SeniorCare.Services

2027 EDITION

FREE GUIDE FOR FAMILIES

The Quick Guide to Choosing the *Right Senior Care*

Your options in plain English: what each type of care is, what it costs in 2027, what to ask on a tour, and how to handle the move with less stress.

Types of care compared

2027 costs & benefits

Tour checklist

The emotional transition

Written for adult children, spouses and older adults who are just starting to look — or who are facing a big decision and want a clear, honest overview before talking to anyone selling care.

BEFORE YOU START

Welcome. You don't have to figure this out alone.

Most families start looking at senior care after something changes: a fall, a hospital stay, a diagnosis, or a slow realization that a parent isn't managing as well as they used to. It's normal to feel rushed, guilty and unsure where to begin.

This guide is designed to give you a calm, practical overview in about 30 minutes. It explains each kind of care, who it suits and roughly what it costs, how families pay for it, and what to look for when you visit. It ends with a 30-day action plan so you know exactly what to do next.

Use it alongside our free directory at seniorcare.services, where you can compare assisted living, memory care, independent living and respite care communities by state and city.

01 **Is it time for more support?** — Signs to watch for

02 **The types of senior care, compared** — What each option offers

03 **Which care fits your situation?** — A simple decision guide

04 **Planning for costs in 2027** — Prices, Medicare, Medicaid, VA

05 **What to ask when you tour a community** — Checklist & red flags

06 **How to check a community's record** — Licensing & inspections

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08 **Your 30-day action plan** — Step-by-step

A NOTE ON THE NUMBERS

Cost figures are national medians from the CareScout 2025 Cost of Care Survey (published March 2026), the latest national data available when this guide was written. Prices in your area may be much higher or lower. Medicare and Social Security figures are from CMS, the Social Security Administration and the 2026 Medicare Trustees Report; where a 2027 figure was still a projection at the time of writing, we say so. This guide is general information, not legal, financial or medical advice.

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CHAPTER ONE

Is it time for more support?

There's rarely one clear moment. More often it's a pattern of small changes. If several of the signs below sound familiar, it's worth exploring options now — while you still have time to choose, rather than react.

DAILY LIVING

- [ ] Skipping meals, little fresh food in the fridge, or noticeable weight loss
- [ ] Difficulty bathing, dressing or using the toilet safely
- [ ] Missed or doubled medication doses
- [ ] Unopened mail, unpaid bills or new money worries
- [ ] A home that's much less tidy than it used to be

SAFETY

- [ ] Falls, near-falls, or new bruises they can't explain
- [ ] Leaving the stove on, doors unlocked or getting lost while driving
- [ ] Dents on the car or a worried call from a neighbor
- [ ] Wandering, or confusion about the time of day

HEALTH & MOOD

- [ ] A recent hospital stay or a new diagnosis
- [ ] Withdrawing from friends, hobbies or faith community
- [ ] Signs of depression, anxiety or loneliness
- [ ] Memory changes that are getting worse, not staying the same

THE CAREGIVER

- [ ] You (or another family member) are exhausted, sleeping badly or missing work
- [ ] Care needs are starting to exceed what one person can safely do
- [ ] Family tension over who does what

START WITH A PROFESSIONAL ASSESSMENT

Before deciding on a type of care, ask your loved one's doctor for an assessment of physical and cognitive needs. Your local Area Agency on Aging can also arrange a free or low-cost needs assessment — find yours through the Eldercare Locator or by calling 1-800-677-1116. A clear picture of needs makes every later decision easier.

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CHAPTER TWO

The types of senior care, compared

Senior care isn't one thing. The right option depends on how much help is needed with daily activities, whether there are medical or memory needs, and how much independence matters to the person receiving care.

Type of care	What it is	Best for	Typical cost basis
In-home care	Caregivers visit the home to help with bathing, meals, errands, companionship. Home *health* care adds nurses or therapists.	People who want to stay at home and need a few hours to full days of help	Hourly
Adult day care	Supervised daytime programs with meals, activities and sometimes health services.	People living with family who need daytime support; caregivers who work	Daily
Independent living	Private apartments or cottages in a senior community with meals, activities and maintenance included. Little or no personal care.	Active older adults who want convenience, community and less home upkeep	Monthly rent or fee
Assisted living	Private or shared apartments with meals, housekeeping, medication help and 24-hour staff for personal care.	People who need help with some daily activities but not round-the-clock nursing	Monthly, often plus care-level fees
Memory care	A secure assisted living setting (or separate wing) with staff trained in dementia care and structured routines.	People with Alzheimer's or other dementia, especially if wandering or confusion is a risk	Monthly, usually above assisted living
Respite care	A short stay (days to weeks) in a community, or extra in-home help, so the usual caregiver can rest.	Family caregivers who need a break, or recovery after a hospital stay	Daily rate
Board & care home	A small, home-like residence (often 6–10 residents) offering assisted-living-level help.	People who prefer a quiet, family-style setting	Monthly, often lower than large communities
Nursing home (skilled nursing)	24-hour medical care from licensed nurses, plus rehab therapy.	Complex medical needs, short-term rehab, or people who need constant nursing	Daily rate

