



Your Guide to Choosing a Nursing Home or Other Long-Term Services & Supports

This official government booklet explains:

- How to find and compare nursing homes and other long-term services and supports
- How to pay for nursing home care
- Your rights as a nursing home resident
- Alternatives to nursing home care



Use the checklist on pages 35–43 to compare nursing homes.



“Your Guide to Choosing a Nursing Home or Other Long-Term Services and Supports” is prepared by the Centers for Medicare & Medicaid Services (CMS). CMS and states oversee the quality of nursing homes. State and federal government agencies certify nursing homes to participate in Medicare and Medicaid.

“Your Guide to Choosing a Nursing Home or Other Long-Term Services and Supports” isn’t a legal document. Official Medicare and Medicaid Program legal guidance is contained in the relevant statutes, regulations, and rulings.

The information in this booklet describes the Medicare Program at the time this booklet was printed. Changes may occur after printing.

Visit [Medicare.gov](https://www.medicare.gov), or call 1-800-MEDICARE (1-800-633-4227) to get the most current information. TTY users can call 1-877-486-2048.

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Section 1:

Getting started

1

People go to nursing homes for different reasons, including if they're sick, hurt, had surgery and need to get better, or have chronic care needs or disabilities that require on-going nursing care. "Your Guide to Choosing a Nursing Home or Other Long-Term Services and Supports" can help you make informed decisions about nursing home care, whether you're planning ahead or need to make an unexpected decision.

Before you get started

You may have other [long-term care](#) options, like community services, home care, or assisted living, depending on your needs and resources. Before choosing a nursing home, you can check to see if one of these other options is available to you, or if they might help after a nursing home stay. For more information on your long-term care options, see Section 4 (page 19).

If you have Medicare

[Medicare](#) covers short-term nursing home stays following hospitalization, but generally doesn't cover long-term care or stays in a nursing home. Medicare coverage of home- and community- based long-term care services is very limited.

If you have Medicaid

[Medicaid](#) may cover long-term nursing home stays, and home- and community-based services. Home- and community- based services provide opportunities for people with Medicaid to get services in their own home or community, rather than in a specialized facility. These programs serve a variety of groups, including people with mental illnesses, intellectual or developmental disabilities, and/or physical disabilities.



Section 2:

What is nursing home care?

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Medicare Part A (Hospital Insurance) may cover care in a certified skilled nursing facility (SNF) if it's medically necessary for you to have skilled nursing care (like changing sterile dressings). However, most nursing home care is custodial care, like help with bathing or dressing. Medicare doesn't cover custodial care if that's the only care you need.

Your care plan

Once you've selected a nursing home and are a resident, the nursing home staff will get your health information and review your health condition to prepare your care plan. You (if you're able), your family (with your permission), or someone acting on your behalf has the right to take part in planning your care with the nursing home staff.

The basic care plan includes:

- A health assessment (a review of your health condition) that begins on the day you're admitted, and must be completed within 14 days of admission
- A health assessment at least every 90 days after your first review, and possibly more often if your medical status changes
- Ongoing, regular assessments of your condition to see if your health status has changed, with adjustments to your care plan as needed

Nursing homes are required to submit this information to the federal government. Your health assessment information is used to make sure you get quality care, to determine nursing home payment, and as part of state inspections.

Depending on your needs, your care plan may include:

- What kind of personal or health care services you need
- What type of staff should give you these services
- How often you need the services
- What kind of equipment or supplies you need (like a wheelchair or feeding tube)

What is nursing home care?

Depending on your needs, your care plan may include:

- What kind of diet you need (if you need a special one) and your food preferences
- How your care plan will help you reach your goals
- Information on whether you plan on returning to the community and, if so, a plan to help you meet that goal

Your resident rights & protections

As a resident in a Medicare- and/or Medicaid-certified nursing home, you have certain rights and protections under federal and state law to make sure you get the care and services you need. You have the right to be informed, make your own decisions, and have your personal information kept private.

The nursing home must tell you about these rights and explain them to you in writing in a language you understand. They must also explain in writing how you should act and what you're responsible for while you're in the nursing home. This must be done before or at the time you're admitted, as well as during your stay. You must acknowledge in writing that you got this information.

Here is a brief list of some of your rights. For a full list of your resident rights and protections, visit [Medicare.gov](https://www.medicare.gov).

You have the right to:

- Be free from discrimination.
- Be free from abuse and neglect.
- Exercise your rights as a U.S. citizen.
- Have your representative notified.
- Get proper medical care.
- Be treated with respect.
- Be free from restraints.
- Have protections against involuntary transfer or discharge.

Words in **blue**
are defined on
pages 31–34.



- Participate in activities.
- Spend time with visitors.
- Form or participate in resident groups.
- Manage your money.
- Get information on services and fees.
- Get proper privacy, property, and living arrangements.
- Make complaints.

Reporting & resolving problems

If you have a problem at the nursing home, talk to the staff involved. For example, if you have a problem with your care, talk to the nurse or Certified Nurse Assistant (CNA). The staff may not know there's a problem unless you tell them. If the problem isn't resolved, ask to talk with the supervisor, social worker, director of nursing, administrator, or your doctor.

If your problem isn't resolved, follow the facility's [grievance](#) procedure for complaints. The Medicare- and/or Medicaid-certified nursing home must have a grievance procedure. You may also want to bring the problem to the resident or family council.

A Medicare- and/or Medicaid-certified nursing home must post the name, address, and phone number of groups that may be helpful to you, like the [State Survey Agency](#), State Licensure Office, State Long-Term Care Ombudsman Program, Protection and Advocacy Agency, and the Medicaid Fraud Control Unit. If you feel you need outside help to resolve your problem, call the [Long-Term Care Ombudsman](#), State Survey Agency, or the Protection and Advocacy Agency for your area.

