

# Crisis Path:

A Guide for Families Who Need to Act Now.

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

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



## THE FOUR THINGS YOU NEED RIGHT NOW

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

## FIRST — A WORD

**You didn't plan for this moment.**

***Most families don't.***

**And now everything has to happen at once.**

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

**This guide was built for exactly this situation.**

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

**You have days.**

**That's  
okay.**

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

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

## You don't need to do everything

# STEP ONE

Nobody is ready for this call.  
**You are!**

### The first 24 hours.

You are probably running on adrenaline right now.

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

#### 1 Find out exactly what the doctor is saying

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

#### 2 Ask for the discharge timeline

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

#### 3 Identify who is making decisions

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

#### 4 Make one family call — not ten

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

#### 5 Ask the hospital for a placement referral

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

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

# STEP TWO

## Know what you're choosing between.

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

SKILLED NURSING / REHAB	ASSISTED LIVING
For recovery after hospitalization 24/7 medical supervision	Help with daily activities Meals, medication, housekeeping
Medicare may cover short-term	Private apartment, some independence
Not a long-term solution for most	\$3,800–\$6,000+/month typically*
Buys time while you plan next step	Right for most crisis placements
MEMORY CARE	HOME WITH HELP
For dementia or Alzheimer's	In-home care agency provides support
Secure environment, 24/7 supervision Specialized staff and programming	Works if home is safe and parent is cooperative Can cost as much as assisted living
\$4,800–\$8,000+/month typically*	Not always a safe long-term option
Needed if wandering is a safety risk	Sometimes the right bridge solution

**Note:** If the doctor orders home health after discharge, Medicare may cover short-term skilled visits — nursing, therapy — at home. Ongoing daily help is typically private pay. Ask the discharge planner which applies to your parent. \*National Averages

**You do not need to make the perfect decision.**

**You need to make a safe decision.**

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

If you are unsure whether your parent needs assisted living or memory care: Ask the hospital's social worker or a geriatric care specialist for their assessment. Most assisted living communities will also conduct their own intake assessment before admission. Be honest about what you are observing — confusion, wandering, inability to manage daily tasks. Getting this right matters. If the doctors are talking about comfort rather than recovery, ask the social worker about hospice. That is a different conversation than placement — and there are people whose job is to walk you through it.

# STEP FOUR

How will you bridge the gap?

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

This is the question that stops most families cold.

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

### There are ways to bridge it

#### BRIDGE FUNDING OPTIONS

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

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

**Important:** If Medicaid may be part of your funding plan, Start with the hospital social worker or an elder law attorney. You can also contact your local Area Agency on Aging - before selling or transferring the home. Medicaid's five-year lookback can affect eligibility. This guide is educational — not legal or financial advice.

## STEP THREE (cont)

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

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

You do not need to ask everything.

You need to ask the right things.

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

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

### RED FLAGS — TRUST YOUR INSTINCTS IF YOU SEE THESE

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

# STEP FOUR

How will you bridge the gap?

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

This is the question that stops most families cold.

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

### There are ways to bridge it

#### BRIDGE FUNDING OPTIONS

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

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

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

# STEP FIVE

Take what matters - Leave the rest

## What to do about the home.

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

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

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

### THE CRISIS MOVE PRINCIPLE

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

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

### WHAT TO MOVE — AND WHAT TO LEAVE

#### TAKE NOW

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

#### LEAVE FOR NOW

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

## STEP FIVE (cont)

### Selling the home when speed matters.

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

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

### There is a faster path.

#### The Fast Cash Path — What to Look For

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

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

#### WHAT A LEGITIMATE FAST CASH BUYER OFFERS

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

#### WHAT TO WATCH OUT FOR

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

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

Only you can decide that for your situation.

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

## STEP FIVE (cont)

### If you have a little more time.

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

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

### THE RIGHT AGENT FOR A SENIOR TRANSITION UNDERSTANDS

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

### FINDING HELP NATIONALLY

If you are outside the Houston area and need help finding the right buyer — cash or traditional — **contact us at [SeniorMoveRoadmap.com/for-help](https://SeniorMoveRoadmap.com/for-help)**. We maintain a network of vetted partners nationally who specialize in senior transition home sales. We will connect you with someone who understands your situation and can move at the pace you need.

There is no cost to you for the referral. Our goal is to make sure every family we reach has someone they can trust on the real estate side — regardless of where they are.

***You have been handling an enormous amount.***

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

*Let someone carry this part for you.*

# ONE MORE THING

## What to expect in the first 30 days.

The move is done.  
Your parent is safe.

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

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

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

## WHAT IS NORMAL IN THE FIRST 30 DAYS

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

## WHAT WARRANTS A REAL CONVERSATION WITH THE COMMUNITY

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

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



Is it Time?



Have the  
Conversation



Make the Plan



Understand  
the Costs



Choose the  
Right Place



Prepare the  
Home



Make the  
Move

Download all seven guides free at [SeniorMoveRoadmap.com](https://SeniorMoveRoadmap.com)

Want guidance delivered to your inbox?

Subscribe to The Senior Move Roadmap - Family Edition at

[SeniorMoveRoadmap.com/newsletter](https://SeniorMoveRoadmap.com/newsletter)



This guide is educational and is not legal, financial, or medical advice.