Continuing care retirement community (CCRC)	One campus offering independent living, assisted living, memory care and nursing, so residents can move between levels.	Planners who want certainty about future care in one place	Entrance fee plus monthly fee

Assisted living or nursing home? The key difference

Assisted living is a **residential** setting: the focus is on daily living support, independence and community, with nurses usually available but not providing constant medical care. A nursing home is a **clinical** setting with licensed nurses on duty around the clock. Many people who move to a nursing home after a hospital stay do so for short-term rehab and then return home or move to assisted living.

Memory care or assisted living?

Some assisted living communities can support people in the early stages of dementia. Memory care becomes the safer choice when there is wandering, significant confusion, changes in behavior, or when a person can no longer follow a routine without constant cues. Ask any community exactly what level of dementia care it is licensed and staffed to provide.

Read more: Independent living vs assisted living · What is memory care? · Memory care vs nursing home · Board and care homes · CCRCs explained

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CHAPTER THREE

Which care fits your situation?

Use the questions below as a starting point. They won't replace a professional assessment, but they'll help you narrow the field before you start calling communities.

If this describes your loved one...	Start by looking at...
Mostly independent, but lonely or tired of home upkeep	**Independent living**, senior apartments, or adult day programs for social contact
Wants to stay home and needs help a few hours a day	**In-home care**, possibly combined with **adult day care**
Needs help with bathing, dressing or medications every day	**Assisted living** or a **board & care home** (or full-time in-home care, which can cost more)
Has dementia and wanders, gets lost or is often confused	**Memory care**
Coming out of hospital and needs rehab or wound care	**Skilled nursing** (short-term rehab), then reassess
Needs 24-hour nursing or has complex medical conditions	**Nursing home**
Family caregiver is burning out or going away	**Respite care** — a short stay or extra in-home hours
Healthy now, wants to plan for future needs in one place	**Continuing care retirement community**

Four questions to discuss as a family

1. **What does your loved one want?** Their preferences come first wherever it's safe. Ask open questions: "What would make your days easier?" rather than "You need to move."
2. **What does the doctor say?** Current and likely future care needs should shape the choice — a community that can't meet needs in 12 months may mean a second move.
3. **Where?** Being close to family who will visit often usually matters more than amenities.
4. **What can you afford, and for how long?** Chapter 4 walks through costs and ways to pay.

> *"Choose the place that fits the next two or three years, not just the next two or three months."*

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CHAPTER FOUR

Planning for costs in 2027

Cost is often the hardest part of the conversation. Knowing typical prices — and what Medicare does and doesn't pay — helps you avoid surprises and spot good value.

What care typically costs (national medians)

Type of care	Median cost	Approx. per year
In-home care (non-medical caregiver)	**$35 per hour**	**$80,080** (44 hrs/week)
Skilled nursing in the home (private duty nurse)	**$90 per hour**	**Varies by hours**
Adult day health care	**$95 per day**	**$24,700**
Assisted living	**$6,200 per month**	**$74,400**
Nursing home, semi-private room	**$9,581 per month**	**$114,975**
Nursing home, private room	**$10,798 per month**	**$129,575**

Source: CareScout Cost of Care Survey 2025, national medians (data collected July–November 2025). Memory care is usually priced above standard assisted living because of extra staffing, training and security; always ask for the memory care rate specifically. Independent living is priced like rent and varies widely by area.

ASK WHAT'S INCLUDED

Two communities with the same headline price can cost very different amounts. Ask for the full fee schedule in writing: base rent, care levels or points, medication management, incontinence care, move-in or community fees, and how much prices rose in each of the last three years.

What Medicare covers — and what it doesn't

This is the most common misunderstanding families face. **Medicare does not pay for long-term custodial care** — the everyday help with bathing, dressing and meals that most people in assisted living or memory care need. It also does not pay room and board in assisted living.

