

Business Name: BeeHive Homes of Clovis

Address: 2305 N Norris St, Clovis, NM 88101

Phone: (505) 591-7025

BeeHive Homes of Clovis

Beehive Homes of Clovis assisted living care is ideal for those who value their independence but require help with some of the activities of daily living. Residents enjoy 24-hour support, private bedrooms with baths, medication monitoring, home-cooked meals, housekeeping and laundry services, social activities and outings, and daily physical and mental exercise opportunities. Beehive Homes memory care services accommodates the growing number of seniors affected by memory loss and dementia. Beehive Homes offers respite (short-term) care for your loved one should the need arise. Whether help is needed after a surgery or illness, for vacation coverage, or just a break from the routine, respite care provides you peace of mind for any length of stay.

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2305 N Norris St, Clovis, NM 88101

Business Hours

- Monday thru Sunday: 9:00am to 5:00pm

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Families hardly ever plan for memory care in a neat arc. Requirements shift, signs flare, and budgets strain in manner ins which feel both urgent and open ended. I have sat at lots of kitchen area tables doing the very same math with different families, trying to square security, dignity, and dollars. Fortunately is that expenses are understandable, advantages are navigable with some groundwork, and there are methods to line up care quality with a reasonable budget.

What drives the rate of memory care

Memory care is specialized senior care created for individuals living with Alzheimer's illness and other types of dementia. It costs more than basic assisted living, mostly due to the fact that of staffing ratios, security features, training requirements, and structured programs. Nationally, a private memory care apartment or condo typically runs between 6,000 and 8,500 dollars per month, with some markets as low as 4,500 and others above 12,000. The same neighborhood may have really various rates for comparable systems since prices is tied to the level of care.

Expect two parts to the bill. Initially, a base lease that covers the apartment or condo, meals, activities, and basic assistance. Second, tiered care fees that show just how much hands-on assistance is required. Facilities usually evaluate levels on move-in and once again as abilities alter. Each dive can add 500 to 2,500 dollars regular

monthly. Medication management can be a separate charge, often 300 to 800 dollars depending on the intricacy and number of administrations. Care requires tend to increase in time, so a spending plan that operates in January may need modification by summer.

Regional wages affect the cost. Communities in states with higher minimum earnings or unionized staff generally charge more. Building design also matters. More recent boutique settings with little home models feel pleasant and calm, but those bonus come with a premium. By contrast, bigger neighborhoods can spread out expenses and may provide more versatile rates or promotions.

What you are really paying for

It helps to look beyond the regular monthly figure and break down the worth. Well run memory care delivers three things that are tough to duplicate at home as dementia advances.

- Predictable security. Protected boundaries, delayed egress, and personnel trained to avoid exit looking for lower threat of wandering and injury. The right environment likewise reduces medication use by minimizing triggers for agitation.
- Care continuity. A good team recognizes subtle changes in behavior, hydration, or gait, then changes routines. Early changes suggest less crises and unexpected health center stays, which assists both health and budget.
- Meaningful days. Structured activity is not simply home entertainment. Familiar songs, handwork, and short strolls can secure sleep and cravings, which in turn stabilizes overall health. A stable day is less expensive than a cycle of ER visits and overnight caregivers.

When a household compares the cost of memory care to in-home support, the mathematics should consist of indirect costs. That suggests sleep for a spouse, missed work days for adult children, and the ripple effect of caretaker burnout. The least expensive plan on paper can be the costliest if it breaks a caretaker's health.



Nate Manning

CEO



Darlene Marshall

Administrator



Michael Manning

COO

A quick vignette from practice

A retired instructor with moderate Alzheimer's disease lived at home with her husband, who was reducing weight and oversleeping 2 hour stretches. They had a pension, Social Security, and modest savings. They attempted

weekday home look after eight hours a day, which ran about 7,200 dollars each month in their city. Nights and weekends still fell to him. After a hospitalization for dehydration, they moved to a memory care community with a base lease of 6,800, plus a midlevel care cost of 1,100 and 450 for medications. Their regular monthly expense was 8,350, which at first look appeared greater. Three things changed the equation. He slept through the night, she stopped bouncing in and out of the health center, and he returned to part-time work he took pleasure in. They likewise qualified for a veterans benefit as a surviving spouse, which offset 1,400 dollars monthly. With great tuning and benefits, the memory care strategy ended up being both safer and more sustainable.

