included Within

- What every legal document actually does — and why timing, not paperwork, is the real risk
- How a long-held home can trigger taxes most families never see coming
- What Medicare won't pay for, what Medicaid requires, and the planning mistakes that cost families the most
- Important medical and care information to track
- What each professional does, when to call them, and how to find a good one.
- A single reference that maps every situation to the right expert — so you always know who to call

A Word Before You Begin

Let me be clear about something up front: I'm not an attorney. I'm not a financial planner. I'm not a doctor. Nothing in this guide is legal, financial, or medical advice, and you shouldn't treat it as such.

So what is this?

This is context. It's the things I've learned matter most when a family goes into — or through — a senior transition. It's meant to help you understand the landscape, recognize what you'll need, and get the right pieces in place before you need them. The goal isn't to make you an expert. It's to help you walk into the conversations with the real experts — the elder law attorney, the CPA, the financial planner, the doctor; having some sense of what questions to ask and **what to bring** to make it easier on you.

Here's the thing I can't say strongly enough: so much of how a senior transition goes comes down to what you do before you have to make the hard decisions. Who has the authority to act. Whether the documents exist. Whether the home was set up the right way years ago. By the time a crisis arrives, many of the best options have already closed — not because the family did anything wrong, but because no one told them the window was open in the first place. ***It may help you avoid “Well, if we had known...”***

That's what this guide is for. The Senior Move Roadmap™ system includes seven guides that walk you through the transition itself — having the conversations, making the plan, understanding the costs, touring communities, preparing the home, and the move. But timing, and who gets to decide, depends on groundwork laid before any of that begins. This guide is about that groundwork.

Read it for what it is — a starting point from someone who has watched families go through this, sharing what tends to matter. Then take it to the professionals who can apply it to your family's actual situation. They do the real work. I'm just trying to help you get ready for it.

And again — because it bears repeating — I'm not an attorney, a financial planner, or a doctor. Take this information as general context, and verify everything that matters with someone licensed to advise you..

Why This Guide Exists

The "Before It's Needed" workbook helps a family gather what they have. This guide explains why what they have matters — and what to do if pieces are missing. It's organized the same way the workbook is, in five sections: Legal, Financial, Medical, People, and Conversations. For each section, this guide explains the substance behind the checkboxes: what each document actually does, what each professional actually handles, what the most common mistakes are, and where State Specific rules MAY apply. (We do have a TX guide and will be working on others)

Nothing in this guide is legal, financial, or medical advice. It's the explanatory layer between the workbook and the experts who do the real work. The goal is to help you walk into those expert conversations informed enough to ask good questions and recognize good answers.

Read it cover to cover once. Then keep it next to the workbook and reference the sections that apply as situations come up. .

Keep in mind: doing this perfectly isn't the goal, and you don't have to do it all at once. Starting this process — even imperfectly, even one section at a time — is itself the thing that protects your family. Begin where you can. The rest will follow.

A note on specifics: Any dollar amounts, timeframes, and thresholds in this guide are rough illustrations as of writing — not quotes, current rates, or guarantees. Tax limits, Medicaid figures, and benefit amounts change every year. Laws change too, and how any rule applies depends entirely on your family's specific facts. Treat everything here as a starting point for a conversation with a licensed professional, not as a current or final answer.



First: Your State Matters


Before you read another page, understand this: where your family lives changes the answers.

The federal rules in this guide — how Medicare works, the capital-gains exclusion on a home sale, the existence of a Medicaid look-back period — apply in all fifty states. Those are the national truths, and they carry most of what this guide teaches.

But each state runs its own Medicaid program, its own probate process, its own estate-recovery rules, and some have their own estate or inheritance taxes on top of the federal ones. Two families in identical situations can face very different outcomes depending only on where they live. A tool that protects a family's home in one state may not exist in the next. A tax that costs a family tens of thousands in one state doesn't exist at all in another.

You don't need to learn your state's rules — that's what the professionals are for. You just need to know which parts of this guide are likely to be different where you live, so you know what to ask about.

Find your state below. Read your state's note and the general note that follows it. Then, as you read the rest of the guide, watch for this marker:

 Ask in your state. This flag marks the places where your state's version of the rule is what actually governs — and where a quick question to a local professional matters most.

Find Your State

Each note lists what tends to be distinctive about that state, what to ask about, and who to ask. These are starting points for a conversation with a licensed professional in your state — not legal or tax advice, and not a complete list of what's different. Specifics change; confirm current rules locally.

California. California is a community-property state, which can mean a surviving spouse receives a full step-up in the home's tax basis — a significant capital-gains advantage worth asking a CPA about. Home values here also frequently exceed the federal capital-gains exclusion, and Proposition 19 changed the rules for passing a parent's property-tax basis to children. Ask about: Medi-Cal (California's Medicaid) planning, Proposition 19, and the community-property step-up. Look for: an elder law attorney and CPA who handle California property-tax and Medi-Cal planning specifically.

Florida. No state income or estate tax, but the strongest homestead protections in the country — which affect who must sign to sell, how the home passes at death, and protection from creditors. The "Lady Bird Deed" (enhanced life estate deed) is widely used here for probate and Medicaid planning. Ask about: Florida homestead rules, Lady Bird Deeds, and Medicaid planning. Look for: an elder law attorney with a Florida homestead and Medicaid practice.

New York. Has its own estate tax with a notorious "cliff" — estates slightly over the threshold can be taxed on the entire amount, not just the excess. New York also runs a distinctive Medicaid program with its own rules and look-back. Ask about: New York estate tax exposure and Medicaid planning. Look for: an elder law attorney who handles New York estate tax and Medicaid specifically.

Texas. A community-property state, which can give a surviving spouse a full step-up in basis on the home — a major capital-gains advantage. Texas is also an income-cap Medicaid state (which may require a Qualified Income/Miller Trust to qualify), and Lady Bird Deeds are central to keeping the home out of probate and out of Medicaid estate recovery. Ask about: the income cap, Lady Bird Deeds, and the community-property step-up. Look for: an elder law attorney with a Texas Medicaid practice and a CPA who understands the community-property step-up. (A full Texas Edition of this guide is available.)

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Pennsylvania. Levies an inheritance tax on transfers to most heirs — children, siblings, and others, though not spouses — which makes how assets pass genuinely consequential. Pennsylvania also has an actively-used filial-responsibility law that can, in some cases, hold adult children liable for a parent's care costs. Ask about: Pennsylvania inheritance tax and Medicaid planning. Look for: an elder law attorney who handles Pennsylvania inheritance tax.