Note: Many of these resources are different in each state. To get the contact information for these resources in your state visit [Medicare.gov/contacts](https://www.medicare.gov/contacts).



Section 3:

How do I choose a nursing home?

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Follow these 4 steps to find the nursing home that best meets your needs:

Step 1: Find nursing homes in your area.

Step 2: Compare the quality of the nursing homes you're considering.

Step 3: Visit the nursing homes you're interested in, or have someone visit for you.

Step 4: Choose the nursing home that best meets your needs.

Step 1: Find nursing homes in your area.

There are many ways you can learn about nursing homes in your area:

- Ask people you trust, like your family, friends, or neighbors, if they've had personal experience with nursing homes. They may be able to recommend a nursing home to you.
- Ask your doctor if he or she provides care at any local nursing homes. If so, ask your doctor which nursing homes he or she visits, so you can continue to get care from him or her while you're in the nursing home.
- Visit [Medicare.gov/nursinghomecompare](https://www.medicare.gov/nursinghomecompare) to find nursing homes in your area.
- Use the Eldercare Locator or an Aging and Disability Resource Center (ADRC). See page 27.
- Contact your local senior and community activity center.
- If you're in the hospital, ask your social worker about discharge planning as early in your hospital stay as possible. The hospital's staff should be able to help you find a nursing home that meets your needs and help with your transfer when you're ready to be discharged.

Step 2: Compare the quality of the nursing homes you're considering.

Medicare's Nursing Home Compare

Visit [Medicare.gov/nursinghomecompare](https://www.medicare.gov/nursinghomecompare) to get information on the quality of every Medicare- and Medicaid-certified nursing home in the country. Consider the information you find on Nursing Home Compare carefully. Use it, along with the other information you gather, to help guide your decision.

How do I choose a nursing home?

Note: Information on Nursing Home Compare isn't an endorsement or advertisement for any particular nursing home.

There are a variety of resources available to help you choose a nursing home:

- Call your [Long-Term Care Ombudsman](#). See page 28.
- Call your state health department or state licensing agency (look in the blue pages in the phone book or on the Internet). Ask if they have written information on the quality of care given in local nursing homes. You can also ask for a copy of the full survey or the last complaint investigation report.
- Look at survey findings (CMS Form 2567) for the facility. They can be found on Nursing Home Compare at [Medicare.gov/nursinghomecompare](https://www.Medicare.gov/nursinghomecompare) and in the nursing home.

Step 3: Visit the nursing homes you're interested in, or have someone you trust visit for you.

After you consider what's important to you in a nursing home, visit the nursing homes. It's best to visit the nursing homes that interest you before you make a final decision on which one meets your needs.

A visit gives you the chance to see the residents, staff, and the nursing home setting. It also allows you to ask questions of the nursing home staff and talk with residents and their family members.

If you can't visit the nursing home yourself, you may want to get a family member or friend to visit for you. You can also call for information, however, a visit can help you see the quality of care and life of the actual residents. For a checklist of criteria to evaluate when you visit a nursing home, see page 35.

Words in [blue](#) are defined on pages 31–34.

Important things to know when visiting nursing homes

- Before you go, call and make an appointment to meet with someone on the staff. You're also encouraged to visit the nursing homes at other times without an appointment.

How do I choose a nursing home?

- Don't be afraid to ask questions.
- Ask the staff to explain anything you see and hear that you don't understand. For example, if you hear a person calling out, it may be because they're confused, not because they're being hurt or neglected.
- Ask who to call if you have further questions, and write down their name and phone number.
- If a resident or a resident's family wishes, you may talk to them about the care offered at the facility and their experience.
- Don't go into resident rooms or care areas without asking the resident and nursing home staff first. Always knock first and ask a resident before entering their room.
- Residents have a right to privacy and can refuse to allow you to come into their rooms.
- After your visit, write down any questions you still have about the nursing home or how the nursing home will meet your needs.

Here are some general things to consider when you visit a nursing home:

- Does the nursing home allow you to participate in social, recreational, religious, or cultural activities that are important to you?
- Is transportation provided to community activities?
- Does the nursing home offer private spaces for when you have visitors?
- Who are the doctors who will care for you? Can you still see your personal doctors? If your personal doctors don't visit the nursing home, who will help you arrange transportation if you choose to continue to see them?
- What does the quality of care and staffing information on Nursing Home Compare at [Medicare.gov/nursinghomecompare](https://www.medicare.gov/nursinghomecompare) show about how well this nursing home cares for its residents?
- Will the same nursing home staff take care of you day to day or do they change?
- How many residents is a Certified Nursing Assistant (CNA) assigned to work with during each shift (day and night) and during meals?

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- What type of therapy is available at this facility? Are therapy staff available?
- What types of meals does the nursing home serve? (**Note:** Ask the nursing home if you can see a menu.)
- Can you get food and drinks you like at any time? What if you don't like the food that's served?
- Does the nursing home make sure residents get preventive care to help keep them healthy? Are specialists like eye doctors, ear doctors, dentists, and podiatrists (foot doctors) available to see residents on a regular basis? Does the facility help make arrangements to see these specialists? (**Note:** Nursing homes must either provide treatment, or help you make appointments and provide transportation for you to see specialists.)
- Does the nursing home have a screening program for vaccinations, like flu (influenza) and pneumonia? (**Note:** Nursing homes are required to provide flu shots each year, but you have the right to refuse if you don't want the shot, have already been immunized during the immunization period, or if the shots are medically contraindicated.)
- How will you get access to oral care in the nursing home?
- How will you get access to mental health care in the nursing home?
- What is the nursing home's policy for the use of anti-psychotic medication in dementia patients?

Use the “Nursing home checklist” when you visit a nursing home

Take a copy of the “Nursing home checklist” (see pages 35–43) when you visit to help you evaluate the quality of a nursing home. Use a new checklist for each nursing home you visit. You can photocopy the checklist or print more copies at [Medicare.gov/files/nursing-home-checklist.pdf](https://www.Medicare.gov/files/nursing-home-checklist.pdf).