Map your budget plan before you tour

You will make better choices with a written standard. Collect monthly earnings sources and repaired costs, then layer prospective care costs on top. If you are helping a parent, file who pays what, since uncertain roles trigger friction later on. I frequently counsel households to plan for a 24 to 36 month runway for personal pay if Medicaid belongs to the long game. Waitlists for Medicaid-willing memory care systems exist, and some communities need a minimum private pay period before converting to Medicaid.

Keep in mind that prices generally rise 4 to 8 percent each year. If a community will cap boosts for a time, or lock the base rate at move-in, that protection has genuine value.

Five numbers to collect before touring

- Monthly earnings from Social Security, pension, annuities, and dividends
- Liquid savings offered without penalties in the next 24 months
- Long-term care insurance daily or monthly benefit, elimination period, and life time cap
- Current in-home care costs, consisting of nights and weekends if needed
- Outstanding financial obligations, plus real estate tax and insurance coverage if a home will be kept

Hidden charges and contract great print

Community costs are common, typically 2,000 to 7,500 dollars, and often flexible or prorated. Ask whether that cost is refundable on a brief stay. Some locations charge a move-in or assessment charge of a few hundred dollars. There might also be charges for incontinence products, escorts to meals, or diabetic care. You need to know if the priced estimate rate consists of throughout the day guidance, or if care beyond a set variety of minutes each day sets off à la carte billing.

Medication management is simple to gloss over throughout a tour, but drug store associated costs accumulate. Will the community use your favored drug store, or are you needed to utilize theirs with a product packaging cost. Who spends for med changes mid cycle. If insulin is involved, ask whether they charge per injection or per day.

Contracts can consist of a thirty days notice provision, which affects refunds if a health center stay leads to a quick transition to experienced nursing or hospice. Some communities charge a second individual cost if a partner resides in the very same unit. If a couple prepares to remain together as one partner's dementia advances, design both scenarios on paper.

What Medicare will and will not cover

Medicare pays for healthcare, not room and board in memory care. It covers physician visits, labs, long lasting medical devices, and hospice. It can spend for up to 100 days in an experienced nursing center after a qualifying hospital stay, although couple of people use the complete advantage. After that, it does not cover residential memory care.

Medicare Advantage plans in some cases consist of extra advantages like short-term individual care, transport, or caregiver assistance services. These can minimize the load in your home or throughout shifts, but they do not replace the monthly expense of dementia care in a house. If somebody is qualified for hospice, the hospice team can bring nursing, assistants, and products into the memory care setting, which can decrease some add-on charges.

How Medicaid fits into memory care

Medicaid is jointly funded by state and federal governments, and rules differ by state. Some states fund memory care in assisted living through Home and Neighborhood Based Solutions waivers. Others do not, or they top the number of slots. States that do cover it usually pay less than personal rates, so communities restrict the variety of Medicaid beds or need a period of private pay first. This is why the 24 to 36 month runway matters.

Financial eligibility is rigorous and includes a five year look-back for property transfers. Gifting cash or selling possessions below market value during that window can trigger a penalty duration. Deal with an elder law lawyer for invest down strategies that abide by guidelines, such as acceptable home modifications, dental work, hearing help, or prepaid funeral arrangements. An effectively prepared caretaker contract can permit a parent to pay an adult child for care in your home before a move, which can be part of a certified invest down.

If the individual with dementia is married, securities exist for the spouse in the house. States allow a Neighborhood Spouse Resource Allowance and a Minimum Month-to-month Maintenance Requirements Allowance so the well spouse is not impoverished. The quantities change each year and differ by state, so verify with your local aging office or an elder law professional.

Veterans benefits that can bridge the gap

Veterans and making it through partners might receive a pension supplement called Aid and Attendance. It is not restricted to service-connected impairments. To certify, the veteran must have served throughout a wartime duration, meet possession and income tests, and require assistance with day-to-day activities or need a protective environment due to dementia.

