

Finding a Nursing Home or Hospice

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Summary

When an elderly person or couple requires nursing care or round-the-clock supervision, a nursing home of some kind is usually the right choice. For someone who is within a few months of dying, a hospice can be an even more appropriate choice.

If you have already made the decision that such a facility is right for you, or for someone you love, this paper gives you some guidance about how to go about finding the right one, and points you to places where you can get more detailed information or more personal help.

If you are not sure yet whether some other option would be better, you might want to consult our other paper, "When You or a Loved One Can No Longer Live Alone."

How to approach this decision

We are assuming here that you are making this decision yourself or with others close to you. If the person who needs help is a parent or other person far away, you might want to find someone to help you in that locality. Even in your own area, you might want to get the advice of someone who has done this many times before. The National Association of Professional Geriatric Care Managers website can be used to help find someone suitable (<http://www.caremanager.org>), or you might ask doctors or physicians you know if they would recommend someone in particular. Bear in mind that professional care managers generally receive \$150-200/hr., though sometimes they will help find a facility for free, because the facilities pay the fees. Other resources for caring for elders at a distance can be found at <http://www.cfad.org>.

If you have a social worker or care manager you trust, consult with that person, too. The Federal Administration on Aging (<http://www.aoa.gov>) will help you locate the nearest *local Area Agency on Aging*. These offices have been set up specifically to help people in your situation. This should be one of your principal resources.

The U.S. Dept. of Health and Human Services also sponsors the Eldercare Locator Service. By answering a few simple questions at <http://www.eldercare.gov>, you can find out which state and local agencies help with elderly services in your area (or call 800-677-1116).

And of course, check with others you know who may have personal experience with the facilities in your area. Most of all, consult with your family members. This is an important decision for everyone, and everyone might have something to contribute, even if only a personal impression or concern.

IMPORTANT: Don't wait until the last minute. Start considering your options at least six months before you expect to make a change, if you can. This is an important decision and you are likely to have quite a few alternatives available to you. However, desirable facilities often have waiting lists. And of course, any kind of relocation is best done with careful thought and planning. If you have to make an emergency decision, you

will have fewer choices, and you may not be in a good position to select well even among those.

Benefits of nursing homes and hospices

- If you need a high level of nursing care, especially if 24-hour supervision is required, a nursing home can be the most practical and economical option. You have a variety of choices from hospital-based nursing facilities, through non-hospital nursing homes, intermediate care facilities and, if medical needs are light, custodial care facilities (rest homes, group homes, etc.).
- Social life tends to be less active, of course, than in assisted living facilities, but there are usually better social opportunities in nursing homes than in private residences, at least if you need skilled care.
- If you are in the last months of your life, a hospice usually can provide the medical care you need along with a comfortable and caring environment. Both professional and non-professional staff is trained to work with people who are facing death, and you are much more likely to get the emotional support you need. Note that these days a majority of hospice care is actually provided at home.
- Nursing homes usually don't have a big up-front cost. They are not allowed to ask for large lump-sum payments as a condition for admission, although they may still require a one- or two-month security deposit.
- If you need nursing care but cannot afford it, Medicaid will pay. That's the good news. The bad news is that you do not get to choose where you will live ó Medicaid will place you in the first bed that becomes available in your area. However, if you are already in a nursing home and then run out of money, you can generally stay where you are ó neither the nursing home nor Medicaid will require you to move somewhere else. So there is a big advantage in finding your own nursing home while you still have some money left and can pay your own way for a while.

What to watch out for

- Even when nursing home care is the only practical alternative, it can feel like abandonment or even imprisonment. With luck you or your loved one has a more open attitude than that, and the facility you find will end up being better in some ways than you might have expected. Still, it is a difficult change to make. If one of the other alternatives can be worked out, the emotional strain on everyone might be less, and this could be worth a lot. Naturally, the weight of this factor depends on the attitudes of and relationships of everyone who is involved.
- Nursing care is expensive. The national average cost for a private room in 2014 was \$87,600/year ó and quite a bit more than that in urban and high-cost areas. You can find lower costs in two ways: (a) rural areas can often offer very good care at much lower cost, saving you sometimes a quarter or a third off the price; and (b) you can get a semi-private room instead of a private room, which will typically save you about 10% on the cost.

- Nursing care (whether at home or in a nursing home) and hospice care usually receive only limited coverage, or none at all, in health insurance plans and this means Medicare, as well as private plans. Separate long-term care policies are needed. Of course, once you need such care, it is too late to get insurance. But make sure you understand how much, if any, insurance coverage you do have when making your decision. Consult your Medicare office or private insurer.
- Think about what is important to you, then make a detailed list of things to watch for and questions to ask about nursing homes you are considering. For a very good sample list, go to: <http://www.medicare.gov/Nursing/Checklist.pdf>.
- Quality of care is important, of course, so be sure to check out the publicly available reports (see the For More Information section, below).
- A personal visit is critical, and don't just take the official tour. Show up at meal-time and/or on a weekend, when there is a lot of action or the staff may be short-handed, to see how they deal with those situations. Many nursing homes will let you and perhaps a family member stay overnight and take advantage of this opportunity, if it is available (and if it isn't, ask why not). If you have a friend who is a nurse, ask her or him to make an unofficial visit, too.
- You will need to review the nursing home contract carefully. It is no longer legal for them to require a spouse or a child to pay as a private patient in order for you to be admitted, nor is it legal to require the family to pay if you run out of money. Compare the contract with the information you were told when you brought your checklist along and if anything doesn't match up, challenge it.
- Nursing home residents are more susceptible to neglect, improper care, or even abuse and crime than people living in other situations. Extra vigilance will be required.

Making the decision

Families sometimes are too eager to make decisions on behalf of their elderly members. As much as children do care about the welfare of a parent, for instance, they can be too quick to solve the parent's problem at a time and in a fashion that the parent is not really comfortable with. In the end, the decision properly belongs to the person whose life is changing. Although this can be frustrating for others who might want to get things settled faster or differently, those feelings should not be given too much rein.

There are exceptions, of course:

- If the elder is mentally incompetent, then of course someone else has to be in charge. Even so, there should be due recognition of the personality and known preferences of the person in question.
- Who pays the piper, calls the tune. If a child or several children, for example, are paying the lion's share of a parent's costs, then this gives them additional latitude. Again, though, this latitude should be limited. It should especially be limited if the financial assistance was not asked for, but voluntary. Even if asked for, the person receiving help should be given as much dignity and control as possible.

And it is worth adding here that the interests of heirs are not a legitimate consideration. An elder always has first claim on his or her own assets. The hopes and expectations of children or other heirs should rarely be an important consideration, and a child is not "paying for" a parent's care just because the parent is "spending the child's inheritance."

- If the solution is to for the elder to move in with a child, a sibling, or someone else, all the members of that household do have a legitimate say in the timing and all of the other arrangements that affect the household.

Even with these caveats, though, it is important to remember that this is often a difficult time for the person who can no longer live alone. At the very least, there will be big changes in his or her life. At the very least, he or she is experiencing a loss of physical or mental competence and a sense of reduced control — and probably an increased sense of the closeness of death. The whole experience is likely to be disturbing, even depressing. It is important that family members not make it worse.

For More Information

Go to the RetirementWORKS® Retirement Readiness page on [Caregiving](#), particularly the section on nursing homes and hospices. This page provides links to helpful resources in addition to those mentioned elsewhere in the present document.