

Before It's Needed - Guide

What you Need to Know in Texas



A Texas 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 — and the Texas rules that work in your favor
- What Medicare won't pay for, what Medicaid requires, and the planning mistakes that cost families the most
- What each professional does, when to call them, and how to find a good one in Texas
- 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 Texas-specific rules apply.

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.



Section 1 - Legal Foundation

What Texas law actually requires, and why timing matters more than families realize

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, why they matter specifically under Texas law, and what to do if any of them are missing.

The 7 documents that hold everything together

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

Medical Power of Attorney — names who makes healthcare decisions when the senior cannot speak for themselves

Directive to Physicians — the senior's own written instructions about end-of-life and life-sustaining treatment

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

POLST and Out-of-Hospital DNR — physician's orders that translate the senior's wishes into instructions emergency responders must follow

Last Will and Testament — directs how assets pass at death and names who administers the estate, with Texas-specific probate paths that can save time and money

Lady Bird Deed / Transfer on Death Deed — Texas tools that pass the home outside probate, preserve Medicaid eligibility, and protect the step-up in basis. Texas's approach could change; confirm current rules with an elder law attorney.

Section 1 - Legal Foundation

The Statutory 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. In Texas, the form most commonly used is the Statutory Durable Power of Attorney under Chapter 752 of the Texas Estates Code.

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 purposes, the durable version is the one that matters.


Why the timing window is real. A POA can only be signed by someone with legal capacity to understand what they're signing. Mental capacity isn't a single line that gets crossed once and forever; it's a gradient. A senior with early-stage dementia may have clear days when they can validly sign legal documents and other days when they can't. Once cognitive decline progresses beyond a certain point, even the lucid afternoons no longer meet the legal capacity standard. After that, the only option is guardianship — a court proceeding to have someone formally appointed to manage the senior's affairs.

A Texas guardianship can take several months and often costs thousands of dollars — sometimes \$15,000 or more in contested cases with attorney fees, court costs, evaluations, and ongoing reporting requirements. A Statutory Durable POA typically costs \$300 to \$750 to draft and execute. The math is rarely a close call.

Section 1 - Legal Foundation

What the Texas form must include. The statutory form has a checklist of categories the agent is authorized to handle — real estate transactions, financial accounts, retirement plans, taxes, government benefits, and others. Each category must be specifically authorized;

a POA that omits real estate authority cannot be used to sell the senior's home. Older POAs that predate Texas's 2017 statutory updates may not be recognized by all banks and title companies; an elder law attorney can advise whether existing documents need to be refreshed.



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

Filing matters too. For a real estate transaction, the POA must be filed with the county clerk where the property is located. Many families don't realize this until closing is delayed because the title company can't accept the POA.

Choosing the agent. This is the most important decision in the document. The agent owes fiduciary duties to the principal — meaning they must act in the senior's interest, not their own. Self-dealing (selling the senior's home to themselves, transferring assets to their own accounts, gifting the senior's money) can be set aside in court and can expose the agent to personal liability. Many families choose an adult child; some choose a non-family fiduciary if family dynamics are complicated.

Common mistake: Naming "the children" jointly as agents who must act together. Sounds fair; works terribly. Banks won't process transactions without all signatures. Decisions stall. Pick one agent, name a successor, and trust the chosen child to communicate with siblings.

Section 1 - Legal Foundation

Medical Power of Attorney and Directive to Physicians

These are two separate Texas documents. Families often conflate them.

The Medical Power of Attorney authorizes a named person to make healthcare decisions if the senior cannot make them. This is the document that determines who can authorize surgery, agree to a treatment plan, or make end-of-life decisions when the senior is unconscious or incapacitated.

The Directive to Physicians (the Texas version of a living will) is the senior's own written instructions about what kinds of treatments they do and don't want under specific circumstances — typically focused on whether to continue 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 Directive).

Texas's Surrogate Decision Maker statute. If neither document exists and the senior loses capacity, Texas law provides a default priority list of who can make medical decisions: spouse, adult children (majority rule among them), parents, nearest living relative. This sounds like a safety net but causes real problems — families with disagreements among adult children can be paralyzed at the bedside, and the senior's actual wishes may not be honored because no one wrote them down.

HIPAA authorization. A separate document, often paired with the Medical POA, that authorizes named individuals to receive medical information. Without it, a hospital can refuse to share information with even immediate family members. This is a small document with disproportionate consequences when it's missing.

Section 1 - Legal Foundation

POLST and DNR Orders

A POLST (Physician Orders for Life-Sustaining Treatment) **is different** from a Directive to Physicians.

- The Directive is the senior's wishes;
- The POLST is a physician's medical order that translates those wishes into immediately actionable instructions for emergency responders, hospitals, and nursing facilities.
- POLST forms are intended to travel with the patient and inform care across settings.