Words in blue
are defined on
pages 31–34.

Step 4: Choose the nursing home that meets your needs.

When you have all the information that's important to you about the nursing homes you're considering, talk with people who understand your personal and health care needs. This can include your family, friends, doctor, clergy, spiritual advisor, hospital discharge planner, or social worker.

What if more than one nursing home meets my needs?

If you find more than one nursing home you like with a bed available, use the information you got to compare them. Trust your senses. If you don't like what you saw on a visit (for example, if the facility wasn't clean or you weren't comfortable talking with the nursing home staff), you may want to choose another nursing home. If you felt that the residents were treated well, the facility was clean, and the staff was helpful, you might feel better about choosing that nursing home.

What if I'm helping someone make a decision?

If you're helping someone, keep the person you're helping involved in the decision making process as much as possible. People who are involved from the beginning are better prepared when they move into a nursing home. If the person you're helping isn't alert or able to communicate well, keep his or her values and preferences in mind.

What if I don't like a nursing home I visit?

If you visit a nursing home that you don't like, look at other options, if available. Your happiness and the quality of your care is important.

What if I'm in the hospital and don't like the nursing home that has an available bed?

If you're in a hospital and decide not to go to a certain nursing home that has an available bed, talk to the hospital discharge planner or your doctor. They may be able to help you find a more suitable nursing home or arrange for other care, like short-term home care, until a bed is available at another nursing home you choose. However, you may be responsible for paying the bill for any additional days you stay in the hospital.

How do I choose a nursing home?

What if I don't like a nursing home I'm currently in?

If you don't like the nursing home you're currently living in, you can move to another facility with an available bed. Moving can be difficult, but an extra move may be better for you than choosing to stay at a facility that isn't right for you.

The nursing home you leave may require that you let them know ahead of time that you're planning to leave. Talk to the nursing home staff about their rules for leaving. If you don't follow the rules for leaving, you may have to pay extra fees.

Note: If you want information about living in the community, nursing homes are required to reach out to a local agency that can give you more information.

I've chosen a nursing home. What should I do next?

Make arrangements to be admitted

After you choose a nursing home, you'll need to make arrangements to be admitted. When you contact the nursing home office, it's helpful to have this information ready:

Information for the nursing home office staff

- Insurance information: Provide information about any health coverage and long-term care insurance you have that pays for nursing home care, health care, or both. This includes the name of the insurance company and the policy number.

Note: If [Medicare](#) or [Medicaid](#) will cover your nursing home care, the nursing home can't require you to pay a cash deposit. They may ask that you pay your Medicare [coinsurance](#) and other charges you would normally have to pay. The nursing home can't require you to pay more than the rates allowed by Medicare or Medicaid for covered services. There may be charges for items or services that Medicare or Medicaid don't cover, but the nursing home can't require that you accept services that Medicare or Medicaid don't cover as a condition of your continued stay.

Words in [blue](#)
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How do I choose a nursing home?

It's best to pay charges once they're billed to you, not in advance. You may have to pay a cash deposit before you're admitted to a nursing home if your care won't be covered by either Medicare or Medicaid, and the nursing home isn't limited to the rates allowed by Medicare or Medicaid.

Information for the nursing home medical staff

- **Information on your medical history:** Your doctor may give the staff some of this information. This includes a list of any current or past health problems, any past surgeries or treatments, any shots you've had, and allergies you have to food or medicine.
- **Information on your current health status:** Your doctor should give the staff this information, including a list of your current health problems, recent diagnostic test results, and information about any activities of daily living that might be difficult for you to do by yourself.
- **A list of your current medicines:** Include the dose, how often you take it, when you take it, and why you take it.
- **A list of all your health care providers:** Include names, addresses, and phone numbers.
- **A list of family members to call in case of an emergency:** Include names, addresses, and phone numbers.

Other important information to have ready

Health care advance directives

You may be asked if you have a health care advance directive, which is a written legal document that says how you want medical decisions to be made if you become unable to make decisions for yourself. There are 2 common types of health care advance directives:

1. **A living will:** A living will is a written legal document that shows what type of treatments you want or don't want in case you can't speak for yourself, like whether you want life support. Usually, this document only comes into effect if you're unconscious.
2. **A durable power of attorney for health care:** A durable power of

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attorney for health care is a legal document that names someone else to make health care decisions for you. This is helpful if you become unable to make your own decisions.

If you don't have a health care advance directive and need help preparing one, or you need more information, talk to a social worker, discharge planner, your doctor, or the nursing home staff. You can use the Eldercare Locator to find out if your state has any legal services that can help you prepare these forms. See page 27.

Personal needs accounts

You may want to open an account managed by the nursing home, although the nursing home may not require this. You can deposit money into the account for personal use. Check with the nursing home to see how they manage these accounts. You may only have access to the account at certain times.

Information the nursing home must give you

Once you choose a nursing home, they must give you (orally and in writing), and prominently display, information about how to apply for and use [Medicare](#) and [Medicaid](#) benefits. They must also give you information on how to get refunds for previous payments you may have made that are covered by these benefits.



You may have other [long-term care](#) options (besides nursing home care) available to you. Talk to your family, your doctor or other health care provider, a person-centered counselor, or a social worker for help deciding what kind of long-term care you need. For more information on nursing home care, see page 7. For general information on long-term care, visit longtermcare.gov. See Section 6 (page 27) for a list of resources to help you get more information.

If you're in a hospital, nursing home, or working with a [home health agency \(HHA\)](#), you can get support to help you understand your options or help you arrange care. Talk to:

- A discharge planner.
- A social worker.
- An organization in a “No Wrong Door System,” like an Aging and Disability Resource Center (ADRC), Area Agency on Aging (AAA), or Center for Independent Living (CIL). See page 27.

