A free guide from Lilisity

Choosing Memory Care

A practical guide for families of a parent living with dementia, with questions, tour checklists and what to expect in the first weeks.

Start here

How to use this guide

If your mom or dad is living with dementia, you may be facing this choice sooner than you expected. This guide walks through it in order, from what memory care is to the first weeks after a move.

Read the first few sections before you call any communities. The questions, tour checklist and worksheet near the back are made to be printed and carried with you. The last section is for you, the person doing the caring.

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Care built around dementia

Memory care is a type of senior living for people with Alzheimer's disease or another form of dementia. It offers the daily help of assisted living, plus a secured setting, staff trained in dementia care, and a day planned around what the person can still enjoy.

Some memory care communities stand on their own. Many are a separate wing or floor inside an assisted living community, and some are inside a nursing home or a larger retirement campus.

	Assisted living	Memory care	Nursing home
Who it's for	People who need daily help but can get around and make most choices	People with dementia who need supervision to stay safe	People who need nursing care around the clock
Doors and exits	Residents come and go	Secured, so residents can't leave alone	Varies; some have secured dementia units
Staff	Caregivers 24 hours; nurse hours vary	Caregivers 24 hours, with dementia training; nurse hours vary	Licensed nurses 24 hours
Daily life	Residents choose their own activities	Staff lead a structured day with small-group activities	Built around medical care and therapy
Who regulates it	Your state	Your state, often with extra rules for dementia care	Your state and the federal government

Dementia is a range

Some people with early memory loss do well in assisted living for a while, especially if they don't wander and can follow a routine with reminders. Memory care is usually the better fit when safety, confusion or behavior changes need someone watching all day and all night. A community's nurse can assess your parent and tell you which level they would place them in.

More help: lilisity.com/resources/alzheimers-disease-and-dementia-101-basics-family-caregiver

When home is no longer safe

Most families keep their parent at home as long as they can. These are the changes that most often lead families to memory care. If several sound familiar, start looking now, while you still have time to compare.

Safety

- Leaving the stove on, or the door unlocked at night
- Falls, or getting up at night confused
- Missed, doubled or refused medications
- Scams, unpaid bills or strange purchases
- Getting lost while driving or walking

Wandering

The Alzheimer's Association says six in 10 people living with dementia will wander at least once, and many do so repeatedly. One episode of being found outside, or a call from a neighbor or the police, is a strong signal.

Sundowning and nights

Many people with dementia become more confused, anxious or restless in the late afternoon and evening. This is called sundowning. When it keeps the household up night after night, home care gets very hard to sustain.

Caregiver strain

- You or another family member can't sleep through the night
- Your own health, job or marriage is suffering
- Personal care, such as bathing or toileting, has become a struggle
- Your parent is lonely, bored or frightened at home

> **Rule out a sudden cause first**
>
> Confusion that appears over hours or days can be a sign of delirium, often caused by an infection, dehydration or a new medication. Call the doctor right away. A doctor can also do a full cognitive assessment and help you plan care, and Medicare Part B covers a separate visit for this. lilisity.com/resources/sudden-confusion-older-adult-delirium

If family members don't agree on what they're seeing: lilisity.com/resources/sibling-sees-decline-others-dont

What makes it different

A good memory care community is designed so residents can move around freely and safely, with familiar faces and a predictable rhythm to the day.

A secured setting

Exits are locked or alarmed, often with a keypad. Residents can still walk the halls and use an enclosed garden or courtyard.

Smaller groups

Many communities split residents into small "households" or neighborhoods, each with its own living room, dining area and regular staff.

Trained staff

Caregivers learn how to calm distress, help with eating and bathing, and respond to behaviors with patience. Training rules vary by state.

A structured day

Meals, activities and rest happen at the same times each day. Routine lowers anxiety and helps residents know what comes next.

What a day might look like

Morning	Help waking, dressing and bathing at each person's pace. Breakfast in a small dining room.
Late morning	Gentle exercise, music, or simple chores like folding towels or watering plants.
Midday	Lunch, with staff helping anyone who needs cues or help eating.
Afternoon	Quiet time, then a small-group activity, a walk in the garden, or a visit from family.
Evening	An early dinner, calm music, softer lighting and extra staff attention as sundowning sets in.
Night	Staff awake and checking on residents, helping anyone who gets up.