Illinois. Has its own estate tax with a threshold well below the federal level, so an estate that owes nothing federally may still owe Illinois estate tax. Ask about: Illinois estate tax exposure and Medicaid planning. Look for: an elder law attorney and CPA familiar with Illinois estate tax.

Ohio. No estate or inheritance tax, but a comparatively aggressive Medicaid estate-recovery program. Ohio uses specific tools (including a transfer-on-death designation affidavit for real estate) to keep the home out of probate and out of estate recovery. Ask about: keeping the home out of probate and Medicaid estate recovery. Look for: an elder law attorney with an Ohio Medicaid and estate-recovery practice.

Massachusetts. Has its own estate tax with a low threshold and a "cliff" structure, and its MassHealth (Medicaid) program has distinctive rules and a robust estate-recovery program. Irrevocable trusts are commonly used here in Medicaid planning. Ask about: MassHealth planning and Massachusetts estate tax. Look for: an elder law attorney who handles MassHealth planning.

New Jersey. Has an inheritance tax on transfers to certain heirs and historically careful Medicaid look-back enforcement. Ask about: New Jersey inheritance tax and Medicaid planning. Look for: an elder law attorney who handles New Jersey inheritance tax and Medicaid.

Washington. A community-property state, so a surviving spouse may receive a full step-up in basis on the home — worth asking a CPA about. Washington also has its own estate tax with one of the lower thresholds in the country and a long-term-care payroll program (WA Cares). Ask about: Washington estate tax, the community-property step-up, and Medicaid planning. Look for: an elder law attorney and CPA familiar with Washington estate tax.

Find Your State (cont)

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Washington. A community-property state, so a surviving spouse may receive a full step-up in basis on the home — worth asking a CPA about. Washington also has its own estate tax with one of the lower thresholds in the country and a long-term-care payroll program (WA Cares). Ask about: Washington estate tax, the community-property step-up, and Medicaid planning. Look for: an elder law attorney and CPA familiar with Washington estate tax.

Find Your State (cont)

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Oklahoma. *No estate or inheritance tax. Uses a transfer-on-death deed to keep the home out of probate, and like Texas is an income-cap Medicaid state — meaning a Qualified Income (Miller) Trust may be required to qualify for long-term-care Medicaid. Ask about: the income cap, transfer-on-death deeds, and Medicaid planning. Look for: an elder law attorney with an Oklahoma Medicaid practice.*


Louisiana. *Unique among all states — its law derives from the French civil-law tradition rather than English common law, which affects nearly everything. "Forced heirship" can require that a portion of an estate pass to certain children regardless of the will; property is community by default; and the terminology (usufruct, naked ownership) differs entirely from other states. Ask about: Louisiana succession, forced heirship, and Medicaid planning. Look for: a Louisiana succession and elder law attorney — out-of-state guidance frequently does not apply here.*

If your state isn't listed

Your state follows the more common pattern, which means the federal rules in this guide are a strong starting point — the Medicare framework, the capital-gains exclusion, the Medicaid look-back, the step-up in basis all apply. But every state still runs its own Medicaid program, its own probate process, and its own estate-recovery rules, and some have their own estate or inheritance taxes.

So the rule is the same everywhere: when you consult an attorney, ask whether they practice elder law and Medicaid planning in your state specifically — not just estate planning generally. The federal picture in this guide gets you oriented. Your state's specifics, confirmed by someone licensed there, get you the actual answers.

One bridge before the guide begins


Throughout the rest of this guide, watch for the  Ask in your state flag. It marks the moments where the concept is national but the mechanics are local — where your state's version of the rule is what actually governs your family's situation. When you see it, that's your cue to bring the question to a professional licensed in your state.

The five sections ahead — Legal, Financial, Medical, People, and Conversations — explain what's true broadly. Your state, and the professionals in it, fill in the rest.

Section 1 - Legal Foundation

What every family needs in place, and why timing matters more than the paperwork

Almost every problem families run into during a senior transition traces back to a legal document that didn't exist, didn't exist in the right form, or couldn't be used when it was needed. The cost of fixing that gap after the fact runs into thousands of dollars and months of delay. The cost of preventing it is usually a few hundred dollars and a single afternoon at an attorney's office.

This section explains the documents that matter at a national level — and flags where your state's specific rules and tools change the picture. Watch for the  Ask in your state marker; it appears here more than in any other section, because the legal foundation is the most state-specific part of a senior transition.

The 6 documents that hold everything together

Durable Power of Attorney — authorizes someone to handle financial and property matters if the parent can't, and only valid if signed while the parent still has capacity

Medical Power of Attorney — names who makes healthcare decisions when the parent cannot speak for themselves (the name varies by state — healthcare proxy, healthcare power of attorney, and others)

Advance Directive — the parent's own written instructions about end-of-life and life-sustaining treatment (often called a living will)

HIPAA Authorization — allows named family members to receive medical information that providers would otherwise withhold

POLST and DNR Orders — physician's orders that translate the parent's wishes into instructions emergency responders will recognize (the form's name varies by state — POLST, MOLST, POST, MOST, and others)

Last Will and Testament — directs how assets pass at death and names who administers the estate; the probate process that follows varies significantly by state

Section 1 - Legal Foundation

The Durable Power of Attorney (Financial POA)

A durable power of attorney is a document signed by one person (the "principal") authorizing another person (the "agent" or "attorney-in-fact") to handle financial matters on their behalf — bank accounts, bills, real estate, and more.

The word "durable" is the key. A non-durable POA terminates the moment the principal loses mental capacity — which is precisely when it's most needed. A durable POA explicitly survives the principal's incapacity. For senior planning, the durable version is the one that matters.

Why the timing window is real — and this part is true everywhere. A POA can only be signed by someone with the legal capacity to understand what they're signing. Mental capacity isn't a single line crossed once and forever; it's a gradient. A person with early-stage dementia may have clear days when they can validly sign and other days when they can't. Once cognitive decline progresses far enough, even the lucid moments no longer meet the legal standard. After that, the only option is guardianship (called "conservatorship" in some states) — a court proceeding to have someone formally appointed to manage the person's affairs.

Guardianship typically takes several months and often costs thousands of dollars — sometimes far more in contested cases. A durable POA typically costs a few hundred dollars to prepare. The math is rarely a close call. If a parent still has capacity and no durable POA exists, this is usually the single most important and time-sensitive thing to handle.

Section 1 - Legal Foundation

Choosing the agent. The agent owes fiduciary duties to the principal — meaning they must act in the principal's interest, not their own. Self-dealing (transferring assets to themselves, selling the home to themselves below value) can be set aside in court and can expose the agent to personal liability. Many families name an adult child; some name a non-family fiduciary when family dynamics are complicated.

