

Mount Sinai Health System
Employee Assistance Program

Elder Care Guide for Caregivers and Beyond



**Mount
Sinai**

Mount Sinai Health System Employee Assistance Program

Upper East Side Location

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Office Hours

Monday – Friday, 9 am – 5 pm

A special thanks to Fay Kahan, LCSW of the Coffey Geriatrics Practice, Ann Rauch, LCSW of the Resource Entitlement Advocacy Program, and Acanthus Fairley, LCSW, Project Coordinator of the Employee Assistance Program at the Mount Sinai Health System, for their assistance in the research and compilation of the information in this guide.

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Introduction



Daniel Hughes, PhD, CEAP
Director
Employee Assistance Program
Mount Sinai Health System

Dear Faculty and Staff:

We are pleased to announce the publication of the Mount Sinai Health System's "Elder Care Guide." It was created as a complement to the Employee Assistance Program's "Child Care Information and Referral Guide." Caring for an elderly friend or relative is complex, challenging, and stressful. Each elder care situation is different and changes over time. There are no "one size fits all" solutions. The guide is designed to assist employees who care for or are concerned about an elderly friend or relative. It contains basic definitions, information, and resources. Please note that contact information will change over time. We will make every effort to keep the Guide current.

As a leader in the fields of geriatrics and social work services, Mount Sinai offers many internal resources. We encourage you to consider them as you develop your particular elder care plan. If you have questions or would like to discuss your concerns with a counselor, please contact the Employee Assistance Program (EAP) at 212-241-8937 to schedule an appointment.

Sincerely,

A handwritten signature in black ink that reads "Daniel Hughes" with a long horizontal flourish extending to the right.

Daniel Hughes, PhD, CEAP

Director, Employee Assistance Program

Mount Sinai Health System

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Aging in Place



Millions of older adults are living longer and more independent lives.

Chances are that the elders in your life may choose to stay at home as they grow older. Home is where they feel most comfortable, and the thought of growing old anywhere else can be frightening.

Many of the apartments or homes that our elders live in may need adjusting to fit their needs, as they were not built for an older person. This is especially true for New York City residents. Slips, falls, and burns are some of the most common accidents involving our elders while they are at home.

In addition to structural and safety concerns, the children, grandchildren, or extended family of elders may not be in close proximity to them. Many older adults live alone and as a result, may become the victims of crimes. Criminals target older people, as they can be isolated. It is increasingly important to make sure that they are safe at home.

Here are some tips to help keep the elder in your life safe at home:

Keep Emergency Numbers Handy

- The names and phone numbers of your elder's reliable family members, friends, doctors, and medical centers should be in plain sight for your elder to call when/if needed.

Safety-Proof Home

- Make sure your elder's hallways, stairs, and paths are well lit and clear of objects.
- If your elder's home has stairs, ensure that the rails and banisters are secure.
- Tape all area rugs to the floor so they do not move when your elder walks on them.

Preventing Falls

- If the elder in your life has trouble with balance or walking or has fallen in the past year, discuss fall-risk assessment with their health care provider.
- You may want to also ask their provider if your elder would benefit from physical therapy and/or occupational therapy to prevent falls.

Avoid Bathroom Hazards

- If your elder's home has a boiler, make sure the water heater is set no higher than 120° F. This can help prevent scalding.
- If balance is a problem for your elder, have grab bars installed in the shower and near the toilet.
- If your elder is having a hard time getting in and out of the tub, or on and off the toilet, ask their provider about a shower tub chair or bench and/or a raised toilet seat.

Protect Against Abuse

- Remind your elder to never allow a stranger into their home when they are alone.
- Add your elder's name to the **National Do Not Call List (1-888-382-1222)**. Speak with them about never taking offers made by telephone salespeople.
- Speak with the elder in your life about not feeling pressured into making purchases, signing contracts, or making donations. It is never rude to wait and discuss the plans with a family member or friend.

Community Support for Your Elder

If the elder in your life chooses to age at home, or in place, it may become evident that additional help must be obtained. Seniors often have a limited number of friends, family members or neighbors who will be willing to help with odds and ends.

Even more important, there may be a limited number of people in their lives who are willing or have the time to provide individualized care. Socialization for your elder is important, as isolation can be detrimental to their physical and emotional well-being.

