

A free guide from Lilicity

Choosing a Nursing Home

A practical guide for families, for short-term rehab after a hospital stay and for long-term nursing home care. With Medicare basics, checklists and a worksheet.

How to use this guide

Many families face this choice in a hurry. A parent is in the hospital, the team says they can't go straight home, and you are asked to pick a nursing home within a day or two.

This guide covers both kinds of nursing home stay: short-term rehab after a hospital stay, and long-term care for someone who needs nursing care every day. It explains what Medicare pays for, how to check quality quickly, and how to speak up for your parent once they move in.

The hospital needs an answer this week? Read pages 4 and 5 first, then use the questions on page 10 when you call.

1	Rehab or long-term care	3
2	When the hospital needs a decision	4
3	What Medicare covers	5
4	When Medicare stops paying	6
5	What it costs	7
6	Paying for long-term care	8
7	Checking quality	9
8	Questions to ask	10
9	Tour checklist	11
10	Warning signs	12
11	Comparison worksheet	13
12	Being an advocate during the stay	14
13	Planning what comes next	15

Two very different kinds of stay

Nursing homes care for two groups of people. Knowing which group your parent is in shapes everything else, including who pays.

Short-term rehab

- Usually follows a hospital stay for a fall, surgery, stroke or serious illness
- Daily physical, occupational or speech therapy
- Skilled nursing, such as IV medicines or wound care
- The goal is to get strong enough to go home or to a lower level of care
- Medicare Part A may pay for a limited time (page 5)

Long-term care

- For people who need nursing care around the clock, for months or years
- Help with bathing, dressing, eating, using the toilet and medications
- Nurses on site, and a doctor who oversees care
- Paid from savings, Medicaid, insurance or the VA
- Medicare does not pay for this kind of care

One building, two kinds of stay

Many nursing homes offer both. A rehab stay can turn into long-term care if recovery stalls. Ask early how the home handles that change, whether your parent would need to move to a different room, and whether the home accepts Medicaid.

Other places a hospital may suggest

Option	Usually a fit when
Home with home health care	Your parent can be safe at home with visits from a nurse or therapist, and family or paid help fills the gaps
Inpatient rehab facility	Your parent can handle more intensive therapy than a nursing home usually provides
Long-term care hospital	Medical needs stay complex for a long time, such as extended breathing support
Assisted living	Daily help is needed, but skilled nursing every day is not

Choosing well in a few days

Hospitals often give families very little time. You can still make a good choice if you take these steps in order.

1

Ask for the case manager or social worker

Ask when discharge is planned, what care the team recommends, and why.

2

Ask whether your parent is an inpatient or under observation

Ask every day. It can decide whether Medicare pays for the nursing home.

3

Ask for the list

The hospital must give you a list of Medicare nursing homes that serve the area you choose. You have the right to choose among them, and the hospital must help you compare them using quality information.

4

Check each home on Care Compare

Look up the star ratings, inspection results and staffing at [medicare.gov/care-compare](https://www.medicare.gov/care-compare). Page 9 shows what to look at.

5

Call your top three

Ask if they have a bed, take your parent's insurance, and can meet their needs. Use the questions on page 10.

6

Visit if you can, even briefly

Twenty minutes in the building tells you a lot. If you can't go, ask a relative or friend nearby to visit with the checklist on page 11.

If your parent has a Medicare Advantage plan

Ask which homes are in network and whether the plan must approve the stay.

If the discharge feels too soon or unsafe

Say so to the case manager in those words. You can ask for a fast appeal. Hospital inpatients get a notice called "An Important Message from Medicare." Follow its directions no later than the day of discharge, and your parent can stay while an independent reviewer decides. More help: lilisity.com/resources/unsafe-discharge-medicare-fast-appeal

Medicare and short-term rehab

Medicare Part A can pay for a stay in a skilled nursing facility (the Medicare term for nursing home rehab) for a limited time. All of these must be true.

- Your parent was admitted to the hospital as an inpatient for at least 3 days in a row. The day of admission counts. The day they leave does not.
- They move to the nursing home within a short time after the hospital, generally 30 days.
- A doctor says they need skilled nursing or therapy every day.
- The nursing home is certified by Medicare, and they have days left in their benefit period.

Days in the nursing home	Your parent pays (2026)	Details
Days 1 to 20	\$0 a day	After the Part A deductible of \$1,736. It isn't charged again if it was already paid for the hospital stay in the same benefit period.
Days 21 to 100	\$217 a day	Many Medigap (supplement) policies help pay this. Check the policy.
Day 101 and after	All costs	Part A covers up to 100 days in each benefit period.

