

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 31-39 to compare nursing homes.



“Your Guide to Choosing a Nursing Home or Other Long-Term Services & Supports” isn’t a legal document. Official Medicare 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



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 & Supports" can help you make informed decisions about nursing home care, whether you're planning ahead or need to make an unexpected decision.

What's nursing home care?

Some nursing home care is [custodial care](#), like help with bathing or dressing. Other nursing home care includes skilled care (like changing sterile bandages).

What's long-term care?

Long-term care includes 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, or in the community, assisted living, or nursing homes.

Before you choose a nursing home, check to see if there are other options available, or if they might help after a nursing home stay. You may have other long-term care options, like community services, home care, or assisted living, depending on your needs and resources. For more information on your long-term care options, see Section 4 (page 21).

If you have Medicare

[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 care.
- Short-term nursing stays following hospitalization.
- Limited home- and-community-based long term care.

Part A doesn't cover:

- Custodial care if that's the only care you need.
- Long term care or stays in a nursing home.

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 homes or community based. These programs serve a variety of groups, including people with mental illnesses, intellectual or developmental disabilities, and/or physical disabilities.



Follow these 4 steps to find a 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.
- Ask your doctor if he or she provides care at any local nursing homes. You may be able to get care from him or her while you're in the nursing home.
- Visit [Medicare.gov/nursinghomecompare](https://www.Medicare.gov/nursinghomecompare).
- Use the Eldercare Locator or an Aging and Disability Resource Center (ADRC). See page 25.
- 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?

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

Use these resources to help you choose a nursing home:

- Call your Long-Term Care Ombudsman. See page 26.
- 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, ask a family member or friend to visit for you. You can also call for information, but a visit can help you see the quality of care and life of the actual residents. For a checklist of things to look for when you visit a nursing home, see page 31.

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.
- Don't be afraid to ask questions.
- Ask the staff to explain anything you see and hear that you don't understand.

Words in blue are defined on pages 29–30.

How do I choose a nursing home?



- Ask who to call if you have more 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:

- How does the nursing home help you to participate in social, recreational, religious, or cultural activities that are important to you?
- Is transportation provided to community activities?
- What kind of private spaces does the nursing home offer for when you have visitors?
- Who are the doctors that 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?
- 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.



How do I choose a nursing home?

- How will the nursing home make sure that your dietary needs are met?
- 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 arrange 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?
- Does the nursing home offer care for people with dementia? What care does it offer?
- What's the nursing home's policy for the use of anti psychotic medication for people with dementia?

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

Take a copy of the “Nursing home checklist” (pages 31-39) 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/NursingHomeCompare/checklist.pdf](https://www.Medicare.gov/NursingHomeCompare/checklist.pdf).

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 gathered to compare them. 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 health care](#), until a bed is available at another nursing home you choose. But you may be responsible for paying the bill for any additional days you stay in the hospital.

Next steps: After you've chosen a nursing home

After you choose a nursing home, you'll need to make arrangements to be admitted. Have this information ready when you contact the nursing home:

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.

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

- **Your medical history:** Your doctor may give the staff some of this information. This includes a list of past health problems, any past surgeries or treatments, any shots you've had, and allergies you may have to food or medicine.
- **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.
- **Your current medications:** Include the dose, how often you take it, and when and why you take it.



- **Your health care providers:** Include their names, addresses, and phone numbers.
- **Your family members to call in case of an emergency:** Include their 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:

- **A living will:** 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.
- **A durable power of attorney for health care:** 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 25.

Once you're a resident

Information the nursing home must give you

Once you choose a nursing home, they must give you information about how to apply for and use Medicare and Medicaid benefits in a language and format you understand. They must also give you information on how to get refunds for previous payments you may have made that are covered by these benefits.

How do I choose a nursing home?

Personal needs accounts

You may want to open an account managed by the nursing home, although the nursing home can't require this. You can deposit money into the account for personal use. Check with the nursing home to find out what expenses you can use the account for and how they manage the accounts.

Your assessment & 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.

Your assessment begins on the day you're admitted and must be completed within 14 days. Staff will gather information about how well you function, your care needs, and your general well-being. The nursing home staff will review your assessment at least every 90 days, and possibly more often if your medical status changes.