...they must act in the senior's interest, not their own.

One common mistake, everywhere: naming "the children" jointly as agents who must all act together. It sounds fair; it works terribly. Banks won't process transactions without every signature, decisions stall, and one unreachable sibling can freeze everything. Name one agent, name a successor, and trust the chosen child to keep the others informed.

Ask in your state. Whether your state has an official statutory POA form, what categories of authority must be specifically granted (real estate authority, in particular, often must be spelled out), whether the document must be recorded with a county office before it can be used to sell a home, and how readily banks honor it — all of this varies by state. Some states' forms must be refreshed periodically to be accepted. An elder law attorney in your state will know the current requirements.

Section 1 - Legal Foundation

Medical Power of Attorney and Directive to Physicians

These are two separate documents, and families often confuse them.

A medical power of attorney (the name varies — healthcare proxy, healthcare power of attorney) authorizes a named person to make healthcare decisions if the patient cannot. This is who can authorize surgery, agree to a treatment plan, or make end-of-life decisions when the patient cannot speak for themselves.

An advance directive (often called a living will) is the person's own written instructions about what treatments they do and don't want under specific circumstances — typically focused on life-sustaining treatment in terminal or irreversible conditions.

Both should exist. Together they answer two questions: Who decides? (the medical POA) and What do they want? (the advance directive).

HIPAA authorization. A separate document — often paired with the medical POA — that authorizes named individuals to receive medical information. Without it, providers can refuse to share information with even immediate family. Small document, outsized consequences when it's missing. This concept is federal and applies everywhere.

Ask in your state. What these documents are called, what makes them valid (witnesses, notarization), and what default rules apply when no document exists vary by state. Most states have a "surrogate" or "default decision-maker" law that names who can make healthcare decisions when no medical POA exists — usually a priority order starting with a spouse, then adult children, then parents. But relying on that default can paralyze families with disagreements among the children. Ask a local elder law attorney what your state requires and what its default is.


Section 1 - Legal Foundation

POLST and DNR Orders

A POLST (Physician Orders for Life-Sustaining Treatment — the name and acronym vary by state) is different from an advance directive. The directive is the patient's wishes; the POLST is a physician's medical order that translates those wishes into immediately actionable instructions for emergency responders, hospitals, and care facilities. POLST forms travel with the patient across care settings.

A DNR (Do Not Resuscitate) order is a specific medical order — often part of a POLST — instructing that CPR not be attempted in the event of cardiac or respiratory arrest. Emergency responders look for a valid form; without one, paramedics will generally proceed with resuscitation regardless of family preference.

These are physician-driven documents. The conversation starts with the patient's doctor, not an attorney. Not everyone needs a POLST — it's typically appropriate when serious illness or advanced age makes a life-threatening event foreseeable.

 **Ask in your state.** The name of the form (POLST, MOLST, POST, MOST, and others depending on the state), what makes it valid, and how emergency responders recognize it vary. The patient's physician will know the form used in your state.

Section 1 - Legal Foundation

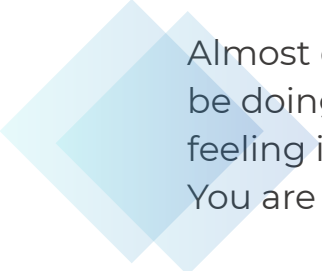
The Will

A will directs how a person's assets pass at death and names who will administer the estate. Without a will, each state's "intestacy" law decides who inherits — and the result is frequently not what the person would have wanted.

Why this matters more in some families than others. Blended families, unmarried partners, estranged children, and stepchildren are where intestacy produces the worst surprises. A second spouse may end up sharing the home with stepchildren from a prior marriage; an estranged child may inherit equally with the sibling who provided years of care; a long-term unmarried partner may inherit nothing. A will prevents the state's default from overriding the family's actual wishes.

When a will should be updated — true everywhere. Marriage, divorce, the death of a named executor or beneficiary, the birth of grandchildren, a significant change in assets, and a move to a new state all warrant a review. A will drafted decades ago and never revisited often names deceased people, omits assets acquired since, or doesn't reflect current wishes.

Ask in your state. How a will is validly executed (witness and notarization requirements differ), and especially how the estate is settled after death, vary enormously by state. The probate process — how long it takes, how much court supervision is required, how expensive it is, and what streamlined alternatives exist for simpler estates — is one of the most state-specific areas in all of estate law. Some states offer fast, inexpensive paths for small or simple estates; others require full court-supervised probate. If a parent has already died and the home needs to be sold, this is the first question for a probate attorney in the state where the property sits.



Almost every adult child in your position feels they should be doing more, doing it sooner, doing it better. That feeling is nearly universal, and it is almost never the truth. You are doing a hard thing with love. That is enough.


Section 1 - Legal Foundation

Trusts

A revocable living trust is a legal entity that holds assets during the person's lifetime (typically controlled by that person as their own trustee), with assets passing to named beneficiaries at death without going through probate. Trusts can also provide for management of assets if the person becomes incapacitated, with a named successor trustee stepping in.

When trusts tend to be useful — generally true everywhere:

- Privacy and probate avoidance. Probate is a public, sometimes slow and costly process. A trust-based plan keeps asset distribution private and avoids court involvement.
- Property in more than one state. If the person owns real property in another state, probate may have to be opened separately in that state. A trust avoids this.
- Complex family situations. Blended families, beneficiaries with special needs, beneficiaries with creditor or divorce concerns, or a desire to control how and when assets are distributed often benefit from trust planning.

 **Ask in your state.** Whether a trust is worth the cost for your family depends heavily on your state's probate process — in states where probate is fast and cheap, a trust may be unnecessary; in states where it's slow and expensive, a trust can be very worthwhile. Some states also offer simpler, lower-cost tools (see below) that accomplish much of what a trust does for the home alone. A local elder law or estate planning attorney can tell you whether a trust makes sense where you live.

A trust is not a substitute for a will. A trust governs only the assets formally transferred into it; anything left outside passes by will or intestacy. Most trust-based plans include a "pour-over will" as a backup.

Section 1 - Legal Foundation


Tools That Pass the Home Outside Probate

Many states offer simple, inexpensive tools to pass a home directly to a named beneficiary at death, bypassing probate entirely. These can also play an important role in protecting eligibility for, and the home from recovery by, Medicaid (see the Financial section).

The two most common types:

- Transfer-on-death deeds (also called beneficiary deeds, TOD deeds, or, in some states, "Lady Bird" / enhanced life estate deeds). The owner records a deed naming who receives the property at death, while keeping full control — the power to sell, mortgage, or change it — during life. At death, the property passes to the named beneficiary without probate.
- Enhanced life estate ("Lady Bird") deeds, available in a handful of states, work similarly but with mechanics that can be especially useful for Medicaid planning, because the owner retains full control during life.