A POLST is typically appropriate when a senior has a serious illness or advanced age that makes life-threatening events foreseeable. Not every senior needs one. The primary care physician can advise.

A DNR (Do Not Resuscitate) order is a specific medical order — often a component of a POLST — instructing that CPR not be attempted in the event of cardiac or respiratory arrest. In Texas, an "Out-of-Hospital DNR" is the document EMS personnel will look for; without a valid Out-of-Hospital DNR, paramedics will generally proceed with resuscitation efforts.

These are physician-driven documents.

The conversation starts with the senior's doctor, not with an attorney.

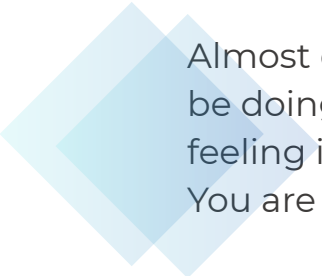
Section 1 - Legal Foundation

The Will

A will (the formal name is "Last Will and Testament") directs how the senior's assets pass at death and names who will administer the estate. Without a will, Texas's intestacy statute decides who inherits — and the result is frequently not what the senior would have wanted.

Texas intestacy in plain terms. If a married Texas resident dies without a will, the distribution depends on whether the assets are separate property or community property, and whether the surviving spouse and the deceased's children are all from the same marriage. Blended families, common-law spouses, estranged children, and unmarried partners 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 receives an equal share with siblings who provided years of care; an unmarried partner of decades inherits nothing.

Texas probate paths. When the senior has a will, the executor named in the will admits it to probate and receives Letters Testamentary (a court document evidencing their authority).



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

TX Probate Paths (cont..)

Texas offers several paths:

- Independent Administration is the most common. The executor has broad authority to administer the estate with minimal court supervision. Most modern Texas wills explicitly authorize independent administration.
- Dependent Administration requires court approval for major actions. Used when the will doesn't authorize independent administration, when heirs can't agree, or when the estate is unusually contested. Slower and more expensive.
- Muniment of Title is a Texas specialty. When the senior has a will, the estate has no unpaid debts (other than secured debt like a mortgage), and there's no need for ongoing administration, the court can admit the will to probate "as a Muniment of Title." The court order itself becomes the document that transfers title to the heirs. No executor is appointed. No Letters Testamentary issue. Typical cost is a few hundred to a couple thousand dollars; typical timeline is 30 to 60 days. Many Texas families with simple estates qualify for Muniment of Title and don't know it.
- Affidavit of Heirship is used when there's no will. Family members file a sworn statement of family history in the county deed records, establishing the chain of inheritance. Title companies typically require these affidavits to season for a period before they'll insure a sale based on them.
- Heirship Determination is a more formal court proceeding for the same purpose. More expensive than an affidavit but produces an immediately accepted court order.

When the will should be updated. Marriage, divorce, death of a named executor or beneficiary, the birth of grandchildren, significant changes in assets, and moves between states (the will should reflect current state law) all warrant an update. A will drafted twenty years ago and never revisited often names deceased people, omits assets acquired since, or doesn't address modern issues like digital assets.

Section 1 - Legal Foundation

Trusts

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

When trusts are useful for Texas seniors.

Three common scenarios:

1. Privacy and probate avoidance. Probate is a public process. A trust-based plan keeps the distribution of assets private and avoids court involvement.
2. Out-of-state property. If the senior owns real property in another state, probate may have to be opened in that state separately (ancillary probate). A trust avoids this.
3. Complex family situations. Blended families, beneficiaries with special needs, beneficiaries with creditor or divorce concerns, or assets the senior wants to control beyond the grave (for example, providing for a surviving spouse while preserving assets for children from a prior marriage) often benefit from trust planning.

When trusts may be unnecessary. For Texas residents with straightforward family situations, modest estates, and primarily Texas-located assets, the Lady Bird Deed and Transfer on Death Deed (described next) can accomplish many of the same goals as a trust at much lower cost.

Trusts are not a substitute for a will. A trust handles assets that have been formally transferred into it; anything left outside the trust passes by will or intestacy. Most trust-based plans include a "pour-over will" as a backup.

Section 1 - Legal Foundation

Lady Bird Deeds and Transfer on Death Deeds

Two Texas tools worth knowing about specifically, because they solve common problems cheaply and effectively.

The Lady Bird Deed (formal name: Enhanced Life Estate Deed) is a recorded deed in which the senior retains a life estate with the full power to sell, mortgage, gift, or revoke during their lifetime, and a named remainder beneficiary receives the property automatically at death.