Ask about nights before you choose: lilisity.com/resources/memory-care-night-questions

What families pay

Memory care costs more than assisted living because it takes more staff and a secured building. Here is what memory care communities post on their own websites.

$6,655/month

Median starting price

Across 1,731 memory care communities that publish a starting price. Half fall between $5,410 and $8,070.



How it compares

Median monthly starting price by type of community



Source: Lilisity review of community websites, October 2026. Starting prices are usually for the smallest apartment before care charges, so most families pay more. *Nursing home private rates come mostly from five states that publish them (Connecticut, Florida, Illinois, Minnesota and North Dakota), plus nursing home websites.

Questions about price

- Is care included, or charged by level?
- What raises the care level later?
- Private or shared room prices
- One-time community or move-in fee
- Incontinence care and supplies
- Yearly increases for the last three years

5 · Ways to pay

Paying for memory care

Most families pay from savings, income and the sale of a home. A few programs can help. Some take months to set up, so start early.

Medicare

Medicare doesn't pay for long-term care, including room, board and daily help in memory care. It still covers doctor visits, hospital stays, prescriptions (with Part D) and hospice, the same as at home.

Medicaid

Medicaid pays for long-term nursing home care for people who qualify in their state. Many states also help pay for care services in assisted living or memory care through waiver programs. Room and board usually isn't covered, there can be waitlists, and not every community accepts Medicaid.

Long-term care insurance

Many policies cover memory care. A dementia diagnosis often meets the policy's trigger for benefits. Check the daily benefit, the waiting period and what paperwork the community must send.

Veterans benefits

Wartime veterans and surviving spouses with limited income who need help with daily activities may qualify for the VA pension with Aid and Attendance. Apply at va.gov or with a free accredited representative.

Hospice in memory care

Medicare's hospice benefit can be used where your parent lives, including assisted living, memory care or a nursing home. It covers the hospice team, supplies and comfort medications. It doesn't cover room and board, so the monthly rent continues.

Get free advice before you spend down

Your State Health Insurance Assistance Program (SHIP) gives free, unbiased Medicare counseling (shiphelp.org). Your Area Agency on Aging can explain local benefits. If Medicaid may be needed later, talk with an elder law attorney before moving money or selling a home. More help: lilisity.com/resources/does-medicare-pay-for-assisted-living

Get ready for the first visit

A little preparation helps you see past the lobby and notice what your parent's days will really be like.

1. **Write a short care summary**
   Diagnosis, medications, mobility, sleep, what upsets your parent, what soothes them, and any wandering or falls. Communities will ask for this.

2. **Gather the paperwork**
   Find the power of attorney for health care and finances. If these don't exist yet, ask an elder law attorney soon.

3. **Call three to five communities**
   Ask about openings, starting prices, and whether they can care for your parent's needs today and as dementia progresses.

4. **Read the state inspection report**
   Look for serious problems and whether they were fixed.

5. **Tour at different times**
   Visit once at a meal and once in the late afternoon, when sundowning is most common.

What residents and families tell us

Senior Living Alliance, the company behind Lilisity, talks with residents and families by phone, including 2,937 interviews in memory care over the past year. Across all care types, staff came up in 83% of 4,207 positive comments. When people raised concerns about care, the common themes were communication with family, attentiveness, medication management, responsiveness and staffing.



Share of positive comments mentioning each topic. Source: Senior Living Alliance phone interviews with residents and families at member communities, September 2025 to September 2026.

Staffing, training and daily care

Ask for numbers and examples. A clear answer sounds like "three caregivers for 16 residents at night."

Staffing

- How many caregivers work in memory care during the day, the evening and overnight, and for how many residents?
- Do memory care staff stay in memory care, or are they shared with other parts of the building?
- Is a nurse on site, and during which hours? Who is on call at night?
- How long have the memory care director and most caregivers worked here?

Dementia training

- What dementia training does each caregiver get before working alone, and every year after?
- Who teaches it, and does it include hands-on practice?
- What does your state require for memory care, and how do you go beyond it?

Daily life

- Can I see this week's activity calendar? Who leads activities on evenings and weekends?
- How do you get someone involved who doesn't want to join in?
- How do you help residents who need cues or help eating? How do you track weight?
- How often can residents go outside?