These tools can preserve the step-up in basis for heirs (see Financial section), keep the home private and out of court, and in many cases keep it out of Medicaid estate recovery.

 **Ask in your state.** This is one of the most state-variable areas of all. Some states offer transfer-on-death deeds; some offer Lady Bird deeds; some offer neither and require a trust instead. Whether one of these tools fits your family — and which one — is a question for an elder law attorney in your state. Don't assume a tool you read about online is available where you live.

What to Do If Documents Are Missing

If the parent currently has legal capacity and any of these foundational documents are missing or outdated, this is the highest-priority action item. An elder law attorney can typically prepare a complete planning package — durable POA, medical POA, advance directive, HIPAA authorization, will, and any appropriate deed tool — in a few meetings.

If capacity has already declined to the point where the parent cannot validly sign, the conversation shifts to guardianship (or conservatorship), which is a court proceeding. An elder law attorney handles both paths.


The **"Before It's Needed" workbook has a checklist for each of these documents.** Use the workbook to find the gaps; use this section to understand why each gap matters; use an attorney in your state to fill them.

Section 2 - Financial Picture

Why most of this is the same wherever you live — and where it isn't

A senior transition isn't a single financial event. It's a sequence of decisions, each with implications for the others: income shifts, the home becomes an asset to be deployed, taxes can spike in a single year, Medicare premiums can rise for years afterward, and long-term care funding has to be chosen well before it's needed.

The good news for a national guide: most of this framework is federal. The capital-gains rules, the step-up in basis, how Medicare and Medicaid relate to each other, the way a one-year income event ripples into Medicare premiums and Social Security taxation — all the same in every state. So this section can be specific in ways the legal section couldn't.

Where the state enters is mainly in two places: the mechanics of Medicaid (each state runs its own program) and state-level taxes (some states layer their own estate or inheritance tax on top of the federal rules). Those get the  Ask in your state flag. Everything else below applies wherever you live.

The pieces this section covers

The capital-gains exclusion on a home sale — the federal \$250,000 / \$500,000 shield, and the two wrinkles that matter most for seniors

Step-up in basis — why heirs who inherit a home often pay little or no capital-gains tax, and the "don't always sell" question this raises

Installment sales and seller financing — spreading a large gain across years to soften the tax hit and protect Medicare premiums

Medicare vs. Medicaid — the single most expensive misunderstanding in senior care, including the observation-status trap

IRMAA and Social Security taxation — how one big income year affects Medicare premiums two years later

Long-term care insurance — the asset families forget they have

Veterans benefits — Aid and Attendance, eligibility basics, and how to apply

State and local taxes — where your state can add a layer to the federal picture

Section 2 - Financial Picture

The Capital-Gains Exclusion on a Home Sale (Federal)


Federal tax law lets a homeowner exclude up to \$250,000 of capital gains from the sale of a principal residence — \$500,000 for a married couple filing jointly — provided they owned and used the home as their principal residence for at least two of the five years before the sale.

For a long-tenured parent, this number matters more than families expect. Someone who bought a home decades ago for a small fraction of its current value may have hundreds of thousands of dollars of built-up gain. The exclusion shields a large piece of it; the rest may be taxable.

Two federal wrinkles worth knowing:

The surviving-spouse window. A widow or widower can claim the full \$500,000 joint exclusion for a sale completed within two years of the spouse's death (assuming the other requirements are met and they haven't remarried). After two years, it drops to \$250,000. This is one of the most common timing-sensitive decisions families face.

The move-to-care rule. If a parent becomes physically or mentally unable to care for themselves and moves into a licensed care facility, the usual two-year residency requirement may be relaxed — time in the facility can count toward qualifying. This can preserve some or all of the exclusion for a parent who's been in care for an extended period. It's easy to overlook, so it's worth raising with a CPA directly.

 **Ask in your state.** A few states impose their own tax on capital gains or on the sale, on top of the federal rules — and some community-property states give a surviving spouse a more favorable basis step-up (see below). A CPA in your state can tell you whether any state-level tax applies to a home sale where you live.

Section 2 - Financial Picture

Step-Up in Basis — and the "Don't Always Sell" Question (Federal)

When a person dies, the tax basis of their assets generally "steps up" to the fair market value at death. The built-up gain that accumulated during their life disappears for income-tax purposes, and heirs who sell shortly afterward typically owe little or no capital-gains tax.

This raises a question families rarely think to ask: does it make financial sense to sell at all during the parent's lifetime?

If the family doesn't need the home's equity to fund the parent's care, holding the home — and letting it pass to heirs at death with a stepped-up basis — may produce a far better tax outcome than selling now and paying capital-gains tax on decades of appreciation. The trade-off is the cost of carrying the property and the management burden.

This isn't always the right answer. For most families, the home is the asset that funds the next chapter of care, and selling is the right move. But it's a question worth asking explicitly, with a CPA and financial planner in the room — because for a parent with a large built-up gain and other resources, the difference can be tens of thousands of dollars.

Ask in your state. In community-property states (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin), a surviving spouse may receive a step-up on the entire home, not just the deceased spouse's half — often meaning little or no taxable gain on a sale shortly after the first spouse's death. In the other states, only the deceased's half steps up. If you're in a community-property state and a spouse has died, this is an important question for a CPA.

Section 2 - Financial Picture

Spreading the Gain: Installment Sales and Seller Financing (Federal)

If a parent doesn't need all the sale proceeds in a single year, an installment sale can spread the taxable gain over several years — the seller takes back a note from the buyer and receives payments over time.

Why this can matter:

- Smoothing the tax hit. A large gain in one year is taxed differently than the same gain spread over ten years.
- Medicare premiums. A large one-year capital gain can push income above the thresholds that raise Medicare premiums two years later (the "IRMAA" surcharge — federal, see below). Spreading the gain can keep income under those thresholds.
- Social Security taxation. A large income spike can push a parent to the maximum taxable portion of their Social Security benefits.
- Ongoing income. A parent carrying a note essentially holds a private, interest-bearing investment secured by the home.

Seller financing is not a do-it-yourself transaction — it has federal compliance requirements when the buyer will live in the home, and it needs a CPA modeling the tax effects and proper legal documentation. But for the right parent — long-tenured, large built-up gain, no immediate need for a lump sum — it can be a powerful tool.

Section 2 - Financial Picture

Long-term care insurance — the asset families forget they have

A surprising number of seniors paid premiums for years on long-term care policies that the family doesn't know about, can't locate, or doesn't know how to activate.