Watch for observation status

A night in a hospital bed can still be outpatient care. Time "under observation" or in the emergency room before admission does not count toward the 3 days, even overnight. If your parent has been under observation for more than 24 hours, the hospital must give them a notice called the MOON. Ask the doctor whether an inpatient admission is appropriate.

Up to 100 days is a limit

Medicare pays only while daily skilled care is needed. Many rehab stays end well before day 100. Skilled care to keep someone from getting worse can count, as well as care that helps them improve.

Benefit periods

A benefit period starts when your parent is admitted to a hospital or skilled nursing facility. It ends after 60 days in a row with no inpatient hospital or skilled nursing care. Some Medicare Advantage plans and doctor groups can waive the 3-day rule. Ask.

Source: medicare.gov, Skilled nursing facility care and Inpatient or outpatient hospital status, checked October 2026.

When rehab coverage ends

Medicare does not pay for long-term custodial care. That is help with everyday tasks, such as bathing, dressing, eating and using the toilet, when that help is the main thing someone needs. Medigap policies don't pay for it either.

When the nursing home decides your parent no longer needs daily skilled care, Medicare coverage ends. Your parent can stay, but someone else has to pay.

The notice and your right to a fast appeal

1

Look for the "Notice of Medicare Non-Coverage"

The nursing home should give it at least 2 days before covered care ends. If you don't get one, ask for it.

2

Decide quickly whether to appeal

If you think your parent still needs skilled care, follow the directions on the notice no later than noon the day before the end date.

3

An independent reviewer decides

The reviewer, called a BFCC-QIO, looks at the records and asks for your side. It usually decides by the end of the day after it has what it needs.

4

Ask for the reasons in writing

The nursing home must give you a "Detailed Explanation of Non-Coverage." Talk with the therapists about what progress they have seen.

If your parent will stay long-term

Ask the business office for the private-pay rate, whether your parent would change rooms, and how to apply for Medicaid. Applications take time, so start early if savings will run low. Page 8 explains the basics.

Free Medicare counseling

Your State Health Insurance Assistance Program (SHIP) gives free, unbiased help with Medicare coverage and appeals. Find yours at shiphelp.org.

Source: [medicare.gov](https://www.medicare.gov), Long-term care, Skilled nursing facility care and Fast appeals, checked October 2026.

What families pay

In our data, nursing homes cost about twice as much as assisted living. Prices vary a lot by state, by city, and by whether the room is private or shared.

\$9,100/month

Median private-pay rate, about

Across about 1,600 nursing homes. Half fall between about \$7,450 and \$12,300 a month.



Source: Lilisity review of private rates published by five states (Connecticut, Florida, Illinois, Minnesota and North Dakota) and nursing home websites, October 2026. Most of these prices come from those five states, so rates where you live may be higher or lower.

Usually included in the daily rate

- Room, meals and snacks
- Nursing care around the clock
- Help with bathing, dressing and eating
- Housekeeping and laundry
- Activities

Charges to ask about

- Private room versus shared room
- Therapy after Medicare ends
- Medications and pharmacy charges
- Incontinence supplies
- Hair care, phone, cable and personal items
- Holding the bed during a hospital stay

Compare daily and monthly prices

Many nursing homes quote a daily rate. Multiply it by 30 to compare it with a monthly figure. Ask for every charge in writing.

Be careful what you sign

A nursing home that takes Medicare or Medicaid may not require a family member to guarantee payment as a condition of admission or of staying. It can ask someone who manages your parent's money to use your parent's funds to pay. Read the admission agreement before signing, and ask about any line that makes you personally responsible.

Paying for a long stay

Most families start by paying from savings and income. When savings run low, Medicaid can help pay for long-term nursing home care.

Medicaid, in plain terms

- **Who qualifies.** People who need nursing home care and meet their state's income and asset limits. Each state sets its own rules. Many people qualify after their savings are spent on care.
- **The look-back.** The state reviews gifts and transfers made in the 5 years (60 months) before the application. Giving money away, or selling something for less than it's worth, can delay coverage.
- **Protection for a spouse at home.** If one spouse needs nursing home care and the other stays home, federal rules protect part of the couple's savings and some income for the spouse at home.
- **After death.** States try to recover what Medicaid spent on nursing home care from the person's estate, with some exceptions.
- **Before you move money.** Talk with an elder law attorney before giving gifts, adding names to accounts or selling a home. Your Area Agency on Aging can point you to one.

Long-term care insurance

Check the daily benefit, the waiting period before payments start, and whether the policy covers nursing homes. Call the insurer early. Claims take paperwork.