American Indians and Alaska Natives can contact their local Indian health care providers for more information.

Some long-term care options you can consider:

Accessory dwelling units (ADUs): An ADU (sometimes called an “in-law apartment,” “accessory apartment,” “or a “second unit”) is a second living space within a home or on a lot. It has a separate living and sleeping area, a place to cook, and a bathroom. If you or a loved one owns a single-family home, adding an ADU to an existing home may help you keep your independence.

Space like an upper floor, basement, attic, or over a garage may be turned into an ADU. Family members may be interested in living in an ADU in your home, or you may want to move into an ADU at a family member's home.

Check with your local zoning office to be sure ADUs are allowed in your area, and find out if there are any special rules. The cost of an ADU can vary widely, depending on many factors, like the size of the project.

What are my other long-term care options?

Continuing Care Retirement Communities (CCRCs): Some retirement communities offer different kinds of housing and levels of care. In the same community, there may be individual homes or apartments (for residents who still live on their own), an assisted living facility (for people who need some help with daily care), and a nursing home (for people who require higher levels of care).

Residents can move from one level to another based on their individual needs, but usually stay within the CCRC. If you're considering a CCRC, be sure to check the quality information and inspection report (posted in the facility) of its nursing home.

Home care: Depending on your needs, you may be able to get help with your personal care and activities (like laundry, shopping, cooking, and cleaning) from family members, friends, or volunteer groups. Home care agencies are also an option to help with personal care, like bathing and dressing.

Home- and community- based services: A variety of home- and community- based services may be available to help with your personal care and activities. Some services are covered by [Medicaid](#). Depending on your state, these may include home health services, transportation to medical care, personal care, [hospice](#), or case management. Others services may be available through other community sources, like volunteer groups that help with things like shopping or transportation, which may be low cost or may ask for a voluntary donation. Some services may be available at lower costs depending on where you live and what you need. Examples of the home services and programs that may be available in your community are:

- Adult day services
- Adult day health care (which offers nursing and therapy)
- Meal programs
- Senior centers

Words in [blue](#)
are defined on
pages 31–34.

What are my other long-term care options?

- Friendly visitor programs
- Help with shopping and transportation
- Help with legal questions, bill pay, and other financial matters

Programs of All-inclusive Care for the Elderly (PACE): PACE is a [Medicare](#) and [Medicaid](#) program offered in many states. PACE helps people who would otherwise need nursing home-level of care to stay in their community.

To qualify for PACE, you must meet these conditions:

- You're 55 or older.
- You live in the service area of a PACE organization.
- Your state certifies that you need a nursing home-level of care.
- At the time you join, you're able to live safely in the community with the help of PACE services.

To find out if you're eligible and if there's a PACE program near you, visit pace4you.org or call your state Medicaid program. To get the phone number for your state Medicaid program, visit Medicare.gov/contacts.

Residential care communities (like board and care homes or assisted living communities): Board and care homes (sometimes called “group homes” or “personal care homes”), and assisted living communities, are types of group living arrangements. In some states, board and care homes and assisted living communities mean the same thing. Board and care homes and assisted living communities provide help with some of the activities of daily living, like bathing, dressing, and using the bathroom. Whether they offer nursing services or help with medications varies by state.

In most cases, residents of board and care homes and assisted living communities pay a regular monthly rent, and additional fees for the services they get.

What are my other long-term care options?

Medicare doesn't pay for assisted living communities. [Medicaid](#) doesn't pay for room and board in these settings, but, depending on the state, Medicaid may cover other costs.

Subsidized senior housing: There are state and federal programs that help pay for housing for some seniors with low to moderate incomes. Some of these housing programs also offer help with meals and other activities, like housekeeping, shopping, and doing the laundry. Residents usually live in their own apartments within an apartment building. Rent payments are usually based on a percentage of a person's income.



How do I pay for nursing home care & other long-term health care costs?

5

Nursing home care can be expensive. There are many ways to pay for your nursing home care. Most people who enter nursing homes begin by paying for their care out-of-pocket. As you use your resources (like bank accounts and stocks) over a period of time, you may eventually become eligible for [Medicaid](#).

Medicare

[Medicare](#) generally doesn't cover long-term stays in a nursing home. Even if Medicare doesn't cover your nursing home care, you'll still need Medicare for hospital care, doctor services, and medical supplies while you're in the nursing home.

[Medicare Part A \(Hospital Insurance\)](#) covers skilled care provided in a [skilled nursing facility \(SNF\)](#) under certain conditions for a limited time. Skilled care is nursing and therapy care that can only be safely and effectively performed by, or under the supervision of, professionals or technical personnel. It's health care given when you need skilled nursing or skilled therapies to treat, manage, and observe your condition, and evaluate your care. Medicare covers certain daily skilled care services on a short-term basis (up to 100 days in a benefit period). For more information on Medicare's coverage of SNF care, visit [Medicare.gov](#) or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Medicare covers nursing home care in 2 ways:

- 1. Original Medicare:** Medicare covers very limited and medically necessary skilled nursing care at a nursing home or in your home (with [home health care](#)) if you need short-term skilled care for an illness or injury and you meet certain conditions. But [Original Medicare](#) doesn't pay for most nursing home care. For more information on Medicare coverage of [skilled nursing facility \(SNF\) care](#) or home health care, visit [Medicare.gov](#), or call 1-800-MEDICARE.

How do I pay for nursing home care & other long-term health care costs?

- 2. Medicare Advantage Plans and other Medicare health plans:** If you're in a [Medicare Advantage Plan \(Part C\)](#) (like an HMO or PPO) or other [Medicare health plan](#), check with your plan to see if it covers nursing home care. Usually, plans don't help pay for this care unless the nursing home has a contract with the plan. Ask your plan about nursing home coverage before you make any arrangements to enter a nursing home. If the nursing home has a contract with your plan, ask your plan if they check the home for quality of care.