Medicare *does* cover:

- **Short-term skilled nursing** after a qualifying hospital stay of at least three days as an inpatient: up to 100 days per benefit period, with no daily charge for days 1–20 and a daily coinsurance for days 21–100 ($217 a day in 2026).
- **Home health care** (part-time nursing and therapy) for people who are homebound and need skilled care.

- **Hospice care**, including at home or in a care community, for people with a terminal prognosis.
- Doctor visits, hospital care and prescription drugs, as for anyone on Medicare.

Key Medicare figures	2026 (confirmed)	2027
Part B standard monthly premium	**$202.90**	About $209.50 (Trustees projection)
Part B annual deductible	**$283**	About $292 (Trustees projection)
Part A hospital deductible (per benefit period)	**$1,736**	Set by CMS each autumn
Part D yearly out-of-pocket cap on drugs	**$2,100**	**$2,400 (final)**

CMS confirms the final 2027 Part A and B amounts each autumn. Check Medicare.gov for the latest figures.

Ways families pay for long-term care

1. PRIVATE FUNDS

Most assisted living is paid for privately — from savings, pensions, Social Security, investments, or the sale of a home. Social Security benefits rise **3.6% in 2027**, the cost-of-living increase announced in October 2026.

2. MEDICAID

Medicaid is the largest payer of long-term care in the U.S. It pays for nursing home care for people who meet income and asset limits, and in most states it can help pay for care services in assisted living or at home through **home and community-based services (HCBS) waivers** — though usually not the room-and-board portion. Rules differ by state, and many waiver programs have waiting lists.

- **Look-back period:** Medicaid reviews asset transfers made in the five years before you apply. Gifts or below-value sales in that window can delay eligibility.
- **Spend-down:** people above the asset limit may become eligible after spending down on care and allowable expenses.
- **Estate recovery:** states can seek repayment from a recipient's estate after death in some cases.
- **New for 2027:** federal changes shorten how far back Medicaid will pay before the month you apply (generally two months instead of three for older adults). Apply as soon as you think you may qualify.

Read more: Medicaid waiver programs · The look-back period · Medicaid spend-down · Estate recovery

3. VETERANS BENEFITS

Wartime veterans and surviving spouses with limited income may qualify for the VA pension with **Aid and Attendance**, a monthly payment that can be used toward assisted living or in-home care. See VA.gov or our guide to VA Aid and Attendance.

4. LONG-TERM CARE INSURANCE

Traditional and hybrid (life insurance plus long-term care) policies can pay for assisted living, memory care, in-home care and nursing homes. Check the daily benefit, elimination period and whether the policy covers the type of care you're considering.

5. SUPPLEMENTAL SECURITY INCOME (SSI) AND STATE SUPPLEMENTS

People with very limited income and assets may receive SSI — the federal maximum rises to about **$1,029 a month for an individual** in 2027 — and some states pay an extra supplement for people living in assisted living or board and care homes.

6. OTHER OPTIONS

Life insurance conversions, reverse mortgages, bridge loans, and family contributions. Get independent financial advice before committing to any of these. NCOA's free BenefitsCheckUp tool can show other programs your loved one may qualify for.

Monthly budget worksheet

Monthly income	Monthly costs of the care recipient
Social Security (after the 2027 increase)	Base rent / monthly fee
Pensions / annuities	Care level or personal care fees
Investment or savings withdrawals	Medication management
VA, long-term care insurance or other benefits	Medicare premiums, supplement or Advantage plan
Family contributions	Prescriptions, personal items, phone, salon
Total monthly income	**Total monthly cost**

Read more: How much does assisted living cost? · How to pay for assisted living with little or no money · Does Medicare pay for assisted living for dementia?

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CHAPTER FIVE

What to ask when you tour a community

Plan to visit at least two or three places, ideally more than once and at different times of day. Bring this checklist, take notes, and trust what you see as much as what you're told.

CARE & STAFFING

- [ ] How do you assess needs before move-in, and how often is the care plan reviewed?
- [ ] What is the staff-to-resident ratio during the day, evening and overnight?
- [ ] Is a nurse on site? For how many hours?
- [ ] What training do caregivers receive, including dementia training?
- [ ] How long have the director and care staff worked here?
- [ ] How are medications stored, given and recorded?
- [ ] What happens in a medical emergency or a fall?

COSTS & CONTRACT

- [ ] What exactly is included in the monthly fee?
- [ ] How are care levels priced, and what triggers an increase?
- [ ] How much have fees risen each year for the last three years?
- [ ] Is there a community or move-in fee? Is any of it refundable?
- [ ] Do you accept Medicaid waivers, VA benefits or long-term care insurance?
- [ ] What notice is required to move out, and what happens if money runs out?
- [ ] When would a resident be asked to leave because needs have changed?