Veterans benefits

The VA offers nursing home care in its own Community Living Centers, contracted community nursing homes and State Veterans Homes. Eligibility depends on income and service-connected disability. Ask a VA social worker.

Free help is available

Your Area Agency on Aging gives free advice on benefits and local options. Find yours through the Eldercare Locator at eldercare.acl.gov or 1-800-677-1116.

Sources: [medicaid.gov](https://www.medicaid.gov) (spousal impoverishment); Social Security Act section 1917, 42 U.S.C. 1396p (look-back); [va.gov](https://www.va.gov). Checked October 2026.

Look before you choose

Every nursing home that takes Medicare or Medicaid is inspected, and the results are public. Medicare's Care Compare puts most of what you need in one place.

On Care Compare ([medicare.gov/care-compare](https://www.medicare.gov/care-compare))

Each home gets an overall rating from 1 to 5 stars, plus separate star ratings in three areas.

Rating	What it shows	What to look for
Health inspections	Problems state inspectors found on site visits and complaint investigations	Serious or repeated problems, and harm to residents
Staffing	Nurse and aide hours per resident each day, staff turnover and weekend staffing	Registered nurse hours, high turnover, and thin weekend staffing
Quality measures	Results for short-stay (rehab) residents and long-stay residents	For rehab, how many people went home and how many went back to the hospital. For long-term care, falls with injury and pressure sores.

Reading an inspection report

- Open the full report for each home. It lists each problem the inspectors found and how many residents it affected.
- Look for problems that showed up in more than one inspection, and for complaint inspections.
- Ask the home about anything that worries you, and what it changed. Residents have the right to see the most recent inspection results and the plan of correction.
- Your state health department may also post reports. Search your state's name plus "nursing home inspection reports."

Stars are a starting point

Medicare itself cautions that no rating covers everything. Because visits help residents, a home close to family can be a better choice than a higher-rated one far away. Call your Long-Term Care Ombudsman and ask what they can share about the homes on your list.

Source: cms.gov, Five-Star Quality Rating System, checked October 2026.

Questions to ask every home

Staffing

- How many residents does each aide care for on days, evenings and nights?
- When is a registered nurse in the building?
- How long have the administrator and director of nursing been here?
- How much do you rely on agency (temporary) staff?

Therapy

- How many days a week, and how long each day, will my parent get therapy?
- Are therapists on staff, and do you have therapy on weekends?
- How do you decide when therapy ends?

Doctors and medical care

- Which doctor will oversee my parent's care, and how often do they visit?
- Can my parent keep their own doctor?
- Can you handle their needs (dialysis, oxygen, IV medicines, wound care, dementia)?
- How often do residents go back to the hospital, and why?

Care plans and communication

- When is the first care plan meeting, and can family join by phone?
- Who is my main contact, and how do I reach a nurse at night?
- How will you tell me about falls, illness or a change in condition?

Falls and infections

- What do you do to prevent falls, and what happens after one?
- How do you prevent and track infections?
- How do you prevent pressure sores for people who stay in bed?

Money and the long term

- Do you take my parent's Medicare plan and supplement?
- Do you accept Medicaid, and can my parent stay if they switch to it?
- What is the private-pay rate, and what costs extra?
- What is your bed-hold policy during a hospital stay?

Ask for it in writing

Ask for the admission agreement, the list of extra charges and the most recent inspection report. Read them before you sign, even if the hospital is in a hurry.

What residents and families tell us

In 16,397 Senior Living Alliance phone interviews (all care types, September 2025 to September 2026), 15% of the 22,911 concerns raised were about communication from management. Ask how each home keeps families informed.

What to notice on a visit

Print one copy for each home. Visit at a meal, or in the evening, if you can.

Nursing home _____ Date _____

Staff

- ☐ Staff knock, introduce themselves and call residents by name
- ☐ Call lights are answered quickly
- ☐ Aides seem patient, even when busy
- ☐ You met the director of nursing or the administrator

Building

- ☐ Clean, with no strong urine smell
- ☐ Hallways are clear, with handrails
- ☐ Hand sanitizer and gloves are in use
- ☐ A quiet place for family visits

Therapy

- ☐ The therapy gym is busy and well equipped
- ☐ Therapists explained a typical week
- ☐ Residents practice walking and daily tasks
- ☐ Therapy happens on weekends too

Residents

- ☐ Residents are dressed, clean and out of bed during the day
- ☐ People get help eating when they need it
- ☐ Residents look comfortable and engaged
- ☐ No one is left calling out for long

Room

- ☐ Space for a chair, photos and personal things
- ☐ Call button within reach of the bed and toilet
- ☐ Privacy curtain in a shared room
- ☐ Window and good light

Your overall feeling

- ☐ Your parent would be treated with respect here
- ☐ You could visit often
- ☐ Your questions got straight answers
- ☐ No one pressured you to sign

Reasons to keep looking

One of these alone may have a good explanation. Ask about it. Several together are a reason to choose another home if you can.