Below are the kinds of social support that the elder in your life is eligible for:

Informal Community Supports

- **Senior Companion Care Services**

Companion care is primarily emotional support and companionship for elders who are generally healthy and who want to remain independent at home. However, it can also include a range of non-medical services that help make a senior's life more manageable. These services include light housekeeping, assistance with activities of daily living medication reminders, and more. Though companion care focuses on seniors in their homes, it can be provided to those in nursing homes and assisted living facilities.

- **Home Health Aide**

Home health aides provide routine health care such as changing bandages or dressing wounds, and applying topical medications to elderly, seriously ill, or disabled people at home or in a care facility. They monitor or report changes in the health status of a client or patient. They can also offer special care, like bathing, grooming, and dressing the patient and provide services like light housekeeping. The insurance carrier, in addition to a nurse, will decide how many hours the patient is entitled to. The length of time varies depending on the amount of assistance needed, ranging from 4 hours to 24 hours per day. ***Please see our section on Medicare and Long Term Care for further information (p.12).***

Formal Community Supports

Respite Care

Respite care provides temporary relief for a primary caregiver, enabling one to take a much-needed break from the demands of care-giving. Respite care can help ease the burden of family care-giving and provide a welcome change of routine for the person you're caring for. Three forms of respite care are:

- **Social Adult Day Services**

A structured, comprehensive program that provides functionally impaired individuals with socialization, supervision and monitoring, personal care, and nutrition in a protective setting during any part of the day, but for less than a 24-hour period. Additional services may include and are not limited to maintenance and enhancement of daily living skills, transportation, caregiver assistance, and case coordination and assistance. Social adult day services do not include a medical component and are regulated by the New York State Office for the Aging.

- **Adult Day Health Care**

A structured, comprehensive program that provides health care services and activities to a group of registrants with functional impairments (including Alzheimer's and other forms of dementia and Parkinson's disease) to maintain their health status and enable them to remain in the community. Programs are located at a licensed residential health care facility or an extension site. Adult day health care does include a medical component and is regulated by the New York State Department of Health.



- **Overnight Programs for Older Adults**

Elders with Alzheimer's and other dementia-related diseases often lose their sense of time, and as a result, are awake and active, either many times throughout the night, or all night, a phenomenon known as "Sundowning." Sleep disturbances, confusion, and wandering can put those with dementia at risk if not monitored at night. Night programs for those living with dementia who require constant supervision provide respite for the family.

Elder Care Housing Options

A range of housing options are available for elders at various stages of their lives. There are communities specifically for older adults, centered in intergenerational communities. There are also options for older adults who need medical care frequently. Below are senior housing options to consider:

Independent Living

Independent living communities for seniors refers to residence in an easy-to-maintain, private apartment or house within a community of seniors. Residents maintain their independence yet are provided with meals, house-keeping, activities/wellness programs, transportation, socialization, and more. Independent living provides the greatest versatility and self-sufficiency.

Naturally Occurring Retirement Communities Programs

Naturally Occurring Retirement Communities (NORC) emerged in the mid-1980s to provide support to elders aging in place along with their neighbors. NORC offer on-site services to help older adults live safely at home for as long as possible. Social workers at each NORC provide case management and health care information, plus classes, social activities, and trips. There are 27 located in New York City, one of which is closely associated with Mount Sinai Senior Health and the Penn South Program for seniors. Participants must be age 60 or older.

Adult/Age-Restricted Communities

Residents live in individual, detached one-story houses and apartments that are restricted to adults ages 55 and older. These communities offer various facilities, ranging from tennis courts to swimming pools. These communities can be “gated” or “secured,” restricting access to only residents and their guests.

Assisted Living

Assisted living communities offer 24-hour care and access to more personal-care services for those who need support to perform activities of daily living (see glossary for definition). If around-the-clock medical care and supervision are not needed, but personal care services are required, an Assisted Living Community may be a good choice. Meals are served three times a day and are included in the cost of residing in this type of community. This setting is more restrictive than independent living but is still an environment that promotes independence.

Skilled Nursing Facilities

This is the highest level of care for older adults outside of a hospital. In a skilled nursing community, staff provides assistance with getting in and out of bed, feeding, bathing, and dressing. A higher level of medical care is also provided. The residences are 100 percent secure, with alarmed or locked areas to ensure no one wanders off.

How to Make the Right Elder Care Decisions as a Caregiver

Elder care planning revolves around your elder's needs, wishes, and wants for their future. Having a conversation about what is most important to them, as they grow older, is essential. It is best to have these conversations while they are still able to express their desires.