Medicare prescription drug coverage (Part D)

If you have a [Medicare Prescription Drug Plan](#) and live in a nursing home or other institution, you'll get your covered prescriptions from a long-term care pharmacy that works with your plan.

If you have Medicare & live in a nursing home or other institution, you should know:

- If you move in or out of a nursing home or other institution, you can switch [Medicare](#) drug plans at that time.
- You can switch Medicare drug plans at any time while you're living in the institution.
- If you aren't able to join a drug plan on your own, your authorized representative can enroll you in a plan that meets your needs.
- If you're in a [skilled nursing facility \(SNF\)](#) and you're getting Medicare-covered care, your prescriptions generally will be covered by [Medicare Part A \(Hospital Insurance\)](#).

For more information on [Medicare prescription drug coverage \(Part D\)](#), visit [Medicare.gov](https://www.Medicare.gov).

How do I pay for nursing home care & other long-term health care costs?

Medicaid

Medicaid is a joint federal and state program that helps with medical costs for some people with limited income and resources. Most health care costs are covered if you qualify for both **Medicare** and Medicaid. Most, but not all, nursing homes accept Medicaid payment. Even if you pay out-of-pocket or with long-term care insurance, you may eventually “spend down” your assets while you’re at the nursing home, so it’s good to know if the nursing home you chose will accept Medicaid.

Medicaid programs vary from state to state. Most often, eligibility is based on your income and personal resources. Many states have higher Medicaid income limits for nursing home residents. You may be eligible for Medicaid coverage in a nursing home even if you haven’t qualified for other Medicaid services in the past.

To get more information on Medicaid eligibility in your state, call your state Medicaid program. To get the phone number for your state Medicaid program, visit [Medicare.gov/contacts](https://www.medicare.gov/contacts).

Long-term care insurance

This type of insurance policy can help pay for many types of **long-term care**, including both skilled and non-skilled care. Long-term care insurance can vary widely. Some policies may cover only nursing home care, while others may include coverage for a whole range of services, like adult day care, assisted living, medical equipment, and informal home care.

If you have long-term care insurance, check your policy or call the insurance company to find out if the care you need is covered. If you’re shopping for long-term care insurance, find out which types of long-term care services and facilities the different policies cover. Also, check to see if your coverage could be limited because of a **pre-existing condition**. Make sure you buy your policy from a reliable company that’s licensed in your state.

How do I pay for nursing home care & other long-term health care costs?

Personal resources

You can use your personal money and savings to pay for nursing home care. Some insurance companies let you use your life insurance policy to pay for [long-term care](#). Contact your insurance provider for more information on what your private insurance covers.



Section 6:

Where can I get help?

6

Administration for Community Living (ACL)

The ACL is a federal agency that offers services to help you get information on the long-term services and supports that are available in your community. Visit aoa.acl.gov to learn more. Some of the services the ACL offers include:

Aging and Disability Resource Centers (ADRCs)

The ACL partners with the Centers for Medicare & Medicaid Services (CMS), the Veterans Health Administration, and other federal agencies to support every state's development of "No Wrong Door Systems" that streamline access to long-term services and supports. ADRC's are part of "No Wrong Door Systems."

Older adults, people with disabilities, caregivers, and families can use ADRCs to enter the long-term services and supports system. ADRCs help individuals and their families:

- Identify their long-term services and support needs
- Understand their options, including the publicly funded programs available to them
- Develop and activate a long-term care plan

To use the Eldercare Locator visit eldercare.gov, call 1-800-677-1116, or visit adrc-tae.acl.gov for information about ADRC's in your area.

Centers for Independent Living (CILs)

CILs help people with disabilities find community living options and develop independent living skills. Visit ilru.org/home, or call 1-713-520-0232 for contact information of local services.

Eldercare Locator

The Eldercare Locator helps older adults and their caregivers connect to services, including long-term care services and supports. Visit eldercare.gov, or call 1-800-677-1116.

Where can I get help?

Long-Term Care Ombudsman

The [Long-Term Care Ombudsmen](#) are advocates for residents of nursing homes, board and care homes, assisted living facilities, and other adult care facilities. They work to resolve residents' problems, and to bring about changes at the local, state, and national levels that will improve residents' care and quality of life. These duties include:

- Visiting nursing homes and speaking with residents throughout the year to make sure residents' rights are protected
- Working with you to solve problems with your nursing home care, including financial issues
- Discussing general information with you about nursing homes, resident's rights, and care
- Answering questions, like how many complaints they've gotten about a specific nursing home, what kind of complaints they were, and if the issues were resolved in a timely manner

The ACL supports the National Ombudsman Resource Center, which has contact information for each States' Long-Term Care Ombudsman. To get the contact information for your local ombudsman program office use the Eldercare Locator at eldercare.gov or visit ltcombudsman.org.

Beneficiary and Family Centered Care Quality Improvement Organizations (BFCC-QIOs)

A [BFCC-QIO](#) is an organization that uses practicing doctors and other health care experts to check and improve the care given to people with Medicare. Your BFCC-QIO can help if you have questions or complaints about the quality of your care for a Medicare-covered service, or if you think Medicare coverage for your service is ending too soon. Visit Medicare.gov/contacts, or call 1-800-MEDICARE (1-800-633-4227) to get the phone number for the BFCC-QIO in your state. TTY users can call 1-877-486-2048.

Centers for Medicare & Medicaid Services (CMS)

CMS is an agency in the federal government that can give you more information about [Medicare](#) and [Medicaid](#) coverage, home- and community-based services, and other health-related topics. Visit [Medicare.gov](https://www.medicare.gov), or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Nursing Home Compare

Medicare's Nursing Home Compare allows you to find and compare information about nursing homes. See page 11 for more information, or visit [Medicare.gov/nursinghomecompare](https://www.medicare.gov/nursinghomecompare).