The basic structure. Long-term care insurance pays a defined daily or monthly benefit after the policyholder is certified as needing help with two or more Activities of Daily Living (bathing, dressing, toileting, transferring, continence, eating) or has a qualifying cognitive impairment. Benefits typically begin after an elimination period — a waiting period of 30, 60, or 100 days during which care is paid privately. Daily or monthly maximums and lifetime caps vary by policy.

Activating the benefit. The family — not the insurer — initiates the claim. The insurer doesn't reach out when a senior becomes eligible. Documentation requirements typically include a physician's certification of the qualifying condition, a plan of care from the care provider, and ongoing invoicing.

Where the policies hide. Premium notices, annual statements, old binders in filing cabinets, and electronic records of payments to insurance carriers are the usual paper trail. Some policies are paid up; some require continued premium payments. Some seniors stopped paying premiums years ago, not realizing they were forfeiting accumulated benefits.

The "Before It's Needed" workbook has a section specifically for long-term care insurance. If a policy exists, the family should locate it and contact the insurer's claims line before the transition is needed, not during.

Section 2 - Financial Picture

Medicare, Medicaid, and what each one actually pays for

The single most expensive misunderstanding in senior care is the conflation of Medicare and Medicaid.

Medicare is federal health insurance for people 65 and older and certain disabled individuals. It pays for hospital care, physician services, outpatient care, and prescription drugs. It does not pay for long-term custodial care — not in a nursing home, not in assisted living, not in memory care, not in the home.

Medicare Part A pays for up to 100 days of skilled nursing facility care following a qualifying three-day inpatient hospital admission. The first 20 days are fully covered; days 21–100 have a substantial daily copay; nothing is covered after day 100. Coverage requires the patient to continue improving or maintaining function with skilled care; once the patient plateaus, Medicare coverage ends regardless of how many days remain.

The observation status trap. A hospitalized patient may be classified as inpatient (counts toward Medicare's three-day requirement) or as observation (does not count). The patient is in the same bed, receiving the same care. Families who assume Medicare will pay for skilled nursing rehabilitation after a hospital stay are sometimes surprised to learn that the three days in the hospital were classified as observation, the SNF coverage was never triggered, and the family is responsible for the full bill. Confirm inpatient versus observation status in writing during any hospital stay.


Medicaid is the program that does pay for long-term care — but only for those who meet income and asset limits. It's jointly funded by the federal government and the states, and each state runs its own program. This is where the national picture ends and the state picture begins.

Section 2 - Financial Picture

Two federal features of Medicaid that apply everywhere:

The look-back period. Medicaid reviews a period of financial history (commonly five years) before an application. Gifts or below-market transfers during that window — money to grandchildren, a discounted sale to family — can create a penalty period during which Medicaid won't pay.

Estate recovery. After a Medicaid recipient dies, the program can seek to recover what it paid from the recipient's estate — which is a major reason the probate-avoidance tools in the Legal section matter.

 **Ask in your state.** Medicaid is one of the most state-variable programs in existence. The income and asset limits, whether your state has a hard "income cap" (which may require a special trust to qualify), how aggressively your state pursues estate recovery, what protections exist for a spouse who remains at home, and what your state's program is even called — all vary. Whether Medicaid funds assisted living or only nursing-home care also depends on the state. If long-term care is a realistic possibility within the next several years, an elder law attorney who handles Medicaid in your state is essential — and the earlier, the better.

IRMAA, Social Security, and the Income-Bunching Problem (Federal)

A parent on Medicare pays higher premiums if their income crosses certain thresholds — the "IRMAA" surcharge — and the surcharge is based on the tax return from two years prior. A large one-year income event (like a home sale with a big gain) can raise Medicare premiums two years later. Similarly, a large income spike can push more of a parent's Social Security benefits into the taxable range.

This is why timing matters, and why a CPA should weigh in before a major sale. Sometimes spreading income across tax years, or choosing which year to realize a gain, meaningfully changes the parent's Medicare premiums and overall tax picture. These rules are federal and apply in every state.

The most common Medicaid mistake families make: Acting on what they've heard from a neighbor, an online forum, or a well-meaning friend. Medicaid rules are complex, change regularly, and have severe consequences for mistakes. Gifting the home to children "before they look" is the classic example — it usually triggers the exact penalty the family was trying to avoid. If Medicaid is anywhere on the horizon, the right move is an elder law attorney before any transfers or gifts.

Section 2 - Financial Picture

VA Aid and Attendance

For wartime veterans (and their surviving spouses) who meet income, asset, and care-need thresholds, the VA's Aid and Attendance benefit can provide a meaningful monthly enhancement to a VA pension. Current maximum benefits range from approximately \$1,500 to \$2,800 per month depending on marital status and survivor status.

Eligibility key points:

- Service during a designated wartime period (combat is not required; service during the period qualifies)
- Honorable discharge
- Net worth (assets plus capitalized income) below a defined ceiling, indexed annually
- A care need certified by a physician — typically inability to perform multiple Activities of Daily Living
- Three-year look-back on uncompensated asset transfers (added in 2018)

Applications are processed by the VA and **can take six to twelve months**. Benefits are retroactive to the application date, so applying early matters.

Who to engage. Your State's Veterans Commission, county-level Veterans Service Officers, and VA-accredited elder law attorneys can all assist with applications. VSO services are free; elder law attorneys charge fees but are useful when asset restructuring is part of the eligibility strategy.

Section 2 - Financial Picture

State and Local Taxes — Where the State Enters


The federal government does not impose an inheritance tax, and the federal estate tax exemption is high enough that very few families owe federal estate tax. But this is an area where some states add their own layer.

Ask in your state. A number of states impose their own estate tax (often with a threshold far below the federal one, so an estate that owes nothing federally may still owe state estate tax) or their own inheritance tax (a tax on what heirs receive, sometimes depending on how closely related they are). A few states have both; most have neither. Property-tax relief for seniors — exemptions, freezes, deferrals, and whether a senior's tax benefits transfer to a new home — is also entirely state and local. A CPA or estate attorney in your state can tell you what applies where you live. (See the "Your State Matters" section near the front of this guide for notes on several states with distinctive rules.)

A Note on What's National and What's Local

It's worth restating, because this section covers a lot: the concepts here are national and you can rely on them as a starting point. The capital-gains exclusion, the step-up in basis, the Medicare/Medicaid distinction, the look-back, IRMAA, the way a long-term care policy works — these are the same wherever you live.

What's local is mainly the Medicaid mechanics and the state-level taxes. Wherever you saw the Ask in your state flag above, that's your cue to confirm the specifics with a professional licensed where your family lives. The federal picture orients you. Your state fills in the details that determine the actual outcome.