The following checklist can be used as a starting point to better understand priorities. Start by asking your elder to check all those that are important to them, and as time goes on, have deeper conversations about how to go about attaining these goals.

- To remain as independent as possible for as long as possible
 - To remain in own home for as long as possible
 - To focus on a hobby
 - To work for as long as possible
 - To become involved in the community
 - To remain as financially independent as possible
 - To safeguard my savings
 - To take or teach classes
 - To create a financial safety net in the event of an emergency or crisis situation
- To buy a second home or condo
 - To move closer to family
 - To relocate to a smaller home or an apartment after retirement
 - To sell or donate items
 - To retire in a different city, state, or country
 - To travel frequently after retirement
 - To be able to help my children and grandchildren financially



Entitlements and Other Financial Matters



After retirement, your elder's financial needs can vary greatly. They may be alive for well over 20 years after they stop working. Furthermore, the level of services your elder needs may fluctuate over time. Aging requires keen long-term planning.

In this section, you will find information regarding how to financially support your elder.

Income Sources for Your Elder

Social Security

There are three forms of Social Security benefits that one may be eligible for after age 62:

- **Worker's Benefits**

Retired workers and their spouses who have, during their working years, paid into the Social Security system receive Social Security benefits monthly. The amount you receive varies depending on the age you retire and the amount of money you paid into your benefit. If you have never worked under Social Security, you may be able to get spouse's retirement benefits if you are at least 62 years of age and your spouse is receiving retirement or disability benefits.

- **Survivor's Benefits**

Survivor's benefits are an extension of the Social Security program that pays out a portion, or all, of the benefits of a deceased individual to their surviving spouse or dependent children. If a surviving spouse is already receiving Social Security benefits on their own, the amount they receive may increase depending on the amount of one's own Social Security benefits and the benefits of the deceased spouse.

- **Disability Benefits**

Social Security pays benefits to people who can't work because they have a medical condition that is expected to last at least one year or result in death. In general, to get disability benefits, you must meet two different earnings tests: A recent work test, based on your age at the time you became disabled; and a duration-of-work test to show that you worked long enough under Social Security.

Supplemental Security Income (SSI)

The Supplemental Security Income (SSI) program pays benefits to disabled adults and children who have limited income and resources. SSI benefits also are payable to people 65 and older without disabilities who meet the financial limits.

Health Insurance for Your Elder

Aside from health coverage that your elder may be entitled to through their pension plan, federal and state options are available to provide coverage. They include Medicare and Medicaid.

Medicare

Medicare is the federal health insurance program for people who are 65 or older, younger people with disabilities, and people with end stage renal disease (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD). The different parts of Medicare help cover specific services:

- **Part A** covers inpatient hospital stays, care in a skilled nursing facility, hospice care, and some home health care up to 80 percent. Your elder is automatically entitled to this once they are 65 years old.
- **Part B** covers certain doctors' services, outpatient care, medical supplies, and preventive services. Your elder is automatically entitled to this once they are 65 years old.
- **Part C**, also known as Medicare Advantage Plans, provides all of your Part A and Part B benefits. Most Medicare Advantage Plans offer prescription drug coverage. This kind of Medicare health plan is offered by a private company that contracts with Medicare. Medicare Advantage Plans include:
 - Health maintenance organizations
 - Preferred provider organizations
 - Private fee-for-service plans
 - Special needs plans
 - Medicare medical savings account plans
- **Part D**, also known as Medicare Prescription Plan adds prescription drug coverage to one's original Medicare plan. These plans are offered by insurance companies and other private companies approved by Medicare.

NOTE: The open enrollment period is October 15 until December 7 of each year.

Medicare Rx Extra Help

Medicare beneficiaries can qualify for Extra Help with their Medicare prescription drug plan costs. The Extra Help is estimated to be worth about \$4,000 per year. To qualify for the Extra Help, a person must be receiving Medicare, have limited resources and income, and reside in one of the 50 states or the District of Columbia.

(continued)

Entitlements and Other Financial Matters *(continued)*

Medigap

Medicare Supplemental Insurance (also called Medigap) is a form of insurance that is meant to cover what Medicare does not. Medicare is the “primary insurance” and Medigap is considered “secondary.” Medicare typically pays up to a certain amount (usually 80 percent) for hospital care, doctors’ visits, etc., with the individual beneficiary responsible for the rest. Medicare Supplemental Insurance can pay for these remaining costs.