Medicaid Offices

Medicaid offices are state agencies that are in charge of the state's Medicaid Program. Your local Medicaid office can give you information about Medicaid eligibility and covered benefits, including coverage for institutional (nursing home) and home- and community-based long-term care services. You can also find this information on your state's website. To get the phone number for your state Medicaid program, visit [Medicare.gov/contacts](https://www.medicare.gov/contacts).

State Health Insurance Assistance Programs (SHIPs)

SHIPs are state programs that get money from the federal government to give free, local health insurance counseling. Your SHIP can give you free health insurance counseling. Visit [shiptacenter.org](https://www.shiptacenter.org), or call 1-800-MEDICARE to get the phone number for the SHIP in your state.

State Survey Agencies

Your [State Survey Agency](#) can help you with questions or complaints about the quality of care or the quality of life in a nursing home. State Survey Agencies oversee nursing homes that participate in the Medicare and/or Medicaid programs. State Survey Agencies inspect health care facilities and investigate complaints to ensure health and safety standards are met. Call 1-800-MEDICARE to get the phone number for your State Survey Agency.



Section 7:

Definitions

7

Beneficiary and Family Centered Care Quality Improvement

Organization (BFCC-QIO): A type of QIO (an organization of doctors and other health care experts under contract with Medicare) that uses doctors and other health care experts to review complaints and quality of care for people with Medicare. The BFCC-QIO makes sure there is consistency in the case review process while taking into consideration local factors and local needs, including general quality of care and medical necessity.

Coinsurance: An amount you may be required to pay as your share of the cost for services after you pay any deductibles. Coinsurance is usually a percentage (for example, 20%).

Custodial care: Non-skilled personal care, like help with activities of daily living like bathing, dressing, eating, getting in or out of a bed or chair, moving around, and using the bathroom. It may also include the kind of health-related care that most people do themselves, like using eye drops. In most cases, Medicare doesn't pay for custodial care.

Grievance: A complaint about the way your Medicare health plan or Medicare drug plan is giving care. For example, you may file a grievance if you have a problem calling the plan or if you're unhappy with the way a staff person at the plan has behaved towards you. However, if you have a complaint about a plan's refusal to cover a service, supply, or prescription, you file an appeal.

Home health agency (HHA): An organization that provides home health care.

Home health care: Health care services and supplies a doctor decides you may receive in your home under a plan of care established by your doctor. Medicare only covers home health care on a limited basis as ordered by your doctor.

Hospice: A special way of caring for people who are terminally ill. Hospice care involves a team-oriented approach that addresses the medical, physical, social, emotional, and spiritual needs of the patient. Hospice also provides support to the patient's family or caregiver.

Definitions

Long-term care: Services that include medical and non-medical care provided to people who are unable to perform basic activities of daily living, like dressing or bathing. Long-term supports and services can be provided at home, in the community, in assisted living, or in nursing homes. Individuals may need long-term supports and services at any age. Medicare and most health insurance plans don't pay for long-term care.

Long-Term Care Ombudsman: An independent advocate (supporter) for nursing home and assisted living facility residents who works to solve problems of residents of nursing homes, assisted living facilities, or similar facilities. They may be able to provide information about home health agencies in their area.

Medicaid: A joint federal and state program that helps with medical costs for some people with limited income and resources. Medicaid programs vary from state to state, but most health care costs are covered if you qualify for both Medicare and Medicaid.

Medicare: The federal health insurance program for people who are 65 or older, certain younger people with disabilities, and people with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD).

Medicare Advantage Plan (Part C): A type of Medicare health plan offered by a private company that contracts with Medicare to provide you with all your Part A and Part B benefits. Medicare Advantage Plans include Health Maintenance Organizations, Preferred Provider Organizations, Private Fee-for-Service Plans, Special Needs Plans, and Medicare Medical Savings Account Plans. If you're enrolled in a Medicare Advantage Plan, most Medicare services are covered through the plan and aren't paid for under Original Medicare. Most Medicare Advantage Plans offer prescription drug coverage.

Medicare health plan: Generally, a plan offered by a private company that contracts with Medicare to provide Part A and Part B benefits to people with Medicare who enroll in the plan. Medicare health plans include all Medicare Advantage Plans, Medicare Cost Plans, and Demonstration/Pilot Programs. Programs of All-inclusive Care for the Elderly (PACE) organizations are special types of Medicare health plans that can be offered by public or private entities and provide Part D and other benefits in addition to Part A and Part B benefits.

Medicare Part A (Hospital Insurance): Part A covers inpatient hospital stays, care in a skilled nursing facility, hospice care, and some home health care.

Medicare prescription drug coverage (Part D): Optional benefits for prescription drugs available to all people with Medicare for an additional charge. This coverage is offered by insurance companies and other private companies approved by Medicare.

Medicare Prescription Drug Plan (Part D): Part D adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private-Fee-for-Service Plans, and Medicare Medical Savings Account Plans. These plans are offered by insurance companies and other private companies approved by Medicare. Medicare Advantage Plans may also offer prescription drug coverage that follows the same rules as Medicare Prescription Drug Plans.

Original Medicare: Original Medicare is a fee-for-service health plan that has two parts: Part A (Hospital Insurance) and Part B (Medical Insurance). After you pay a deductible, Medicare pays its share of the Medicare-approved amount, and you pay your share (coinsurance and deductibles).

Pre-existing condition: A health problem you had before the date that new health coverage starts.

Definitions

Skilled nursing facility (SNF): A nursing facility with the staff and equipment to give skilled nursing care and, in most cases, skilled rehabilitative services and other related health services.

Skilled nursing facility (SNF) care: Skilled nursing care and rehabilitation services provided on a continuous, daily basis, in a skilled nursing facility (SNF).