You don't have to figure all of this out today. Set the guide down when you need to. Take a walk. Call a friend. The decisions will still be here tomorrow, and you'll meet them better rested than rushed.

Section 3 - Medical & Care Information

Why the medical documentation matters more than families expect, and how to position for what comes next

Senior communities, hospital discharge planners, new care teams, and benefits agencies will all ask for the same core set of medical information. Having it organized prevents delays, prevents errors (especially medication errors during transitions, which are common and dangerous), and reduces the cognitive load on the family during stressful moments.

The "Before It's Needed" workbook has a comprehensive intake template. This section explains why the categories matter.

The medication list

Medication errors during care transitions are among the most common and most preventable causes of adverse events in senior care. A senior moving from home to a hospital to a rehab facility to assisted living may pass through four medication reconciliation processes in two weeks. Each one is an opportunity for an error: a missed prescription, a duplicated dose, a discontinued medication that gets re-started.

A complete, current medication list — including over-the-counter medications, supplements, and herbal products — is the single most important medical document the family can produce. Keep it on paper, keep a photo on a phone, and update it every time a medication changes. Bring it to every appointment and every admission.

For seniors taking more than five medications, ask the primary care physician or a pharmacist for a medication review at least annually. Research suggests that polypharmacy in older adults includes medications that are no longer indicated, are causing interactions, or are increasing fall risk.

Section 3 - Medical & Care Information

Diagnoses and the care narrative

Every admission form will ask for a list of active diagnoses. Beyond the list, families benefit from being able to tell the care narrative — what conditions developed when, what treatments worked or didn't, what hospitalizations occurred, and what the current care plan addresses.

This narrative becomes especially important if the senior reaches a point where they cannot accurately describe their own history. The adult child or spouse becomes the historian. A written summary in the workbook means the historian doesn't have to reconstruct it under pressure.

The care team

The primary care physician is the hub. Senior care often involves a cardiologist, a neurologist, a psychiatrist or geriatric psychiatrist, an ophthalmologist, a dentist, and various other specialists. As the senior's care complexity grows, coordination among them becomes a job.

This is part of what a geriatric care manager does (see Section 4 below). For families managing care without one, the workbook's care team list is the starting reference.

Cognitive assessment

If there's any concern about cognitive change, a formal evaluation by a geriatrician, neurologist, or neuropsychologist produces a baseline that becomes useful in several ways:

- It establishes capacity at a moment in time, which can protect against later legal challenges to documents signed near that date.
- It identifies treatable causes of cognitive symptoms (thyroid, B12 deficiency, sleep apnea, depression, medication effects) that mimic dementia.
- It informs prognosis and care planning.
- It can support eligibility for benefits and care levels that require cognitive impairment certification.

Families often delay this evaluation because it feels like accepting a diagnosis. The opposite is true — it's a tool for the family, not a sentence.

Section 4 - Professional Team

What each professional does, when to engage them, and how to find a good one

A senior transition involves more professionals than families typically expect, and they have overlapping but distinct roles. Engaging the right professional at the right moment is often the difference between a process that goes smoothly and one that produces preventable problems.

Elder Law Attorney

What they do. Elder law is a legal specialty combining estate planning, Medicaid planning, special needs planning, guardianship, probate, and advocacy for elder rights. The strongest elder law attorneys handle the full spectrum.

Credentials to look for:

- “Your State” Board of Legal Specialization certification in Estate Planning and Probate Law — a meaningful credential held by a small fraction of Texas attorneys
- CELA (Certified Elder Law Attorney) designation from the National Elder Law Foundation — the gold standard nationally for elder law specialization
- Active membership in the National Academy of Elder Law Attorneys (NAELA) “Your State” chapter
- Active practice (not a generalist who occasionally handles elder issues)

When to engage. Earlier than families typically realize. The most valuable elder law work happens well before a crisis — preparing the legal documents, structuring Medicaid eligibility strategies, looking into your state and county specifics, reviewing existing trusts. Engaging during a crisis still works but limits options.

Section 4 - Professional Team

Geriatric Care Manager / Aging Life Care Professional

What they do. Geriatric care managers are typically nurses, social workers, or gerontologists who provide comprehensive care assessment, care planning, family coordination, placement recommendations, ongoing oversight, and crisis intervention. They serve as the family's professional eyes on the ground, especially valuable for families who live far from the senior or have complex care situations.

Credentials to look for:

- Membership in the Aging Life Care Association (ALCA) — the professional body for the field; members agree to a code of ethics and meet experience requirements
- Clinical background — RN, LCSW, gerontologist credentials translate into real assessment capability
- Independence from facilities (no referral fees from communities — this is the distinction between care managers and placement advisors)

When to engage. When the family is overwhelmed coordinating care, when distance is a factor, when family members disagree about care decisions, when the senior's care needs are complex enough that no single family member can manage them, or when a crisis is imminent and someone needs to be on the ground quickly.

Cost expectations. Typically \$150 to \$250 per hour in the Houston market. Initial assessments often run \$500 to \$1,500. Ongoing case management can be hourly or on retainer.

Section 4 - Professional Team

CPA / Tax Professional

What they do. For senior transitions, the CPA's value is in modeling — projecting the tax effects of a sale, an installment sale, a Roth conversion, the timing of a closing across tax years, and the downstream effects on Medicare premiums (IRMAA) and Social Security taxation.

Credentials to look for:

- CPA with experience handling individual senior clients (not just business returns)
- PFS (Personal Financial Specialist) credential or comparable depth in personal financial planning
- Comfort with installment sales, basis tracking, and the interaction between capital gains and other senior-relevant income

When to engage. Before the home is listed, not after. Tax planning for a senior transition has time-sensitive elements (the year of sale, the timing of Roth conversions, the IRMAA two-year lookback) that are easier to optimize than to retrofit.

Cost expectations. Modeling work for a major transition typically runs \$500 to \$2,500 depending on complexity. Ongoing annual return preparation for a senior with moderate complexity is usually \$400 to \$1,000. As with everything high cost metros will vary.

Section 4 - Professional Team

Financial Planner / Wealth Advisor

What they do. Distinct from a CPA. The financial planner manages ongoing investment strategy, retirement income planning, long-term care funding strategies, and the overall financial plan. They coordinate with the CPA on tax issues and with the elder law attorney on estate issues.