Elderly Pharmaceutical Insurance Coverage (Specific to New York State)

Elderly Pharmaceutical Insurance Coverage (EPIC) provides secondary coverage for Medicare Part D and EPIC-covered drugs purchased after any Medicare Part D deductible is met. EPIC also covers approved Part D-excluded drugs once a member is enrolled in Part D. EPIC helps pay the Medicare Part D drug plan premiums for members with income up to \$23,000 if single or \$29,000 if married.

Medicaid

Medicaid is a program for New Yorkers who can’t afford to pay for medical care. You may qualify for Medicaid if you have high medical bills, if you receive Supplemental Security Income, and/or meet certain financial requirements. There is an array of categories that the elder in your life or you as a caregiver may fall into.

Medicaid Excess Income Program

The Medicaid Excess Income program is sometimes referred to as the “spend-down program” or the “surplus income program”. If your monthly income is over the Medicaid level, you may still be able to get help with very large medical bills. This program is designed for older adults that have medical conditions that need long term treatment. This includes out-patient care, doctor and dental visits, lab tests, prescription drugs, and long-term care in the community, such as home care and assisted living.

Managed Long Term Care

Managed long-term care (MLTC) is a system that streamlines the delivery of long-term services to people who are insured under Medicaid, are chronically ill or disabled, and wish to stay in their homes and communities. These services, such as home care or adult day care, are provided through managed long-term care plans that are approved by the New York State Department of Health. The entire array of services to which an enrolled member is entitled can be received through the MLTC plan the member has chosen.

Cost-Savings Programs for Housing

State Property Tax Relief (STAR)

In the STAR Program, local governments and school districts in New York State can opt to grant a reduction on the amount of property taxes paid by qualifying senior citizens. This is accomplished by reducing the taxable assessment of the senior's home by as much as 50 percent. To qualify, seniors generally must be 65 or older and meet certain income limitations and other requirements.

The Senior Citizen Rent Increase Exemption

The Senior Citizen Rent Increase Exemption (SCRIE, also known as the NYC Rent Freeze Program) freezes the rent for head-of-household seniors 62 and older who live in rent-regulated apartments. In order to satisfy the income eligibility requirement, the senior's household income must be \$50,000 or less.

Other Financial Resources

Life Insurance for Seniors

Life insurance is a way for seniors to protect their families from becoming financially burdened with end-of-life expenses. Policies can protect your family from large expenses and/or outstanding debts. Life insurance can also help provide for a special-needs dependent after you are no longer alive, or senior housing when it is deemed necessary.



Be aware of all entitlements and services available to your elder.

Special Areas of Interest for Caregivers

Memory Impairment and Dementia

Memory loss that disrupts daily life may be a symptom of cognitive impairment. Dementia is not a specific disease, but rather a catch all term describing a group of symptoms associated with a decline in memory and other cognitive skills. The decline must be severe enough to reduce a person's ability to perform everyday activities. Alzheimer's accounts for more than 50 percent of cases, and vascular dementia is the second most common dementia type. Many other conditions can cause symptoms of dementia, including some that are reversible, such as thyroid problems and vitamin deficiencies.



While symptoms of dementia vary greatly, at least two of the following core mental functions must be significantly impaired to be considered dementia (Alzheimer's Association, 2018):

- Memory
- Communication and language
- Ability to focus and pay attention
- Reasoning and judgment
- Visual perception

NOTE: *If you feel that the elder in your life exhibits any of these symptoms, please follow up with their primary care provider, geriatrician, or neurologist as soon as possible.*

Hoarding

Hoarding disorder is the excessive saving of valuable items. This disorder becomes even more complex for people living with dementia. Hoarding items often results from memory loss, mental confusion, disorientation, and/or impaired judgment. Hoarding is theorized to be one of the ways people with dementia can retain things they care about. Common characteristics of hoarding are:

- Collecting and keeping an array of items, even things that appear useless or of little value to most people.
- Experiencing distress or problems in daily activities due to retaining items.
- Cluttered living spaces that keep a person from using the rooms as they were intended.

Our LGBT Elders

Older adults make up a significant share of the overall LGBT community. While confronted with the same challenges that all people face as they age, LGBT elders also face an array of unique barriers and inequalities that can stand in the way of a healthy and rewarding later life.