Monthly advantage quantities alter every year. As a rough guide, a single veteran might receive around 2,000 to 2,300 dollars, a married veteran around [assisted living BeeHive Homes of Clovis](#) 2,300 to 2,700, and a surviving partner around 1,200 to 1,500. These are ballpark figures. The Department of Veterans Affairs sets official Optimum Yearly Pension Rates each year.

Two practical notes: initially, medical expenditures decrease countable income for eligibility, and memory care fees generally qualify. Second, the pension can take months to approve, but retroactive payments prevail back to the application date. Families often use cost savings for a couple of months, then fold in the retroactive deposit to rebuild reserves.

Long-term care insurance coverage, decoded in plain English

These policies help most when you understand the levers. Triggers activate benefits when the insured requirements aid with a minimum of 2 activities of daily living or has a cognitive disability that needs substantial

guidance. Memory care citizens generally satisfy the cognitive criterion once a doctor documents it.

Elimination periods are waiting durations, typically 30 to 90 days, before benefits pay. Some policies count calendar days, others just days when you receive paid care. If it is the latter, a short term plan that includes respite care nights or day-to-day adult day presence can move you through the elimination period faster.

Daily or month-to-month caps matter. A 200 dollar per day cap is 6,000 dollars each month on a 30 day calendar, but some months have 31 days. Policies with month-to-month caps deal with variable month lengths much better. Inflation riders assist older policies equal today's rates. See life time optimums. If a policy has a 200,000 dollar life time pool and you utilize 8,000 dollars monthly, the pool runs for about 2 years and one month.

Finally, compensation policies require evidence of paid care and problem checks after the fact. Indemnity policies pay the full everyday benefit once you qualify, regardless of the invoice. That distinction figures out cash flow in the very first months after a move.

Tax methods that are frequently overlooked

If a doctor accredits that a person with dementia requires substantial supervision and a plan of care exists, many or all of memory care expenses can certify as medical expenses. If you make a list of reductions, medical expenses above 7.5 percent of adjusted gross earnings can be deductible. Families frequently miss this because they presume space and board do not count. In memory care, they often do, offered the primary factor for house is medical.



Adult kids who provide over half of a parent's assistance may be able to claim the parent as a dependent, which can open other tax considerations. The Child and Dependent Care Credit can use to adult day services that enable a caretaker to work, though residential space and board is not qualified. Tax rules shift, so a short consult with a certified public accountant pays for itself.

Home equity, life insurance coverage, and other assets

A settled home is a major tank of care dollars. Selling is straightforward, but not always the best call if a partner remains there. A reverse home mortgage supplies monthly income or a credit line secured by the home. It can cover in-home dementia care or bridge numerous years of memory care without requiring an immediate sale. Fees and interest are real costs, so model the numbers, including what takes place when the customer moves permanently to a facility.

Some life insurance policies can be transformed to pay for senior care. Sped up death benefits or life settlements turn a policy's value into month-to-month payments. These are specialized and typically expensive deals. Always

compare the net profits to simpler options, and be careful about tax results and Medicaid implications.

Annuities can turn a lump amount into a predictable earnings stream. If utilizing annuities as part of Medicaid planning, structure matters. Work with a professional who understands your state's guidelines so you do not unintentionally produce a countable asset.

Respite care and adult day programs as budget tools

Respite care is a brief remain in a memory care neighborhood, generally from a week to a month. It is useful when a caretaker needs surgery, a break, or to test drive a community. The everyday rate is typically higher than the pro rata month-to-month rate, but it includes the same services. A well timed respite can avoid a crisis that would otherwise cause a more expensive, rushed placement.

Adult day programs run on weekdays, with some offering extended hours or weekends. Daily rates frequently range from 70 to 150 dollars, with transportation in some areas. For early to mid stage dementia, adult day paired with targeted home care can delay a move by months or more. It keeps the person engaged and provides caregivers reliable time for work or rest. When a move ends up being necessary, the transition is calmer since the individual is currently used to structured days and brand-new faces.

Negotiating the best fit, not simply the best price

Rates are more flexible than they appear. Neighborhoods run promotions when tenancy dips, especially in bigger structures with numerous communities. Inquire about move-in specials, waived community charges, or base rate locks. Timing matters. End of the month can be better, and late fall in some cases brings incentives.