Once your assessment is complete, the nursing home staff will develop your care plan. Your care plan is a strategy for how the staff will help you with everyday needs – both medical and non-medical.

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)
- Activity preferences
- Your food preferences and dietary needs
- How your care plan will help you reach your goals
- Information on whether you plan to return to the community and, if so, a plan to help you meet that goal. For more information, visit [Medicare.gov/publications](https://www.Medicare.gov/publications) to download and view these products:
 - “Your Discharge Planning Checklist”
 - “Your Right to Get Information about Returning to the Community”



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 communicate these rights to you in a format and language you understand. They must also explain in writing your rights and responsibilities 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's a list of some of your rights:

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

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

How do I choose a nursing home?

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 continues, 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 group.

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.

To get the contact information for these resources in your state, visit [Medicare.gov/contacts](https://www.Medicare.gov/contacts) or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

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.

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. Talk to the nursing home social worker about your plan to transition to the community.

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.

If you're in a hospital, nursing home, or working with a home health agency, 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 25.

For general information on long-term care, visit longtermcare.acl.gov. See Section 5 (page 25) for a list of resources to help you get more information. American Indians and Alaska Natives can contact their local Indian health care providers for more information.

You can consider both community and residential long-term care options.

Community-based services

There are many long-term care options that may be available in your community, including:

Home- and community-based services: A variety of home- and community-based services may be available to help with your personal care and activities.

Medicaid may cover some services, including:

- Home care (like cooking, cleaning, or help with other daily activities)
- Home health services (like physical therapy or skilled nursing care)
- Transportation to medical care
- Personal care
- Respite care
- [Hospice](#)
- Case management

What are my other long-term care options?

Medicaid programs vary from state to state. Medicaid may offer more services in your state. To get the phone number for your State Medical Assistance (Medicaid) Office, visit [Medicare.gov/contacts](https://www.Medicare.gov/contacts) or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

These types of services may also be available through other programs, like the Area Agency on Aging, [Medicare](#), or [hospice](#) programs. For more information about Medicare's coverage of hospice and home health services, visit [Medicare.gov](https://www.Medicare.gov).

Community sources, like volunteer groups that help with things like shopping or transportation, which may be free or low cost (or may ask for a voluntary donation), are another option. Here are some examples of the services and programs that may be available in your community:

- Adult day services
- Adult day health care (which offers nursing and therapy)
- Care coordination and case management (including transition services to leave a nursing home)
- Home care (like cooking, cleaning, or help with other daily activities)
- Meal programs
- Senior centers
- 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 type of 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.

Words in [blue](#) are defined on pages 29–30.

What are my other long-term care options?

Residential care options

There are many long-term care options that may be available in a residential setting, including:

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.

Existing 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.

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 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.

3

What are my other long-term care options?

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

In most cases, residents of these communities pay a regular monthly rent and additional fees depending on the type of personal care services they get.

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. For more information, visit hud.gov/topics/information_for_senior_citizens.



Words in blue are defined on pages 29–30.

Paying for nursing home & other long-term care

4

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.

There are 2 main ways to get your Medicare coverage:

- 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.
- 2. Medicare Advantage Plans and other Medicare health plans:** If you're in a [Medicare Advantage Plan](#) (like an HMO or PPO) or other [Medicare health plan](#), check with your plan to learn their rules for covering 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.

Prescription drug coverage

If you 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 a [Medicare Advantage Plan](#) or other [Medicare health plan](#).
- You have [Medicare prescription drug coverage \(Part D\)](#).

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, visit [Medicare.gov](https://www.Medicare.gov).

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 important to know if the nursing home you choose accepts Medicaid.

Words in [blue](#)
are defined on
pages 29–30.

Paying for nursing home & other long-term care

Medicaid varies from state-to-state. Most often, whether or not you're eligible for Medicaid 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 Medical Assistance (Medicaid) Office, visit [Medicare.gov/contacts](https://www.Medicare.gov/contacts) or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

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.

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.



Administration for Community Living (ACL)

ACL is a federal agency that provides funding to support programs in your community with the goal of maximizing the independence, well-being, and health of older adults, people with disabilities, and their families and caregivers. Visit acl.gov to learn more. Some of the services the ACL offers include:

Aging and Disability Resource Centers (ADRCs)

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 people 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

For information about ADRC's in your area call the Eldercare Locator at 1-800-677-1116.