DAILY LIFE

- [ ] Can we see the activity calendar and join a meal?
- [ ] Are there choices at meals, and can special diets be met?
- [ ] What transportation is available for appointments and outings?
- [ ] Can residents bring furniture or a pet?
- [ ] What are the visiting hours and policies?

MEMORY CARE (IF NEEDED)

- [ ] How are exits secured, and is there safe outdoor space?
- [ ] How do you handle agitation, sundowning and behavior changes?
- [ ] How are daily routines and activities adapted for dementia?
- [ ] How do you keep families updated?

RED FLAGS TO WATCH FOR

- Strong odors, unanswered call lights, or residents who seem unkempt or bored
- Staff who don't greet residents by name or seem rushed and stressed
- Reluctance to share inspection reports, fee schedules or the contract
- Pressure to sign quickly or "lock in" a special price today
- Vague answers about staffing levels or when residents must move out

Tip: Arrive a little early, sit in the lobby and watch. Talk to residents and visiting families if they're happy to chat — they're the most honest reviewers you'll find.

Compare your shortlist

Score each community from 1 (poor) to 5 (excellent) straight after your visit, while impressions are fresh.

What to score	Community A	Community B	Community C
Can meet current care needs			
Can meet likely needs in 2–3 years			
Staff warmth and responsiveness			
Cleanliness and safety			
Food quality and dining experience			
Activities and social life			
Inspection record and license			
Location for family visits			
Total monthly cost fits budget			
Contract terms (increases, discharge, refunds)			
Your loved one's own reaction			
Total score			

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CHAPTER SIX

How to check a community's record

Marketing brochures show the best side of every community. Official records show the rest. These free checks take less than an hour and are worth doing for every place on your shortlist.

1. **Confirm the license.** Assisted living and memory care are licensed by each state. Look up the community on your state licensing agency's website and check that the license is current and matches the type of care you need. Every state page in our directory links to its official licensing agency.
2. **Read the inspection reports.** States inspect licensed communities and publish citations (called deficiencies). Look for patterns — repeated medication errors, staffing problems or abuse and neglect findings are serious warning signs.
3. **For nursing homes, use Care Compare.** Medicare's Care Compare tool shows star ratings for health inspections, staffing and quality measures. See our guide to nursing home ratings for how to read them.
4. **Call the long-term care ombudsman.** Every state has a free ombudsman program that advocates for residents of long-term care communities. They can't recommend a specific place, but they can tell you how to find complaint information. Find yours via the National Ombudsman Resource Center.
5. **Search the news and reviews.** Look for recent news stories, and read online reviews with care — look for consistent themes rather than single angry or glowing posts.

GET IT IN WRITING

Before signing, ask for a copy of the residency agreement and take it home. Have a family member, elder law attorney or your local Area Agency on Aging review it, especially the sections on fee increases, discharge and refunds.

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CHAPTER SEVEN

The emotional transition

A move into care is a major life change for everyone involved. Feelings of grief, guilt, relief and worry can all show up at once — that's normal, and it usually eases with time.

Talking with your loved one

- **Start early and keep it gentle.** One conversation rarely settles it. Raise the subject before a crisis, and come back to it.
- **Lead with their goals.** Talk about what they want — safety, company, not being a burden, keeping a pet — and how different options support that.
- **Involve them in choices.** Let them visit, compare and decide what to bring. People adjust better when they feel in control.
- **Bring in a trusted voice.** A doctor, faith leader or friend can sometimes say what family can't.
- **Avoid ultimatums,** unless safety leaves no choice. If memory loss makes decisions difficult, focus on reassurance rather than debate.

Making move-in day easier

- [ ] Set up the new room with familiar furniture, photos, bedding and favorite items before they arrive
- [ ] Label drawers and closets if memory is a concern
- [ ] Share a one-page "about me" with staff: routines, preferences, life story, what calms them
- [ ] Plan visits in the first weeks, but follow staff advice — sometimes shorter, regular visits help people settle faster
- [ ] Expect an adjustment period of several weeks to a few months

Looking after yourself

Family caregivers carry an enormous load — emotionally, physically and financially. AARP's 2026 research found family caregivers' out-of-pocket costs have climbed to more than $11,500 a year on average. Moving a loved one into care isn't giving up; it's often what allows you to go back to being a daughter, son or spouse rather than a full-time caregiver.

