

Does Medicare cover assisted living?

If you're exploring assisted living options for yourself or a loved one, one of the first questions that likely comes to mind is how the costs will be covered. With assisted living being a significant financial investment, it makes sense that many people wonder if Medicare covers assisted living.

The straightforward answer is that **Medicare does not cover the room, board, or personal care services** that make up the majority of assisted living costs. However, the full picture is a bit more nuanced, and there are some Medicare benefits that may apply in specific situations.

Let's break down what you need to know about Medicare and assisted living, what costs you can expect to handle on your own, and what other options might be available to help manage expenses.

Disclaimer: Kisco communities are private pay. We do not accept insurance or state-funded program support.

What Medicare does and doesn't cover in assisted living

Medicare was designed primarily to cover acute medical care. This may include hospital stays, doctor visits, and specific medical services.

Assisted living, meanwhile, focuses on personal care and daily living support. This is not something that most Medicare plans assist with.

What Medicare doesn't cover

Original Medicare (Parts A and B) does not cover the standard costs of assisted living communities. This means Medicare won't cover your monthly rent, meals, housekeeping, personal assistance with bathing or dressing, medication reminders, or social activities.

These services, while essential for quality of life, don't meet Medicare's definition of skilled medical care.

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Disclaimer: Information provided above may vary by community. We encourage you to speak directly with each Senior Living community to confirm specific details and ensure the community is the right fit for your individual needs and preferences.

What Medicare may still cover

Even though Medicare doesn't cover assisted living itself, you can still use your Medicare benefits for covered medical services while living in an assisted living community.

Medicare Part A (hospital insurance) covers [hospital stays](#). Importantly, it does cover eligible short-term stays in a skilled nursing community after an inpatient hospital stay. After [20 days of care](#), you're responsible for a daily coinsurance amount. After 100 days, you're responsible for paying 100% of the cost out of pocket.

Medicare Part B (medical insurance) covers multiple [critical health services](#). This includes doctor visits, outpatient care, ambulance services, medical equipment, and certain therapies like physical therapy when they're medically necessary. If you receive medically necessary physical therapy at your assisted living community, Medicare may help cover those expenses.

Medicare Part C (Medicare Advantage) plans also don't cover standard assisted living costs, but some plans [might cover specific services](#) that are similar to what assisted living communities offer. This may include help with activities of daily living, transportation to healthcare appointments, or meal coordination and delivery from third-party services.

Medicare Part D covers [prescription medications](#), which you can continue to use regardless of where you live.

Some assisted living communities have relationships with healthcare providers who can deliver Medicare-covered services on-site, such as physical therapy, occupational therapy, or certain nursing services—but only when these meet Medicare's criteria for skilled assistance.

It's important to note that each community may have their own policies around this. Kisco, for example, does not accept Medicare to pay for residents' assisted living.

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Why doesn't Medicare cover assisted living?

Understanding Medicare's perspective helps explain why assisted living falls outside its coverage. Medicare focuses on medically necessary services that require skilled intervention. The daily support provided in assisted living—while valuable and often necessary—is considered personal support rather than medical care.

Medicare distinguishes between "skilled care" (provided by licensed medical professionals) and "custodial care" (help with daily activities). Since assisted living primarily provides custodial services, it doesn't qualify for Medicare coverage.

Alternative ways to fund assisted living

Since Medicare doesn't cover assisted living, it's important to explore other potential funding sources that might help manage costs.

Long-term care insurance

If you have [long-term care insurance](#), this may cover some or all of your assisted living expenses. These policies cover expenses that traditional health insurance and Medicare don't, often including assisted living costs. Policies typically cover a daily or monthly benefit amount for a set period, and coverage usually begins when you need help with at least two activities of daily living.

Veterans benefits

Veterans and their surviving spouses may qualify for [Aid and Attendance benefits](#), which can provide monthly payments to help cover assisted living costs. To qualify, you must have served at least 90 days of active duty with at least one day during a period of war, require assistance with activities of daily living, and meet income and asset limits. The application process can take several months, so it's best to apply as early as possible.

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Medicaid waiver programs

While [Medicaid](#) traditionally covers long-term care communities, most states offer some assistance for assisted living through Medicaid waiver programs. Medicaid may not cover room and board costs, but it could help cover services provided by the community.

To qualify for Medicaid assistance for assisted living, you must meet low income and asset financial eligibility requirements, demonstrate a need for support, and be a resident of the state where you're applying. You can contact your state's Medicaid office for guidance on available programs.

Life insurance policies

Some life insurance policies allow you to access benefits while you're still living if you need long-term care. This might include accelerated death benefits or the option to sell your policy. Two popular [life insurance policy riders](#) that may help are:

- **Accelerated death benefit riders.** These allow you to receive a portion of your life insurance death benefit early if you're diagnosed with a terminal illness or need long-term care. The amount you can access is typically a percentage of your total benefit, and it reduces the death benefit your beneficiaries will eventually receive.
- **Life settlement options.** If you have a permanent life insurance policy, you might be able to sell it to a third party for more than its cash surrender value but less than the death benefit. This can provide immediate funds for assisted living costs.

Family planning and savings

Many families plan for assisted living costs through a combination of personal savings, family contributions, and strategic financial planning. Working with a financial advisor who understands senior living can help you explore options like reverse mortgages or other creative funding solutions.

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Planning ahead for assisted living costs

The key to managing assisted living expenses is planning as far in advance as possible. Understanding the true costs and your available resources helps you make informed decisions about when and where to move.

Understanding the full cost picture

Assisted living costs typically include a base monthly fee covering room, board, and basic services, plus additional fees for extra support or specialized services. Having a clear picture of both the base costs and potential additional expenses helps you budget more accurately.

You can check our [Cost Calculator](#) to get a better understanding of what's included and compare it against your existing costs.

Exploring community options

Different communities have different pricing structures and payment options. Some offer all-inclusive pricing, while others charge à la carte for additional services. Understanding these differences can help you find an option that fits your budget and support needs.

Timing considerations

If you're planning for future needs, starting the conversation about assisted living costs early gives you more time to explore funding options and make financial preparations. Waiting until you need care immediately can limit your choices and options.

Making informed decisions about assisted living

Understanding that Medicare doesn't cover assisted living costs is an important first step in planning for this transition. While it might feel overwhelming initially, many families successfully navigate assisted living funding through careful planning and exploring multiple options.

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The most important thing is to have realistic expectations about costs and available funding sources. This allows you to make decisions based on accurate information rather than hoping for coverage that won't materialize.

If you're considering assisted living, we encourage you to speak with our team about your specific situation. While we can't accept Medicare, we're committed to working with families to explore options and find solutions that work for your unique circumstances.

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