State Survey Agency: A state agency that oversees health care facilities that participate in the Medicare and/or Medicaid programs by, for example, inspecting health care facilities and investigating complaints to ensure that health and safety standards are met.



Nursing home checklist ✓

Name of nursing home: _____

Address: _____

Phone number: _____

Date of visit: _____

Basic information	Yes	No	Notes
Is the nursing home Medicare certified?			
Is the nursing home Medicaid certified?			
Note: “Certified” means the nursing home passed an inspection conducted by a state government agency. Medicare only covers care from nursing homes that are certified. If they’re certified, make sure they haven’t recently lost their certification or are about to lose their certification.			
Are the nursing home and current administrator licensed in my state? Note: This means nursing homes have met certain standards set by a state or local government agency.			
Does the nursing home have a bed available?			
Does the nursing home offer specialized services, like a special care unit for a resident with dementia, ventilator care, or rehabilitation services?			
Is the nursing home located close enough for friends and family to visit?			

Visit [Nursing Home Compare](https://www.medicare.gov/nursinghomecompare) at [Medicare.gov/nursinghomecompare](https://www.medicare.gov/nursinghomecompare) for more information.



Nursing home checklist

Basic information	Yes	No	Notes
Are there resident policies I must follow? Will I get a written copy of these policies? Note: Resident policies are rules that all residents must follow (for example, smoking may not be allowed in or around some nursing homes).			
Will the nursing home tell me in writing about their services, charges, and fees before I move into the home? Note: Medicare- and/or Medicaid-certified nursing homes must tell you this information in writing. Get a copy of the fee schedule to find out which services are available, which are included in your monthly fee, and which services cost extra. Then, compare nursing home costs.			
Are there extra charges for other services, like beauty shop services?			

Resident appearance	Yes	No	Notes
Are residents clean, well groomed, and appropriately dressed for the season or time of day?			

Nursing home living spaces	Yes	No	Notes
Is the nursing home free from overwhelming unpleasant odors?			
Does the nursing home appear clean and well kept?			

Visit [Nursing Home Compare at Medicare.gov/nursinghomecompare](https://www.medicare.gov/nursinghomecompare) for more information.

Nursing home checklist



Nursing home living spaces	Yes	No	Notes
Is the temperature in the nursing home comfortable for residents?			
Does the nursing home have good lighting?			
Are the noise levels in the dining room and other common areas comfortable?			
Is smoking allowed? If so, is it restricted to certain areas of the nursing home?			
Is the furniture sturdy, yet comfortable and attractive?			

Menus & food	Yes	No	Notes
Do residents have a choice of food items at each meal? (Ask if your favorite foods are served.)			
Can the nursing home provide for special dietary needs (like low-salt or no-sugar-added diets)?			
Are nutritious snacks available upon request?			
Does the staff help residents eat and drink at mealtimes if help is needed?			

Staff	Yes	No	Notes
Does the relationship between staff and residents appear to be warm, polite, and respectful?			
Do staff wear name tags?			

Visit [Nursing Home Compare at Medicare.gov/nursinghomecompare](https://www.Medicare.gov/nursinghomecompare) for more information.



Nursing home checklist

Staff	Yes	No	Notes
Do staff knock on the door before entering a resident's room?			
Do staff refer to residents by name?			
Does the nursing home offer a training and continuing education program for all staff?			
Is there a licensed nursing staff 24 hours a day, including a Registered Nurse (RN) present at least 8 hours per day, 7 days a week?			
Does the nursing home check to make sure they don't hire staff members who have been found guilty of abuse, neglect or mistreatment of residents; or have a finding of abuse, neglect, or mistreatment of residents in the state nurse aid registry?			
Is there a licensed nursing staff 24 hours a day, including a Registered Nurse (RN) present at least 8 hours per day, 7 days a week?			
Will a team of nurses and Certified Nursing Assistants (CNAs) work with me to meet my needs?			
Do CNAs help plan the care of residents?			
Is there a person on staff that will be assigned to meet my social service needs?			
Will staff call my doctor for me if I have a medical need?			
Has there been a turnover in administration staff, like the administrator or director of nurses, in the past year?			

Visit [Nursing Home Compare at Medicare.gov/nursinghomecompare](https://www.medicare.gov/nursinghomecompare) for more information.

Nursing home checklist



Staff	Yes	No	Notes
Does the nursing home post information about the number of nursing staff, including Certified Nursing Assistants (CNAs)? Are they willing to show me if I ask to see it? Note: Nursing homes are required to post this information.			
Is there a social worker available? Can I meet him or her? Note: Nursing homes must provide medically related social services, but if the nursing home has less than 120 beds, it doesn't have to have a full-time social worker on staff.			
Is my primary language spoken by staff that will work directly with me and fellow residents? If not, is an interpreter available or another system in place to help me communicate my needs?			

Residents' rooms	Yes	No	Notes
Can residents have personal belongings and furniture in their rooms?			
Does each resident have storage space (closet and drawers) in his or her room?			
Does each resident have a window in his or her bedroom?			
Do residents have access to a personal phone and television?			
Do residents have a choice of roommates?			

Visit [Nursing Home Compare at Medicare.gov/nursinghomecompare](https://www.medicare.gov/nursinghomecompare) for more information.



Nursing home checklist

Residents' rooms	Yes	No	Notes
Are there policies and procedures to protect residents' possessions, including lockable cabinets and closets?			

Hallway, stairs, lounges, & bathrooms	Yes	No	Notes
Are exits clearly marked?			
Are there quiet areas where residents can visit with friends and family?			
Does the nursing home have smoke detectors and sprinklers?			
Are all common areas, resident rooms, and doorways designed for wheelchairs?			
Are handrails and grab bars appropriately placed in the hallways and bathrooms?			