Medications

- Who gives medications, and what training do they have?
- What happens when a resident refuses a pill?
- How often does a doctor or pharmacist review each resident's medications?
- How do you decide when a medication for mood or behavior is needed, and will you call me first?

Ask a caregiver, too

The sales or marketing director will answer most of your questions. Before you leave, ask if you can talk for a few minutes with a caregiver or the nurse who works in memory care. Ask what a hard day looks like and how the team handles it. Their answers often tell you more than the brochure.

The harder questions

These are uncomfortable to ask on a tour. The answers tell you how long your parent can stay and how they will be cared for as the disease progresses.

Behaviors

- How do staff respond when a resident is agitated, frightened or tries to leave?
- What do you try before medication?
- How do you handle a resident who strikes out at staff or other residents?
- What is your plan for a resident who is up most of the night?

End of life and hospice

- Can residents stay here through the end of life?
- Do you work with outside hospice agencies? Can we choose the agency?
- Can you care for someone who can no longer walk or needs two staff to move?
- Can family stay overnight near the end?

When a resident is asked to leave

- For what reasons can a resident be asked to move out? Ask for the list in writing.
- How much notice do you give, and how can a family appeal?
- If needs go beyond your license, what happens next?
- What happens if savings run out?

Keeping you informed

- Who is my main contact, and how do I reach someone after hours?
- When will you call me about a fall, illness or behavior change?
- How often do we meet to review the care plan?

> **Know your rights before you sign**
> Discharge or eviction is the most frequent complaint ombudsman programs handle in assisted living and similar homes, according to the federal Administration for Community Living. If a community asks your parent to leave and you disagree, call your state's Long-Term Care Ombudsman. Their help is free.

What to notice on a memory care tour

Print one copy for each community. Spend at least 20 minutes just watching.

Community _____ Date _____

Residents

- [ ] Most residents are doing something, with few dozing in front of a TV
- [ ] Residents look clean, dressed and cared for
- [ ] Some residents seem to be at a stage similar to your parent's
- [ ] People seem calm, and distress is noticed

How staff approach residents

- [ ] Staff speak to residents at eye level, by name
- [ ] They approach slowly and from the front
- [ ] They redirect gently, with no arguing or scolding
- [ ] The same caregivers work this area most days

Safety and outdoors

- [ ] Exits are secured and alarmed
- [ ] A secured garden or courtyard residents can use on their own
- [ ] Walking paths that loop back without dead ends
- [ ] Floors are clear, with good lighting

Finding the way

- [ ] Doors have names, photos or memory boxes
- [ ] Bathrooms are easy to spot
- [ ] Layout is simple, with few long hallways
- [ ] The building is quiet, without overhead pages or loud alarms

Meals

- [ ] Staff sit with residents who need help eating
- [ ] Finger foods and simple choices are offered
- [ ] Snacks and drinks are offered between meals
- [ ] The dining room is calm and small

Your overall feeling

- [ ] Your parent seemed at ease
- [ ] You saw a real resident room
- [ ] Questions got clear, specific answers
- [ ] You felt no pressure to sign

Reasons to slow down

One of these alone may have a good explanation, so ask about it. Several together are a reason to keep looking.

- **Residents left idle.** Most people slumped in chairs or in front of a TV with no staff nearby, at a time the calendar says an activity is happening.
- **Staff who talk over residents.** Caregivers who talk about residents in front of them, rush them, or argue with someone who is confused.
- **Vague answers about staffing at night.** No clear number of awake caregivers overnight, or night staff shared with the rest of the building.
- **Frequent use of medication for behavior.** Ask how many residents take medications for mood or behavior, and what else they try first.
- **Unclear move-out rules.** No written list of reasons a resident would have to leave, or answers that change from person to person.
- **Strong odors, noise and clutter.** These suggest care is falling behind, and noise can upset people with dementia.
- **Pressure to sign today.** A good community will give you time, put prices in writing, and welcome you to visit again unannounced.

10 · Comparison worksheet

Compare side by side

Fill this in after each tour, while it's fresh.