- Use respite care before you reach burnout, not after.
- Join a caregiver support group — the Alzheimer's Association and many Area Agencies on Aging run free ones.
- Share tasks across family members, and write the plan down so everyone knows their part.
- If you're caring at home, ask whether your state lets family members be paid through Medicaid or VA programs — see our guide on getting paid to care for a family member.

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CHAPTER EIGHT

Your 30-day action plan

You don't need to do everything at once. Work through these steps over the next month and you'll be ready to make a confident decision.

Week 1 — Understand the needs

- [ ] Book a doctor's appointment and ask for a physical and cognitive assessment
- [ ] Write down what help is needed each day, and when
- [ ] Have a first, low-pressure conversation with your loved one about what they want
- [ ] Contact your local Area Agency on Aging for a needs assessment and local resources

Week 2 — Get the paperwork and money straight

- [ ] Gather income, savings, insurance and benefit details and complete the budget worksheet
- [ ] Make sure a durable power of attorney and health care proxy are in place (see our guide to power of attorney for an elderly parent)
- [ ] Check eligibility for Medicaid, VA benefits or long-term care insurance claims
- [ ] Decide on a realistic monthly budget range

Week 3 — Build and visit a shortlist

- [ ] Use seniorcare.services to find communities by state and city
- [ ] Call 4–6 places to check availability, pricing and whether they can meet the care needs
- [ ] Tour your top 2–3 with the checklist in Chapter 5
- [ ] Check each one's state license and inspection reports

Week 4 — Decide and plan the move

- [ ] Revisit your favorite, ideally at a mealtime or in the evening
- [ ] Review the contract and fee schedule with someone you trust
- [ ] Agree a move-in date and plan what to bring
- [ ] Schedule support for yourself, too — the first weeks are the hardest

Important documents to gather

Communities, doctors and benefit programs will ask for many of these. Collecting them now saves weeks later.

- [ ] Durable power of attorney for finances
- [ ] Health care proxy / medical power of attorney
- [ ] Living will or advance directive (and any POLST/MOLST form)
- [ ] Photo ID, Social Security card and Medicare card
- [ ] Medicaid, supplemental or Medicare Advantage cards
- [ ] Long-term care or life insurance policies
- [ ] VA discharge papers (DD-214), if a veteran
- [ ] Recent tax return and bank statements
- [ ] Current medication list with doses
- [ ] Doctors' names and contact details
- [ ] Recent physical exam and TB test (many communities require them)
- [ ] Contact list for family and emergency contacts

Compare senior care near you

Browse thousands of communities across all 50 states and D.C., with pricing guidance, care types and state-specific advice:

Assisted living · Memory care · Independent living · Respite care · More free guides

HELPFUL RESOURCES

Where to get free, trusted help

Resource	What it helps with
Eldercare Locator 1-800-677-1116	Finds your local Area Agency on Aging for needs assessments, in-home services, caregiver support and benefits counseling
Medicare.gov 1-800-633-4227	Coverage rules, costs, and Care Compare ratings for nursing homes and home health agencies
ACL long-term care planning	Federal guide to planning and paying for long-term care
Long-term care ombudsman	Free advocates for residents of nursing homes and assisted living
BenefitsCheckUp (NCOA)	Screens for benefits that help pay for food, medicine, health care and housing
VA Aid and Attendance 1-800-827-1000	Pension benefits for eligible veterans and surviving spouses who need care
Alzheimer's Association 24/7 Helpline: 1-800-272-3900	Dementia care options, support groups and a round-the-clock helpline
ARCH National Respite Network	Finding respite care and support for family caregivers

Sources

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- 2026 Annual Report of the Boards of Trustees of the Medicare Trust Funds (2027 Part B projections)
- CMS, 2027 Medicare Part D redesign program instructions (Part D out-of-pocket cap)
- Social Security Administration, *Social Security Announces 3.6 Percent Benefit Increase for 2027* (October 14, 2026) — ssa.gov
- Medicare.gov, coverage pages for skilled nursing facility care, home health services and hospice — medicare.gov
- AARP Public Policy Institute, family caregiver out-of-pocket costs research (2026) — aarp.org
- Justice in Aging, *H.R. 1 reduces Medicaid retroactive eligibility starting in 2027* — justiceinaging.org

IMPORTANT

This guide provides general information only and is not legal, financial or medical advice. Costs, benefit amounts and program rules change and vary by state. Always confirm details with the provider, your state agency or a qualified professional before making decisions. SeniorCare.Services is an independent directory and does not provide care.

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