Activities	Yes	No	Notes
Can residents, including those who are unable to leave their rooms, choose to take part in a variety of activities?			
Do residents help plan or choose activities that are available?			
Does the nursing home have outdoor areas for resident use? Is staff available to help residents go outside?			
Does the nursing home have an active volunteer program?			
Do I get to choose what time to get up, go to sleep, or bathe?			

Visit [Nursing Home Compare at Medicare.gov/nursinghomecompare](https://www.medicare.gov/nursinghomecompare) for more information.

Nursing home checklist



Activities	Yes	No	Notes
Can I have visitors at any time? Will the nursing home let me see visitors who may come to visit at early or late hours?			
Would I be able to leave the facility for a few hours or days if I choose to do so? Are there procedures for leaving?			
Does the nursing home offer the religious or cultural support I need? If not, what type of arrangements will they provide to meet my needs?			

Safety & care	Yes	No	Notes
Does the nursing home have an emergency evacuation plan and hold regular fire drills (bed-bound residents included)?			
Can residents still see their personal doctors? Does the facility help arrange transportation for this purpose?			
Does the nursing home have an arrangement with a nearby hospital?			
Are care plan meetings held with residents and family members at times that are convenient and flexible whenever possible?			
Does the nursing home's inspection report show quality of care problems or other deficiencies?			
Has the nursing home corrected all deficiencies (failure to meet one or more state or federal requirements) on its last state inspection report?			

Visit [Nursing Home Compare at Medicare.gov/nursinghomecompare](https://www.Medicare.gov/nursinghomecompare) for more information.



Nursing home checklist



Safety & care	Yes	No	Notes
<p>Does the nursing home have the most recent health and fire inspection reports for me to look at?</p> <p>Note: Ask staff to provide these reports. They tell you how well the nursing home meets federal health and safety regulations. The nursing home must have the report of the most recent state or federal survey of the facility available for you to look at. Reports can also be found on most state agency websites, as well as on Nursing Home Compare at Medicare.gov/nursinghomecompare.</p>			
<p>Does the nursing home have specific policies and procedures related to the care of individuals with dementia? If so, does the policy include the use of non-medication based approaches to care as a first attempt to respond to behavioral symptoms, which are often a means of communication, for patients living with dementia?</p>			
<p>What percentage of resident's who have a diagnosis of dementia are currently being prescribed an antipsychotic medication?</p>			
<p>What's the nursing home's current rate of antipsychotic medication use?</p>			
<p>Does the nursing home participate in any efforts related to reducing the use of antipsychotic medication in nursing homes? (These include National Partnership to Improve Dementia Care, National Nursing Home Quality Care Collaborative, and Advancing Excellence in America's Nursing Homes Campaign.)</p>			

Visit [Nursing Home Compare at Medicare.gov/nursinghomecompare](https://www.medicare.gov/nursinghomecompare) for more information.



Nursing home checklist

Go to a resident council or family council meeting

While you're visiting the nursing home, we recommend that you ask a member of the resident council if you can attend a resident council or family council meeting. These councils are usually organized and managed by the residents or the residents' families to address concerns and improve the quality of care and life for the resident.

If you're able to go to a meeting, ask a council member these questions:

- What improvements were made to the quality of life for residents in the last year?
- What are the plans for future improvements?
- How has the nursing home responded to recommendations for improvement?
- Who does the council report to?
- How does membership on the council work?
- Who sets the agendas for meetings?
- How are decisions made (for example, by voting, consensus, or one person makes them)?

Visit again

It's a good idea to visit the nursing home a second time. It's best to visit a nursing home on a different day of the week and at a different time of day than your initial visit. Staffing can be different at different times of the day and on weekends.

Notice of Availability of Auxiliary Aids & Services

We're committed to making our programs, benefits, services, facilities, information, and technology accessible in accordance with Sections 504 and 508 of the Rehabilitation Act of 1973. We've taken appropriate steps to make sure that people with disabilities, including people who are deaf, hard of hearing or blind, or who have low vision or other sensory limitations, have an equal opportunity to participate in our services, activities, programs, and other benefits. We provide various auxiliary aids and services to communicate with people with disabilities, including:

Relay service — TTY users can call 1-877-486-2048.

Alternate formats — This product is available in alternate formats, including large print, Braille, audio, CD, or as an eBook.

To request a Medicare product in an alternate format, call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048. To request the Medicare & You handbook in an alternate format, visit [Medicare.gov/medicare-and-you](https://www.Medicare.gov/medicare-and-you).

For all other CMS publications:

1. Call 1-844-ALT-FORM (1-844-258-3676). TTY users can call 1-844-716-3676.
2. Send a fax to 1-844-530-3676.
3. Send an email to AltFormatRequest@cms.hhs.gov.
4. Send a letter to:

Centers for Medicare & Medicaid Services
Offices of Hearings and Inquiries (OHI)
7500 Security Boulevard
Room S1-13-25
Baltimore, MD 21244-1850
Attn: CMS Alternate Format Team

Note: Your request for a CMS publication should include your name, phone number, mailing address where we should send the publications, and the publication title and product number, if available. Also include the format you need, like Braille, large print, audio CD, or a qualified reader.

Nondiscrimination Notice

The Centers for Medicare & Medicaid Services (CMS) doesn't exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, sex, or age. If you think you've been discriminated against or treated unfairly for any of these reasons, you can file a complaint with the Department of Health and Human Services, Office for Civil Rights by:

Calling: 1-800-368-1019. TTY users can call 1-800-537-7697.

Visiting: hhs.gov/ocr/civilrights/complaints.

Writing: Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201





Notes

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AND HUMAN SERVICES**

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Baltimore, Maryland 21244-1850

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This booklet is available in Spanish. To get a free copy, call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

¿Necesita usted una copia en español?
Para obtener su copia GRATIS, llame al
1-800-MEDICARE (1-800-633-4227).

For more information about nursing homes, visit
Medicare.gov/nursinghomecompare.