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 Ombudsman 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](#), 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. Visit [Medicare.gov/nursinghomecompare](#) for more information.

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 Medical Assistance (Medicaid) Office, visit [Medicare.gov/contacts](#) or call 1-800-MEDICARE.

State Health Insurance Assistance Programs (SHIPs)

SHIPs are state programs that get money from the federal government to give free, local health insurance counseling. Visit [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. To get the phone number for your State Survey Agency, visit [Medicare.gov/contacts](#).



Section 6: Definitions

6

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.

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.

Medicare Advantage Plan (Part C): A type of Medicare health plan offered by a private company that contracts with Medicare. Medicare Advantage Plans provide all of 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
- Medicare Medical Savings Account Plans

If you're enrolled in a Medicare Advantage Plan:

- Most Medicare services are covered through the plan
- Medicare services aren't paid for by Original Medicare
- Most Medicare Advantage Plans offer prescription drug coverage.

Where can I get help?

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.

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.

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.

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.			
Are the nursing home and current administrator licensed in my state?			
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 or ventilator care?			
Is the nursing home located close enough for friends and family to visit?			
Are there resident policies I must follow? Will I get a written copy of these policies?			
Are there extra charges for other services, like beauty shop services?			



Nursing home checklist

Basic information	Yes	No	Notes
<p>Will the nursing home tell me in writing about their services, charges, and fees before I move into the home?</p> <p>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.</p>			

Safety & care	Yes	No	Notes
Have you checked the nursing home's star ratings on Medicare.gov?			
Is the nursing home taking action to improve quality or staffing as needed?			
Can residents still see their personal doctors? If needed, 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?			

Visit [Medicare.gov](https://www.medicare.gov) for more information.

Nursing home checklist



Safety & care	Yes	No	Notes
<p>Does the nursing home's inspection report show quality of care problems or other citations (failure to meet one or more state or federal requirements)?</p> <p>Note: The nursing home must have the report of the most recent state or federal survey of the facility available for you to look at. These reports tell you how well the nursing home meets federal health and safety regulations. Reports can also be found on most state survey agency websites and Medicare.gov.</p>			
Has the nursing home corrected all citations on its last state inspection report?			


Preventing abuse	Yes	No	Notes
Does the relationship between staff and residents appear to be warm, polite, and respectful?			
Does the nursing home check to make sure they don't hire staff members with a finding or history of abuse, neglect or mistreatment of residents in the state nurse aid registry?			
Does the nursing home have policies and procedures on prohibiting and reporting abuse and neglect?			
Is the nursing home taking action to keep residents safe from abuse, neglect, mistreatment, or exploitation?			
Is there information about how to report concerns about the care and safety of residents?			

Visit [Medicare.gov](https://www.medicare.gov) for more information.



Nursing home checklist



Preventing abuse	Yes	No	Notes
Is there information about how the facility responds to concerns that are reported?			
Has the nursing home been cited for issues related to abuse in the last year or two? Note: Nursing homes cited for abuse will have the following icon next to their name on Medicare.gov: 			

Nursing home appearance	Yes	No	Notes
Are residents clean, well groomed, and appropriately dressed for the season or time of day?			
Is the nursing home free from overwhelming unpleasant odors?			
Does the nursing home appear clean and well kept?			
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?			

Nursing home living spaces	Yes	No	Notes
Is the furniture sturdy, yet comfortable and attractive?			
Are exits clearly marked?			
Are there quiet areas where residents can visit with friends and family?			

Visit [Medicare.gov](https://www.medicare.gov) for more information.

Nursing home checklist



Nursing home living spaces	Yes	No	Notes
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?			

Menus & food	Yes	No	Notes
Do residents have a choice of food items at each meal? Do they serve foods you like?			
Can the nursing home provide for special dietary needs (like low-salt or no-sugar-added diets)?			
Are nutritious snacks available?			
Does the staff help residents eat and drink at mealtimes, if needed?			

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 licensed nursing staff 24 hours a day, including a Registered Nurse (RN) present at least 8 hours per day, 7 days a week?			
Do Certified Nurse Aides (CNAs) help plan the care of residents?			