Key features:

- Probate avoidance. The property passes to the named beneficiary outside of probate.
- Medicaid considerations. Because the senior retains full control during life, the transfer is not a completed gift for Medicaid look-back purposes. This makes Lady Bird Deeds a centerpiece of Texas Medicaid planning.
- After a Medicaid recipient dies, Texas can seek to recover what it paid for their care. Under Texas's current program, recovery is limited to assets that pass through probate — so property that transfers outside probate, such as through a properly drafted Lady Bird Deed, generally is not subject to it. This is a recognized and lawful part of Texas Medicaid planning, but Texas's approach could change, and whether it fits a given family's situation is a question for an elder law attorney.
- Because the senior retains control until death, the property is generally included in their estate for tax purposes and receives a step-up in basis which often eliminates capital gains tax for heirs who sell shortly afterward.
- Senior retains full control. The named beneficiary has no rights until death and cannot block a sale or mortgage during the senior's lifetime.

Section 2 - Financial Picture

What changes financially when a senior transitions, and the professionals who handle each piece

A senior transition is not a single financial event. It is a sequence of decisions, each with implications for the others: income flows shift, the home becomes a potential asset to be deployed, taxes can spike in a single year, Medicare premiums can increase for years afterward, and long-term care funding strategies have to be chosen well before they're needed.

This section explains the substantive pieces. The "Before It's Needed" workbook gathers the data; this section explains what to do with it.

The Section 121 capital gains exclusion

Federal tax law allows a homeowner to 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 preceding the sale.

For a long-tenured senior, this number matters more than families typically realize. A senior who bought a home in 1985 for \$90,000 that's now worth \$600,000 has \$510,000 of unrealized capital gain. After the single-person exclusion, \$260,000 is taxable at long-term capital gains rates. After the joint exclusion (if married), \$10,000 is taxable.

Section 2 - Financial Picture

Three Texas-relevant wrinkles:

The widow's two-year window. A surviving spouse can claim the full \$500,000 joint exclusion for sales completed within two years of the deceased spouse's death (subject to other requirements and assuming the surviving spouse hasn't remarried). After two years, the exclusion drops to \$250,000. This is one of the most common timing-sensitive decisions in senior transitions.

The incapacity rule. There's a special rule that can help a senior who has moved into a licensed care facility. If someone becomes physically or mentally unable to care for themselves, the usual two-year residency requirement may be relaxed, so that time spent in the facility can count toward qualifying for the exclusion. This can preserve some or all of the exclusion for a senior who lived in the home before entering care but has since been in a facility for an extended period. Whether it applies, and how much it helps, depends on the specific facts — a CPA can determine that.

The Texas community property step-up. When a married Texas couple owns a home as community property and one spouse dies, the entire property — not just the deceased's half — receives a step-up in tax basis to fair market value at death. In most other states, only half steps up. The practical effect: a surviving Texas spouse who sells **shortly after** the first death often has little to no taxable capital gain, regardless of how long the couple owned the home or how much it appreciated. (Timing matters, consult a CPA, appreciation after the first spouse's death is not covered by this step-up)

This last point is the single most **under-recognized tax advantage available** to married Texas seniors, and it routinely changes the sell-versus-hold calculation.

Section 2 - Financial Picture

Installment sales and seller financing

If the senior doesn't need the full sale proceeds in a single year, an installment sale spreads the gain over multiple tax years. The seller takes back a note from the buyer and receives monthly payments — principal, interest, and a proportional share of the gain — over five to ten years or more.

Why this can matter for a senior:

- Smoothing the tax hit. A \$300,000 taxable gain in one year produces a different tax bill than \$30,000 of taxable gain in each of ten years.
- Medicare premium effects. A large one-year capital gain pushes Modified Adjusted Gross Income above thresholds that increase Medicare Part B and Part D premiums for two years afterward (the IRMAA surcharge). Spreading the gain over an installment sale can keep MAGI under those thresholds.
- Social Security taxation. Up to 85% of Social Security benefits become federally taxable depending on combined income. A large capital gain spike pushes a senior to maximum taxability.
- Ongoing income. A senior carrying paper essentially holds a private bond — predictable monthly income, secured by real property, at whatever interest rate they negotiate (subject to IRS minimum interest rate rules).

Texas-specific compliance. Owner-occupied residential seller financing falls under federal Dodd-Frank rules and the Texas SAFE Act. A common path to compliance is to engage a licensed RMLO — typically a few hundred dollars — to prepare the loan documents and qualify the buyer. The transaction is structured as a warranty deed with a vendor's lien plus a deed of trust securing the note, not as a contract for deed (Texas Property Code Chapter 5 makes contracts for deed largely impractical for residential property).

This is not a do-it-yourself transaction. The senior needs a CPA modeling the tax effects, an RMLO handling compliance, and a real estate attorney structuring the documents. Done correctly, it can be one of the most tax-advantaged paths for a long-tenured senior. Done incorrectly, it creates regulatory exposure and uncollectable notes.