Credentials to look for:

- CFP (Certified Financial Planner) is the foundational credential
- Fiduciary standard practice — meaning legally bound to act in the client's interest, not just sell suitable products
- Experience with senior clients specifically (drawdown strategy, RMD coordination, Social Security claiming) rather than only accumulation-phase clients
- Fee-only structure where possible (member of NAPFA — the National Association of Personal Financial Advisors) — clarifies the compensation model

When to engage. During any major life transition — and a senior move qualifies. The earlier in the planning, the more value the planner can add.

Cost expectations. Vary widely. Fee-only planners typically charge 0.75% to 1.25% of assets under management annually, or a flat hourly or project fee for limited engagements.

Section 4 - Professional Team

Real Estate Specialist (Senior-Focused)

What they do. A senior-focused real estate agent handles more than a transaction. They understand the legal and financial dimensions of senior transitions, coordinate with the elder law attorney and CPA, present multiple options for the home (not just a traditional listing), and pace the transaction to the family's timeline rather than forcing the family to the market's timeline.

Credentials to look for:

- SRES (Seniors Real Estate Specialist) designation — indicates training in senior-specific issues
- Working relationships with elder law attorneys, CPAs, geriatric care managers, and senior placement advisors
- Ability to offer multiple paths — direct cash purchase, traditional listing, creative financing structures — rather than only one.

When to engage. Before the home is listed, ideally before the planning conversation has even narrowed to a single path. The right agent helps the family understand which options make sense for their situation rather than selling them into a predetermined approach.

Section 4 - Professional Team

Senior Placement Advisor

What they do. Senior placement advisors help families identify and tour senior living communities — independent living, assisted living, memory care, and continuing care retirement communities. They have detailed local knowledge of communities, current availability, pricing, quality, and recent issues.

An important distinction. Most placement advisors are paid by the community (typically a percentage of the first year's rent), not by the family. This isn't a flaw — it's a structural fact that shapes which communities they show. Some advisors are independent and broadly knowledgeable; others have a narrower network defined by their referral relationships. Ask directly how they're paid and which communities they don't work with.

When to engage. Once the family has decided that a move into a senior community is the right direction. Placement advisors are most useful when the family knows the direction but doesn't know the local landscape.

Hospital Discharge Planner / Hospital Social Worker

What they do. Hospital discharge planners coordinate the transition from a hospital admission to whatever comes next — home, skilled nursing rehab, assisted living, hospice. They are operating under significant time pressure, with high caseloads, and often within institutional constraints that limit how much advocacy they can do for any individual family.

What families should know. Discharge planners are often the family's first contact with the senior care system during a crisis. They have access to information about available beds, post-acute care options, and benefits programs. They are also typically not allowed to make specific recommendations to specific providers due to institutional policies — they can provide lists, not endorsements.

How to work with them effectively. Ask questions early in the hospital stay, not the day of discharge. Confirm inpatient versus observation status in writing. Ask about appeal rights for any discharge that feels premature. Ask the discharge planner whether the senior is being discharged to a facility that accepts Medicaid (in case private funds eventually run out) or only private-pay.

Section 4 - Professional Team

Hospice Social Worker

What they do. Hospice social workers support both the patient and the family during the final phase of life, addressing emotional, practical, and logistical needs alongside the clinical care provided by the hospice team. They typically remain involved with the family for up to 13 months after the patient's death through bereavement support.

What families should know. Hospice care is a Medicare benefit (Part A) for patients with a terminal diagnosis and a prognosis of six months or less if the disease runs its expected course. Choosing hospice is not "giving up" — it's choosing a different framework for care focused on comfort and quality of life rather than curative treatment. Many patients live longer on hospice than expected, in some cases due to better symptom management.

Senior Move Manager

What they do. Senior move managers handle the logistical and physical side of the move: sorting belongings, deciding what fits in the new residence, managing what's kept, donated, or sold; packing and unpacking; coordinating movers; setting up the new home. For an overwhelmed family, this is the work that often feels impossible to face.

Credentials to look for: Membership in the National Association of Senior & Specialty Move Managers (NASMM). Members agree to a code of ethics and meet experience requirements.

Cost expectations. Typically billed hourly or as a flat fee per project, depending on scope. A full senior move with sorting, packing, and unpacking often runs \$3,000 to \$10,000+ depending on the size and complexity of the household.

Section 5 - Conversations to Have Before the Moment Comes

Why these conversations matter, and how to have them

The "Before It's Needed" workbook lists five conversation topics: care preferences, medical wishes, the home, belongings, and pre-planning. This section explains why each one matters specifically and offers a way into the conversation when it feels hard to start.

These are not conversations to have all at once. Most families do best taking one topic at a time over weeks or months, when the moments arise naturally. The point is not to finish the conversations — it's to have them, even imperfectly, while the senior can still meaningfully participate.

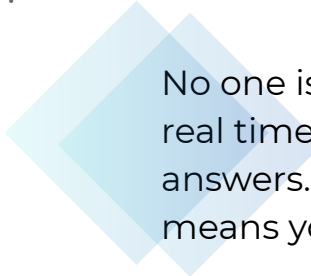
Care Preferences What matters most to your parent about how they live? Independence, proximity to family, staying in the community they know? What would they want if they couldn't live at home anymore?

Medical Wishes What does a "good outcome" look like to them? If something happened tomorrow, what would they want — and not want — done?

The Home What is the home to them — a financial asset, a source of family memories, both? Are there wishes about what happens to it?

Belongings Is there anything specific — a piece of furniture, jewelry, an heirloom — that they want to go to a specific person? Having that conversation now prevents family conflict later.

Pre-planning Has any funeral or burial pre-planning been done? If so, where is that information?



No one is born knowing how to do this. You're learning it in real time, under pressure, while everyone looks to you for answers. Being unsure doesn't mean you're failing — it means you're paying attention to how much this matters.

Section 5 - Conversations to Have Before the Moment Comes

Care preferences

The single most useful question a family can answer is: **What does my parent want, if they can't tell us anymore?**

Most adult children think they know. Most are partially wrong. Research suggests that adult children predict their parents' end-of-life preferences correctly only about two-thirds of the time — and the parents themselves often haven't articulated their own preferences in a way that would survive their inability to speak for themselves.

Ways to start the conversation:

- "If you couldn't live at home anymore, what would matter most to you about where you went?"
- "What's the part of your life right now that you'd want to keep, even if other things had to change?"
- "If I had to make a decision for you and couldn't ask you first, what would you want me to remember about what matters to you?"
- "When you picture getting older, what's the thing you'd most want to hold onto — and the thing you'd most want to avoid?"
- "Is there anyone you've known who handled this stage of life in a way you admired — or in a way you'd want to do differently?"
- "If we ever had to make a change, would you rather we lean toward keeping you independent as long as possible, or toward making sure you're somewhere safe even if it meant giving up some independence sooner?"

