

Care options

It is often difficult to decide which type of care is best for a person living with Alzheimer's or another dementia. How much care is needed depends on how independently the person can perform everyday tasks. For example, he or she may need help with some of the following:

- Using the phone.
- Shopping.
- Paying bills.
- Cleaning.
- Meals.
- Laundry.
- Transportation.
- Taking medication.

He or she may also need help with personal care, such as:

- Bathing.
- Toileting.
- Dressing.
- Getting in and out of bed.
- Eating.
- Grooming.

There are several care options. The following information explains which services are provided under specific types of care and who is responsible for the costs. "Private pay" indicates care that is paid for by the person living with dementia or whoever is financially responsible for his or her care. It is important to note that Medicare does not cover non-medical expenses related to daily living. For more information about Medicare coverage, visit alz.org/medicare or medicare.gov.

Home care and community services.

Many communities offer low cost or free-of-charge services to seniors and individuals with disabilities. In some cases, veterans benefits will cover these services. Home and community services include:

- Meals on Wheels (offered locally through the Area Agency on Aging).
- Transportation (offered locally through the Area Agency on Aging).
- Personal care.
- Chore services.
- Legal aid services.
- Home repair.
- Activities in senior centers.

Home health care.

Home health services include intermittent skilled nursing care, physical therapy, speech-language pathology services, continued occupational services and more. Eligible costs are covered by Medicare and Medicaid, and may be covered by certain veterans benefits. Note: Medicare does not cover 24-hour home care, home-delivered meals, homemaker services or personal care. Home health care generally requires a prescription from a physician.

Adult day services.

These community programs offer care, meals and activities for frail, cognitively impaired and disabled adults in safe settings. Adult day services are usually open on weekdays only, although some programs also have evening and weekend hours. Costs are private pay, but some may be covered by Medicaid or veterans benefits.

Independent living.

Independent living offers private apartments or small free-standing houses inside a community. Group activities and transportation services may be offered. Residents must provide their own cleaning and home health services. Costs are covered by private payment.

Board and care.

Board-and-care homes, often remodeled single-family homes, house two to 20 individuals who need daily supervision and personal care to ensure safety and health. Medical care is limited. Costs may be covered by Supplemental Security Income (SSI), veterans benefits or private payment.

Assisted living.

Assisted living residences offer many services. Service plans are established for each resident, and these plans change over time. The federal government does not regulate assisted living; each state has its own rules. In most states however, an assisted living center must offer:

- 24-hour staff for safety and emergencies.
- Personal, health and social services.
- Activities.
- Meals.
- Housekeeping and laundry.
- Transportation.

Coverage for assisted living varies — most accept only private insurance or private pay. However, in some states, Medicaid will cover assisted living and other home care services.

Continuing care retirement community.

Some continuing care retirement communities offer care for the rest of a person's life. A life-care contract is signed, which adds services over time, if necessary. These services are the same as those provided by independent living, assisted living and skilled nursing facilities. Costs are covered by private pay. Other continuing care retirement communities offer different levels of care and may accept Medicaid, Medicare or private insurance for certain services.

Skilled, rehabilitative and long-term care residences

Skilled, rehabilitative and long-term care residences provide a full array of health care assistance and include all meals. They offer short- or long-term care. Short-term care provides residential care and assistance for people recovering from surgery, illness or injury. Long-term care offers services to those who require custodial services over a longer period of time to prevent more rapid decline. Eligible skilled and rehabilitative services are covered by Medicare, Medicaid, etc., depending on the specific situation of the resident. Note: Medicare does not cover custodial, long-term care that is typically required for individuals living with Alzheimer's.

Home and community-based services (HCBS) waiver

Home and community-based services (HCBS) waivers are offered in some states to help meet the needs of people who prefer to receive long-term care services in their home or community rather than in an institutional setting. In states that offer HCBS Waivers, Medicaid will cover care for daily activities. To find out if your state offers HCBS Waivers, visit [medicaid.gov/medicaid/hcbs](https://www.medicaid.gov/medicaid/hcbs).

Resources

[alz.org/medicare](https://www.alz.org/medicare)

[Original Medicare: An outline of benefits](https://www.alz.org/media/Documents/alzheimers-dementia-medicare-benefits-outline-ts.pdf)

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