Section 2 - Financial Picture

Step-up in basis and the "don't always sell" question

When a person dies, the tax basis of their assets generally steps up to fair market value at death. The unrealized gain that built up during life disappears for income tax purposes, and heirs who sell shortly afterward typically have little to no taxable gain. For a senior with a large embedded capital gain and limited need for the home sale proceeds during their lifetime, this raises a question families rarely think to ask: does it make financial sense to sell at all?

If the family doesn't need the equity to fund the senior's care, holding the home (renting it, leaving it vacant, or letting a family member occupy it) may produce a better long-term outcome than selling. The home eventually passes to heirs with a stepped-up basis, and they can sell with little tax. The cost is carrying the property — taxes, insurance, maintenance — and accepting the management burden.

This isn't always the right answer.

For most senior transitions, the home is the asset that funds the next chapter of care, and selling is the right move. But it's a question that deserves to be asked explicitly, with a CPA and financial planner in the room.

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 means-tested coverage for low-income individuals and families. For seniors, Texas Medicaid funds long-term nursing facility care for those who meet income and asset thresholds. Medicaid funding for assisted living and in-home care in Texas runs through STAR+PLUS waiver programs with separate eligibility and frequent waiting lists.

Section 2 - Financial Picture

Texas Medicaid specifics worth knowing:

- **The income cap.** Texas is an "income cap" state — gross monthly income above 300% of the SSI Federal Benefit Rate (currently around \$2,900/month which is a federal income cap that adjusts annually) disqualifies the applicant. The standard fix is a Qualified Income Trust (also called a Miller Trust), into which excess income flows monthly. This is a routine tool used by elder law attorneys. Speak with an CPA or financial planner to verify current figure in your situation.
- **Asset limits.** Generally \$2,000 for a single applicant; community spouse protections allow the well spouse to retain a defined portion of assets. The senior's homestead is generally exempt up to a significant equity cap as long as the senior, spouse, or qualifying relative remains in the home. Speak with an CPA or financial planner to verify current figure in your situation.
- **The five-year look-back.** Medicaid reviews five years of financial history before the application. Uncompensated transfers — gifts to grandchildren, below-market sales to family, charitable donations — within the look-back period generate a penalty period during which Medicaid will not pay for care.
- **Medicaid Estate Recovery (MERP).** After death, Texas can seek to recover Medicaid payments from the recipient's estate. Under Texas's current program, recovery is generally limited to assets that pass through probate — which is why Lady Bird Deeds and Transfer on Death Deeds feature in Texas Medicaid planning. Non-probate transfers generally fall outside current recovery rules, but Texas could change its approach; confirm current rules with an elder law attorney.

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. Texas 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

Texas property tax features for seniors

Texas seniors over 65 are eligible for several property tax benefits that meaningfully affect a senior's monthly costs and the math of moving:

- Additional homestead exemption for over-65 homeowners, on top of the standard homestead exemption.
- School tax ceiling ("freeze"). Once a Texas homeowner turns 65 and applies, the school district portion of their property tax is frozen at that year's amount and cannot increase, with limited exceptions for substantial improvements. Many city and county jurisdictions have adopted similar ceilings.
- Portability. When a senior with a freeze sells their Texas homestead and buys another Texas homestead, a percentage of the school tax freeze transfers. Many families don't know this and pay full school taxes for the first year in the new property because no one filed for portability.
- Property tax deferral. Texas over-65 homeowners can elect to defer property taxes entirely until the property is sold or the owner dies. Interest accrues at a statutory rate, and a tax lien attaches to the property. Useful for house-rich, cash-poor seniors who want to stay put; creates a payoff at closing when the home is sold.

These are administered by the local county appraisal district. Most are not automatic — they must be applied for.



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 in Texas

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 in Texas:

- Texas 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) Texas 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, setting up Lady Bird Deeds, reviewing existing trusts. Engaging during a crisis still works but limits options.

Cost expectations. Initial consultations are typically \$200 to \$500 (sometimes free for an introductory meeting). A complete planning package runs \$1,500 to \$4,000. Medicaid planning and crisis work run higher and are usually billed hourly, \$300 to \$500/hour in the Houston market.

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.

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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.

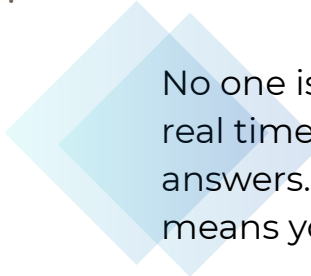
Care Preferences What matters most to your parent about how they live? Independence, proximity to family, staying in the community they know? What would they want if they couldn't live at home anymore?

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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