Here are settlement points that are worthy of airtime during tours

- Will you waive or prorate the community fee, and is it refundable within 30 days
- Can you top annual increases for the first 2 years
- If the care level changes within 60 days, will you hold the original level or change gradually
- Can we utilize our pharmacy, and will you match their product packaging charge if you need bubble packs
- If we include hospice, which present care charges will decrease

A facility that avoids these concerns or buries answers in the agreement is telling you something about future interactions.

Protect quality while seeing the bottom line

There are methods to manage costs without undercutting care. Smaller spaces lower rent, and lots of residents spend the majority of their time in communal areas anyway. Shared suites can save 1,000 to 3,000 dollars monthly, but they work best for individuals who are friendly and not quickly distressed by another individual's rhythms. If roaming or nighttime agitation is prominent, a private unit might avoid disputes that result in add-on staffing fees.

Transportation charges accumulate when families rely on the neighborhood for every single medical visit. Telehealth for regular appointments and bundling specialty visits on one day can cut costs. On the medical side, routine medication reviews prevent polypharmacy, which helps both health and the monthly med management fee.

When home remains the best value

Home can be best for longer than individuals anticipate when 3 conditions hold. Initially, the physical environment is safe, with fall dangers decreased, doors secured, and routines stabilized. Second, caregivers have reputable relief through respite care, adult day, or worked with assistance. Third, agitation, incontinence, or night wandering are manageable without constant dispute. The spending plan should include replacement labor for household care if that member of the family gets ill or needs to take a trip. I push households to price the real plan, not the idealized one.

One caution. When dementia progresses to habits that put others at threat, such as repeated range use, aggressive outbursts, or roaming toward traffic, the tipping point shows up rapidly. A hurried move tends to be more expensive and less notified. Visiting early, even if you do not sign, makes later on decisions calmer.

Build a basic cash flow plan

Turn the planning into a one page tool that you can update every six months. List monthly income on one side and repaired care expenses on the other. Keep in mind the date when a personal policy starts paying, the end of any removal period, and the status of benefit applications like Aid and Presence. Develop a column for anticipated yearly boosts. If cost savings are being drawn down, reveal the glide path month by month. This makes household conversations concrete and goal oriented.

If several siblings are involved, agree on a single point individual for bills and benefits. A lot of hands result in missed out on deadlines and replicate payments. The exact same opts for documentation. Keep the power of attorney, advance directive, insurance policy, and the current care plan in one shared folder, paper and digital.

Red flags that can cost you later

A deal rate is not a bargain if turnover is consistent, firm staffing is the standard, or nurses are thin on the ground. I take note of the energy in the dining-room, not simply the menu. Are people really consuming, and does personnel linger to help. Search for consistent faces over numerous visits at different times of day. If sales promises do not match what you see at 7 p.m. On a Sunday, be careful.

Take a minute with the activity calendar. A full page implies little if the room is peaceful. You wish to see locals participated in ways that match various phases of dementia care. That may mean a small group folding laundry, 2 individuals singing with a team member, and another person strolling a circuit with gentle cueing. Engagement reduces the need for costly one to one staffing.

The role of respite care in testing a community

If you are torn between two locations, set up a brief respite stay in your top choice. Take note of how the team discovers your individual. Do they inquire about regimens, preferred foods, and triggers. How do they communicate with you throughout the stay. If you entrust to clear notes and a settled feeling, that deserves as much as a little cost distinction. If concerns go unanswered, reconsider.



Bringing all of it together

Affording high quality memory care is part math, part timing, and part advocacy. The arithmetic side benefits from early, sincere math and from comprehending how benefits like Medicaid waivers, veterans pensions, and long-term care insurance coverage truly work. The timing side prefers households who tour before a crisis and who utilize respite care or adult day programs to bridge modifications. The advocacy side reveals up in concerns you ask during trips and in the agreements you negotiate.

When you do the develop front, you buy options later. Households who know their numbers, line up advantages, and push for rate protections tend to keep care steady even as requirements grow. That steadiness is what matters. Memory care succeeded is not simply a place. It is an orderly way to cope with dementia that keeps an individual safe, known, and engaged, while keeping the household's financial resources undamaged for the long haul.