	Community 1	Community 2	Community 3
Name			
Monthly cost for our needs			
Move-in fees			
Caregivers at night, per residents			
Nurse hours			
Dementia training			
Residents engaged (1 to 5)			
Staff approach (1 to 5)			
Secured outdoor space			
Help at meals (1 to 5)			
Hospice and end of life			
Reasons a resident must leave			
Inspection report			
Our parent's reaction			
Overall feeling			

Planning a calm move day

A move is hard on anyone, and harder for someone with dementia. Ask the community's staff to help you plan. They have done this many times.

1. **Set up the room first**
   Bring familiar bedding, a favorite chair, photos and a few treasured objects. Arrange them the way they were at home, so the room feels familiar on the first night.

2. **Choose your parent's best time of day**
   For many people with dementia, that is the morning. Avoid late afternoon if they tend to sundown.

3. **Keep the explanation short and calm**
   Long discussions and debates can raise anxiety. Talk with the staff and your parent's doctor ahead of time about what to say, and agree on it as a family.

4. **Keep it small**
   One or two familiar people with your parent. Let others handle the furniture and boxes out of sight.

5. **Plan the goodbye**
   Ask staff to start an activity or meal with your parent, then leave simply, without a long farewell.

Pack and label

- Label clothing, glasses, hearing aids and dentures
- Easy-on clothes, about a week's worth
- Leave valuables and important papers at home

Give staff an "about me" page

- Preferred name, past work, family names
- Daily routine, favorite foods and music
- What upsets them and what calms them

The first weeks

Most new residents need time to settle in. It's common for them to ask to go home, seem more confused, or sleep poorly at first. For many people, this eases as the routine and the faces become familiar.

1. **Ask staff about the timing of visits**
   Some families visit daily from the start. Others space out early visits so their parent can bond with staff. There is no single rule, so ask what the team suggests for your parent.

2. **Keep visits short and pleasant**
   Join an activity, take a walk in the garden, share a snack or look at photos. Plan to leave at a natural break, such as the start of a meal.

3. **When they say "I want to go home"**
   Respond to the feeling behind it. "You miss home. Tell me about it." Arguing or explaining the diagnosis usually makes things harder.

4. **Check in with the care team at two weeks**
   Ask how your parent is eating, sleeping and joining in, and how staff are handling any hard moments.

5. **Hold a care plan meeting around 30 days**
   Review the care level, medications and the bill, and fix small problems before they grow.

> **Know what's normal, and what isn't**
> Some sadness, confusion and restlessness in the first weeks is expected. Call the nurse or your parent's doctor if you see a sudden change, such as new confusion, a fall, not eating, or signs of pain. Sudden changes can be a sign of illness.

More help: lilisity.com/resources/first-weeks-after-move-i-want-to-go-home
Staying close as memory changes: lilisity.com/resources/connecting-loved-ones-memory-loss

You matter in this too

Many families feel guilt, grief and relief all at once after a move to memory care. All of these are normal. Choosing memory care is a way of continuing to care for your parent.

- Let the staff handle the hands-on care, so your visits can be time together.
- Join a support group for dementia caregivers, in person or online.
- Talk to your own doctor if you're not sleeping, eating or coping.
- If your parent is still at home, ask their doctor about respite care and Medicare's GUIDE dementia care pilot, which some practices offer. GUIDE includes a person to help coordinate care, a 24/7 support line, caregiver training and up to $2,500 a year in respite services.

Free help

Alzheimer's Association 24/7 Helpline 800-272-3900	Dementia specialists answer day and night. Help with behaviors, decisions, local support groups and caregiver stress.
Area Agency on Aging eldercare.acl.gov · 1-800-677-1116	Find yours through the Eldercare Locator. Local advice on benefits, respite, caregiver support and care options.
State Health Insurance Assistance Program shiphelp.org	Free, unbiased help with Medicare questions, including hospice and prescription coverage.
Long-Term Care Ombudsman Find yours at eldercare.acl.gov	Free advocates for residents of memory care, assisted living and nursing homes, including help with move-out notices.
Veterans Affairs va.gov	Pension with Aid and Attendance and other benefits for veterans and surviving spouses.

More help: lilisity.com/resources/i-am-now-my-parents-caregiver-help

We're here to help

Lilisity 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 memory care 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 lilisity.com.

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