End-of-Life Care

End-of-life care is used to describe the support and medical care given during the time surrounding death. Such care is not confined to before breathing ceases and the heart stops beating. Older people often live with one or more chronic illnesses and need a lot of care for days, weeks, and even months before death.

Here are two forms of end-of-life treatment that can enhance your elder's quality of life:

- **Palliative Care**

Palliative care is specialized medical care for people with serious illnesses. It focuses on providing patients with relief from the symptoms, pain, and stress of a serious illness—whatever the diagnosis. The goal is to improve quality of life for both the patient and the family. Palliative care is provided by a team of doctors, nurses, and specialists who work together to provide an extra layer of support. It is appropriate at any age and at any stage in a serious illness and can be provided along with curative treatment.



- **Hospice Care**

Hospice care helps people who have illnesses that cannot be cured and who are nearing death. Most hospice patients are in their last six months of life. The goal is to give comfort and peace instead of a cure. Hospice care is given by a team. This team may include doctors, nurses, social workers, counselors, aides, clergy, and therapists. The team works together to give the patient and family comfort and support. Someone from your hospice care team is available 24 hours a day, 7 days a week, to provide any support you, your loved one, or your family needs. Hospice care treats the mind, body, and spirit.

Resources Throughout the Mount Sinai Health System

The Mount Sinai Hospital

Martha Stewart Center for Living Geriatrics Outpatient Practice

The Martha Stewart Center for Living (MSCL) serves to promote and facilitate access to health care resources for older adults and to enhance the public perception of aging. Patients and their caregivers have access to programs and resources appropriate for their needs and interests.

TEL: 212-659-8552

The Phyllis and Lee Coffey Geriatrics Practice at the Martha Stewart Center for Living is a primary care practice that specializes in treating the health problems of older adults, as well as offering activities, classes, and programs designed to help older adults get active and stay active well into old age. Palliative-care consultation services, provided through The Lilian and Benjamin Hertzberg Palliative Care Institute, are available for patients with serious illnesses.

TEL: 212-241-1446

Mount Sinai at Home

Mount Sinai at Home is an innovative health care delivery model that provides hospital-level care in the homes of acute-care patients. A team of doctors, nurses, and other professionals treat and monitor a patient's health every day during the acute episode, usually three to five days. The team then monitors the patient for 30 days.

It includes the Mount Sinai Visiting Doctors Program (MSVD) which is comprised of three programs: the Mount Sinai Visiting Doctors Program, the Chelsea-Village House Call Program, and the Mount Sinai Beth Israel Senior Health Home Call Program. These programs aim to provide high-quality, patient-centered primary and end-of-life care to homebound patients in Manhattan. They also offer emotional support and social services to the families and caregivers of homebound patients.

- **Mount Sinai Visiting Doctors Program**
TEL: 212-241-4141
- **Chelsea-Village House Call Program**
TEL: 212-604-6534
- **Senior Health House Call Program**
TEL: 212-206-1299

Mount Sinai Employee Family Caregiver Program

The Mount Sinai Employee Family Caregiver Program aims to help support and educate family caregivers who are providing care to an aging or sick family member. The program serves as a resource for information, support, and guidance around elder care and provides opportunities to network with other working caregivers through group programs and educational workshops.

For more information, please email:

4CALM@mountsinai.org

Mount Sinai Doctors Senior Health

At Mount Sinai Doctors Senior Health, primary care doctors, nurse practitioners, and social workers specializing in geriatrics, help adults age 65 and older achieve independence.

The services offered are:

- Primary care medicine
- Preventive medicine
- Consultation services
- Social work
- Palliative care
- Caregiver support program

Senior Health offers Sons and Daughters Caregiver's support groups. The groups meet twice a month as follows:

- **Support Group 1**
First and third Wednesday of each month, 10 am - 12 pm
- **Support Group 2**
Second and fourth Wednesday of each month, 10 am - 12 pm

275 Eighth Avenue
New York, NY 10011
212-463-0101

Mount Sinai St. Luke's

Psychiatric Services for Seniors

The geropsychiatry inpatient unit offers a secure, quality health care option for adults ages 55 and older with a psychiatric diagnosis. A team of psychiatrists, nurse practitioners, geriatricians, social workers, nurses, and occupational and creative art therapists have received specific training to meet the unique needs of these patients. As part of Mount Sinai St. Luke's, the staff closely collaborates with all the major medical and surgical specialties important to the geriatric population.