One or two stars for health inspections, or serious problems that came back in later inspections.



Call lights ringing with no one coming. Residents waiting a long time for help with the toilet or water.



Strong odors or residents left unwashed. On a scheduled visit, the building should look its best.



Many residents in bed or in hallways all day, with little activity or conversation.



Frequent changes in leaders, such as several administrators or directors of nursing in a short time.



Vague answers about therapy, staffing or Medicaid. You should get clear answers about how much care your parent will get.



Pressure to sign as a guarantor or to sign papers before you can read them.



You aren't welcome to visit again. A good home lets families stop by at different times of day.

Compare side by side

Fill this in after each call or visit, while it's fresh.

	Home 1	Home 2	Home 3
Name			
Bed available (date)			
Takes our Medicare plan			
Accepts Medicaid			
Stars: overall / inspections / staffing			
Therapy days per week			
Private-pay rate			
Can meet medical needs			
Staff (1 to 5)			
Cleanliness (1 to 5)			
Distance from family			
Inspection concerns			
Overall feeling			

Stay close and speak up

Medicare notes that family visits can improve a resident's care. You also know your parent best.

The care plan

- A basic care plan must be in place within 48 hours of admission.
- A full assessment follows within 14 days, and the full care plan within 7 days after that.
- Your parent has the right to take part in planning their care and to choose who joins. Ask to be invited to every care plan meeting.
- A doctor must see your parent at least every 30 days for the first 90 days, then at least every 60 days.

Everyday habits that help

- Visit at different times, including meals and evenings.
- Keep a notebook of names, dates and what you were told.
- Raise small problems early with the charge nurse, then the director of nursing.

Your parent's rights

- To choose their own doctor
- To have visitors of their choosing, at the times they choose
- To be fully informed about their health and take part in their care plan
- To voice complaints without fear of punishment
- To see the latest inspection results
- To written notice at least 30 days before a discharge, with some exceptions such as urgent medical needs
- To written bed-hold information before a move to the hospital

The Long-Term Care Ombudsman

Every state has one. It helps residents and families solve problems with care, rights and discharges, for free and in confidence. Find yours through the Eldercare Locator, 1-800-677-1116.

Sudden confusion is a medical warning sign

New confusion after a hospital stay can be delirium. Tell the nurse right away.

lilicity.com/resources/sudden-confusion-older-adult-delirium

Sources: 42 CFR 483.10, 483.15, 483.20, 483.21, 483.30; ltcombudsman.org.

Leaving rehab safely

Planning for discharge should start in the first week. Ask at the first care plan meeting what the goal is, and when the team expects your parent to be ready.

1

Agree on where your parent will go

Home, home with more help, assisted living, or a long-term bed in the same home. Ask the team what level of help they will need each day.

2

Get the home ready

Ask whether a therapist can review the home for safety, and what equipment is needed, such as a walker, shower chair or hospital bed.

3

Line up help

Ask the social worker to set up home health care if needed, and decide who in the family covers which days.

4

Review every medication

Ask which medicines changed, stopped or started, and why.

Before your parent leaves

- | | |
|---|---|
| ☐ Written discharge instructions | ☐ Equipment delivered and set up |
| ☐ An updated medication list | ☐ Prescriptions filled |
| ☐ Follow-up visit with their doctor booked | ☐ Who to call with problems at night |
| ☐ Home health start date confirmed | ☐ Warning signs to watch for |

If home isn't safe anymore

Some people need more help than family can give, even after rehab. Assisted living or long-term nursing home care may be the next step. Your Area Agency on Aging can explain local options, and Lilisity can help you compare communities. lilisity.com/resources/having-conversation-about-senior-care

We're here to help

Lilicity is a free directory of more than 57,000 senior living communities across the United States. If you have a question, or you'd like help finding communities that fit your needs and budget, reply to the email this guide came with.

Search communities, read our guides and print more checklists at lilicity.com.



This guide is general information and is not medical, legal or financial advice. Prices and program rules change; confirm details with each community and program. Lilicity is part of Senior Living Alliance. © 2026 Senior Living Alliance.