Visit [Medicare.gov](https://www.Medicare.gov) for more information.



Nursing home checklist

Staff	Yes	No	Notes
How many nurses, including CNAs, will be available to help me during the day, at night, and on weekends? Note: The nursing home is required to post this information.			
Is there a person on staff assigned to meet my social service needs, and can I meet with him or her?			
Will staff call my doctor for me if I have a medical need?			
Has there been a turnover in administrative staff, like the administrator or director of nursing, in the past year?			
Is my primary language spoken by staff? 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 their room?			
Does each resident have a window in their bedroom?			
Do residents have access to internet, a computer, a personal phone, and television?			
Do residents have a choice of roommates?			
Are there policies and procedures to protect residents' possessions, including lockable cabinets and closets?			

Visit [Medicare.gov](https://www.Medicare.gov) for more information.

Nursing home checklist



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 the 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?			
Can I have visitors at any time – even 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?			



Nursing home checklist

Caring for residents with dementia	Yes	No	Notes
Does the nursing home have specific policies and procedures related to the care of residents 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 residents living with dementia?			
What percentage of residents who have a diagnosis of dementia are currently being prescribed an antipsychotic medication?			
What's the nursing home's current rate of antipsychotic medication use?			
Does the nursing home participate in any efforts related to reducing antipsychotic medication use in nursing homes (like the National Partnership to Improve Dementia Care)?			

Visit [Medicare.gov](https://www.Medicare.gov) for more information.

Go to a resident or family group meeting

While you're visiting the nursing home, we recommend that you ask if you can attend a resident or family group meeting. These groups 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 group 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 group report to?
- How does membership in the group 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 than your initial visit. Staffing can be different at different times of the day and on weekends.

Notice of Accessible Communications

To help ensure people with disabilities have an equal opportunity to participate in our services, activities, programs, and other benefits, we provide communications in accessible formats. The Centers for Medicare & Medicaid Services (CMS) provides auxiliary aids and services to help us better communicate with people with disabilities. Auxiliary aids include materials in Braille, audio/data CD or other accessible formats.

Note: You can get the “Medicare & You” handbook electronically in standard print, large print, or as an eBook.

For general Medicare inquiries and Medicare publications, call us at 1-800-MEDICARE (1-800-633-4227). TTY: 1-877-486-2048.

For all other CMS publications and documents in accessible formats, you can contact our Customer Accessibility Resource Staff:

Call 1-844-ALT-FORM (1-844-258-3676). TTY: 1-844-716-3676.

- Send a fax to 1-844-530-3676.
- Send an email to altformatrequest@cms.hhs.gov.
- Send a letter to:
Centers for Medicare & Medicaid Services
Offices of Hearings and Inquiries (OHI)
7500 Security Boulevard, Mail Stop S1-13-25
Baltimore, MD 21244-1850
Attn: Customer Accessibility Resource Staff

You can also contact the Customer Accessibility Resource staff:

- To inquire about a request for accessible formats.
- To submit concerns and issues about accessible communications, including the quality and timeliness of your request.

Note: Your request for a CMS publication or document should include:

- Your name, phone number, and the mailing address where we should send the publications or documents.
- The publication title and CMS Product No., if known.
- The format you need, like Braille, large print, or data/audio CD

Note: If you're enrolled in a Medicare Advantage or Prescription Drug Plan, you can contact your plan to request their documents in an accessible format.

Nondiscrimination Notice

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 in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by CMS directly or through a contractor or any other entity with which CMS arranges to carry out its programs and activities.

How to file a complaint

If you believe you've been subjected to discrimination in a CMS program or activity, there are 3 ways to file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

1. Online at hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html.
2. By phone: Call 1-800-368-1019. TDD user can call 1-800-537-7697.
3. In writing: Send information about your complaint to:

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



**U.S. DEPARTMENT OF HEALTH
AND HUMAN SERVICES**

Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Official Business
Penalty for Private Use, \$300

CMS Product No. 02174
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This booklet is available in Spanish. To get your copy, call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Esta publicación está disponible en Español. Para obtener una copia, llame al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY pueden llamar al 1-877-486-2048.