Senior Citizens Services Program

The Senior Citizens Services Program is tailored to meet the specific needs of the older individual. The program uses a holistic treatment approach, which looks at the unique psychological, social, and health problems of older patients. Case-management services are provided to help patients optimize their ability to live independently in the community.

1111 Amsterdam Ave
New York, NY 10025
212-523-4000

Glossary: Key Elder Care Terms to Know

Activities of Daily Living

Activities of Daily Living (ADL) are activities that one does every day that also determine the person's functional level. These activities include, but are not limited to, mobility, eating, using the toilet, dressing, grooming, housekeeping, cooking, shopping, money management, banking, driving or using public transportation, and other activities related to personal needs and to property management.

Assistive Device

Any tool that is designed, made, or adapted to help a person to perform a particular task.

Assistive Technology

Any item, piece of equipment, or product system, whether acquired commercially or off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities.

Capacity

A construct that indicates the highest probable level of functioning a person may reach. Capacity is measured in a uniform or standard environment, and thus reflects the environmentally adjusted ability of the individual.

Do Not Hospitalize

A Do Not Hospitalize (DNH) is a personalized order that is not an absolute direction. It is usually more nuanced, aiming to reduce hospitalizations rather than prohibit them outright.

Do Not Intubate

A Do Not Intubate (DNI) instructs health care professionals not to perform intubation if a person cannot breathe on their own. During intubation, a doctor inserts a flexible plastic tube through the nose or mouth into the trachea, or windpipe. The tube is usually connected to a machine called a ventilator that pushes oxygen into your lungs.

Do Not Resuscitate

A Do Not Resuscitate (DNR) instructs health care professionals not to perform cardiopulmonary resuscitation if a person's heart stops or if they stop breathing. A DNR order is signed by a doctor and put in a person's medical chart.

Durable Power of Attorney for Finances

A durable power of attorney allows someone else to manage your finances in the event that you become incapacitated and are unable to make those decisions yourself. More precisely, it grants someone legal authority to act on your behalf for financial issues. The power is granted in a document, and is not only useful for you, but can really help your family in times of crisis.

Health Care Proxy

A Health Care Proxy (HCP) is a document (legal instrument) with which a patient (primary individual) appoints an agent to legally make health care decisions on behalf of the patient when he or she is incapable of making and executing the health care decisions stipulated in the proxy.

Level of Care

This refers to the intensity and effort of health and human services and care activities required to diagnose, treat, preserve or maintain a client's health. Level of care may vary from least to most complex, from least to most intense, or from prevention and wellness to acute care and services.

Living Trust

This document enables a person to pass property after death to family, friends, and others, but unlike a will, the property placed in a living trust avoids probate.

Living Will

A living will, also known as an advance directive, is a document that provides instructions regarding end-of-life care. Living wills allow you to make your own choices about life support and help prevent confusion about the type of care you do or do not want in the event you become incapable of communicating your wishes. Without a living will, the laws in your state will determine who will make your health care decisions.

Medical Orders for Life-Sustaining Treatment

Medical Orders for Life-Sustaining Treatment (MOLST) is a form that documents a patient's treatment preferences concerning life-sustaining treatment. Although one may have a living will, the MOLST form is the only authorized form in New York State for documenting both nonhospital DNR and DNI orders. This form is beneficial to patients and providers as it provides specific medical orders and is recognized and used in a variety of health care settings.

Ombudsman

A long-term care ombudsman is an advocate for residents of nursing homes, board and care homes, and assisted living facilities. Ombudsmen provide information about how to find a facility and what to do to get quality care. They are trained to resolve problems and can assist you with complaints. Unless you give the ombudsman permission to share your concerns, these matters are kept confidential. Under the federal Older Americans Act, every state is required to have an Ombudsman Program that addresses complaints and advocates for improvements in the long-term care system.

Representative Payee

A representative payee, or substitute payee, is a person who acts as the receiver of U.S. Social Security Disability or Supplemental Security Income for a person who is not fully capable of managing their own benefits, i.e. cannot be their own payee.

Pre-Need

A pre-need trust is a financial arrangement with a funeral home, cemetery, or cremation service to pay, in advance of need, the anticipated costs of funeral, cremation, and burial. Anyone, regardless of age or health, can set up a pre-need trust. Planning ahead enables you to make careful decisions, working with the licensed death care provider of your choice, based on your choices and budget, and spares your loved ones the burden of making choices, and paying for, the merchandise, location, and details of your final services.