In the middle of the paperwork and the decisions and the phone calls, don't forget there's still a person here to simply be with. Some of the most important time you'll spend won't be solving anything at all. It'll just be sitting together. That counts too — maybe most of all.

Section 5 - Conversations to Have Before the Moment Comes

Medical wishes

The Directive to Physicians and Medical POA documents (Section 1) capture the legal answer. The harder question is the human one underneath: What does a "good outcome" look like to my parent, even if the medical situation is bad?

Some seniors want every available intervention to extend life. Some are very clear that they don't want to be kept alive on machines. Most fall somewhere in between, in ways that are hard to capture in a checklist.

A useful framework many families have adopted comes from the work of Atul Gawande and others: the goal isn't to write down every possible scenario but to identify the trade-offs your parent would and wouldn't make.

- Would they accept a treatment that extends life if it required permanent dialysis?
- Would they want to remain on a ventilator if the prognosis for recovery was uncertain?
- Would they want to be kept comfortable rather than treated aggressively if treatment had a low chance of meaningful recovery?

These trade-off conversations, captured in writing or shared with the family, give the Medical POA agent something to act on when the situation isn't covered by the formal documents.

Section 5 - Conversations to Have Before the Moment Comes

The home

For most seniors, the home is not just a financial asset. It's the place where life happened — children grew up, holidays were hosted, decades of memories accumulated. The decision to sell, rent, or hold the home is loaded with emotional weight in addition to financial implications.

The conversation worth having: What is the home, to your parent? Some seniors want it sold cleanly when the time comes and don't want sentimental attachment to slow the process. Others would prefer it stay in the family if possible. Some have specific feelings about specific rooms, items, or features.

The financial conversation about what to do with the home (Section 2) is one conversation. The emotional conversation about what the home means is a separate one. Both should happen, and the emotional one often shapes the financial one in ways that wouldn't be obvious otherwise.

Belongings

Specific items — a piece of furniture, a piece of jewelry, a tool, a collection — can carry emotional weight far beyond their financial value. When the senior has clear wishes about who should receive specific items, capturing those wishes (in writing, in a separate writing referenced in the will, or in conversation with multiple family members present) prevents a meaningful share of family conflict.

Texas allows a separate writing for tangible personal property to be referenced in a will and to control distribution of specific items. It's a simple tool. Updating it as wishes change is also simple.

Pre-planning

Funeral and burial pre-planning is one of the most-resisted conversations and one of the most useful when it has been done. A pre-paid funeral plan, a pre-purchased burial plot, a stated preference for cremation versus burial, a written request for the kind of service the senior wants — these are decisions that reduce the burden on the family during an already-difficult time.

Pre-paid funeral plans have a specific Medicaid-relevant feature in Texas: irrevocable funeral trusts are an exempt asset for Medicaid eligibility purposes (subject to defined limits). This is sometimes part of an elder law attorney's spend-down strategy for a senior approaching Medicaid eligibility.

In Closing

Parting Guidance

The point of this guide is not to make a family expert in elder law, tax planning, Medicare rules, or any of the other complex domains a senior transition touches. The point is to make a family informed enough to ask the right questions of the right experts at the right time. The experts do the real work. Your job is to recognize what's needed, find the right person, and bring them the information they need to help you well.

The "Before It's Needed" workbook gives you the gathering tool. This guide gives you the framework. The Senior Move Roadmap™ system at SeniorMoveRoadmap.com provides the seven-step path through the larger transition — care decisions, financial decisions, the home decision, and the transition itself.

Before You Go — A Word About the Conversations

This guide has been about the what: the documents, the accounts, the decisions, the people. But there's a how underneath all of it that we haven't fully addressed here — the actual conversations. The ones with your parent about what they want. The ones with your siblings when you don't see things the same way.

Those conversations are often the hardest part of the entire process, and they're where good intentions most often break down. A family can have every document in order and still come apart over when to move Mom, whether to sell the house, or who's been carrying the load. Because those conversations deserve real attention, we've put them in their own companion guides:

- **Talking With Your Parent** — how to raise the hard subjects gently, what to ask, and how to make sure their wishes are heard while they can still share them.
- **When the Family Doesn't Agree** — the ten disagreements that come up most among siblings, written from both sides, so each person can feel understood and better understand the other.

If you anticipate needing help with any of these conversations — or you're already in the middle of one that's stuck — start there. They're built for exactly those moments. If you are still stuck getting help from a family counselor or maybe clergy could help you move forward.

Quick Reference

When to call which professional — a quick reference

If the situation involves...	Start with...
A document that doesn't exist or is outdated	Elder law attorney
A diagnosis of dementia or cognitive change	Primary care physician, then elder law attorney
A Medicaid application within five years	Elder law attorney
A large capital gain on a long-tenured home	CPA, then financial planner
Owner financing or installment sale possibilities	CPA + real estate attorney + RMLO
Family disagreement about care	Geriatric care manager
A hospital discharge with no clear next step	Hospital social worker, then geriatric care manager
A move from home into senior living	Senior placement advisor + senior move manager
A terminal diagnosis	Hospice referral (the physician initiates)
Veteran benefits	Texas Veterans Commission or VA-accredited elder law attorney
The home — sell, rent, hold, owner-finance	Senior-focused real estate specialist + CPA + elder law attorney

Next Steps & Add'l Resources

If anything in this guide surfaced a gap — a document that doesn't exist, a professional who isn't on the team yet, a question you hadn't thought to ask — that's exactly what this guide was built to do. Finding the gap now, before the moment comes, is the whole point.

You don't have to close every gap today. Start with the one that would matter most in an emergency, and work forward from there.

Keep it. Share it with whoever needs to know where things stand. Bring it to your next meeting with an elder law attorney or financial planner — the questions you've gathered will make that conversation better.

You didn't have to read a 50-page guide about something this hard. You did it anyway — because the people you love are worth getting this right. That says more about you than any document ever could.

Now that you've read through it, here's how to put it to work:

- Pair it with the "Before It's Needed" workbook. The guide explains why things matter; the workbook is where you gather what you have. Together they surface exactly what needs attention.
- Use the "When to call which professional" reference table at the back. It maps every situation to the right expert — so the next step is never a guess.
- If conversations with your parent or your siblings feel like the hardest part, two companion guides are built for exactly those moments: Talking With Your Parent and When the Family Doesn't Agree.
- The Senior Move Roadmap's seven guides walk through every stage of the transition itself — free at SeniorMoveRoadmap.com.



Is it Time?



Have the Conversation



Make the Plan



Understand the Costs



Choose the Right Place



Prepare the Home



Make the Move

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