BeeHive Homes of Clovis provides assisted living care

BeeHive Homes of Clovis provides memory care services

BeeHive Homes of Clovis provides respite care services

BeeHive Homes of Clovis supports assistance with bathing and grooming

BeeHive Homes of Clovis offers private bedrooms with private bathrooms

BeeHive Homes of Clovis provides medication monitoring and documentation

BeeHive Homes of Clovis serves dietitian-approved meals

BeeHive Homes of Clovis provides housekeeping services

BeeHive Homes of Clovis provides laundry services

BeeHive Homes of Clovis offers community dining and social engagement activities

BeeHive Homes of Clovis features life enrichment activities

BeeHive Homes of Clovis supports personal care assistance during meals and daily routines

BeeHive Homes of Clovis promotes frequent physical and mental exercise opportunities

BeeHive Homes of Clovis provides a home-like residential environment

BeeHive Homes of Clovis creates customized care plans as residents' needs change

BeeHive Homes of Clovis assesses individual resident care needs

BeeHive Homes of Clovis accepts private pay and long-term care insurance

BeeHive Homes of Clovis assists qualified veterans with Aid and Attendance benefits

BeeHive Homes of Clovis encourages meaningful resident-to-staff relationships

BeeHive Homes of Clovis delivers compassionate, attentive senior care focused on dignity and comfort

BeeHive Homes of Clovis has a phone number of (505) 591-7025

BeeHive Homes of Clovis has an address of 2305 N Norris St, Clovis, NM 88101

BeeHive Homes of Clovis has a website <https://beehivehomes.com/locations/clovis/>

BeeHive Homes of Clovis has Google Maps listing <https://maps.app.goo.gl/SMhM3zbKaKgR1UAX6>

BeeHive Homes of Clovis has TikTok page https://tiktok.com/@beehivehomes_clovis

BeeHive Homes of Clovis has Facebook page <https://www.facebook.com/beehiveclovis>

BeeHive Homes of Clovis has Instagram page <https://www.instagram.com/beehivehomesclovis/>

BeeHive Homes of Clovis has an YouTube page <https://www.youtube.com/@WelcomeHomeBeeHiveHomes>

BeeHive Homes of Clovis won Top Assisted Living Homes 2025

BeeHive Homes of Clovis earned Best Customer Senior Service Award 2024

BeeHive Homes of Clovis placed 1st for Senior Living Communities 2025

People Also Ask about BeeHive Homes of Clovis

What is BeeHive Homes of Clovis Living monthly room rate?

The rate depends on the level of care that is needed. We do a pre-admission evaluation for each resident to determine the level of care needed. The monthly rate is based on this evaluation. There are no hidden costs or fees

Can residents stay in BeeHive Homes until the end of their life?

Usually yes. There are exceptions, such as when there are safety issues with the resident, or they need 24 hour skilled nursing services

Do we have a nurse on staff?

No, but each BeeHive Home has a consulting Nurse available 24 – 7. if nursing services are needed, a doctor can order home health to come into the home

What are BeeHive Homes' visiting hours?

Visiting hours are adjusted to accommodate the families and the resident's needs... just not too early or too late

Do we have couple's rooms available?

Yes, each home has rooms designed to accommodate couples. Please ask about the availability of these rooms

Where is BeeHive Homes of Clovis located?

BeeHive Homes of Clovis is conveniently located at 2305 N Norris St, Clovis, NM 88101. You can easily find directions on [Google Maps](#) or call at [\(505\) 591-7025](#) Monday through Sunday 9:00am to 5:00pm

How can I contact BeeHive Homes of Clovis?

You can contact BeeHive Homes of Clovis by phone at: [\(505\) 591-7025](#), visit their website at <https://beehivehomes.com/locations/clovis/> or connect on social media via [TikTok](#) [Facebook](#) or [YouTube](#)

Conveniently located near Beehive Homes of Clovis [North Plains 7 Allen Theatres](#) a great movie theater with full food & drink menu. Catch a movie and enjoy some great food while you wait.