Additional Support

If you feel that you are experiencing caregiver stress, we, the Employee Assistance Program (EAP), provide free, confidential, short-term counseling services to Mount Sinai employees and your covered dependents.

Licensed social workers trained to help individuals in need of personal assistance provide counseling.

To obtain additional information or to make an appointment, please contact EAP at:

Upper East Side Location

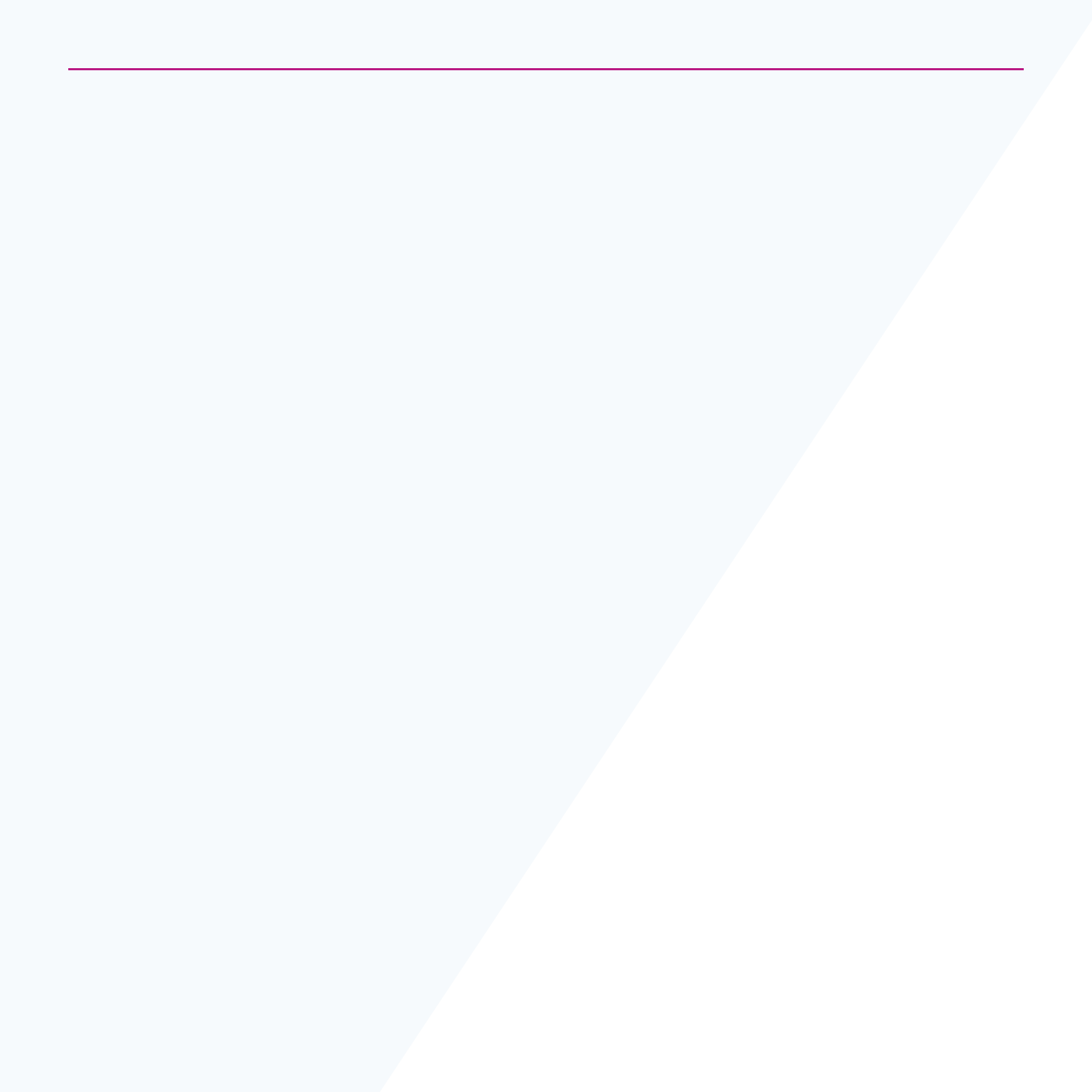
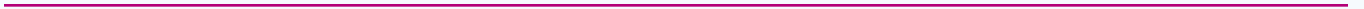
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