

AGING/SENIOR SERVICES

AGING SERVICES and PROGRAMS

Below is a description of the variety of programs and services offered throughout New York State. For more information on these programs and their availability in your community, please contact your local Office for the Aging.

Congregate Meals

Healthy, nutritious meals in a congregate setting are offered to New York's older adults aged 60+ (and spouses of any age) up to five days a week. Allied services include nutrition education, nutrition counseling, and transportation. More than 1,000 locations offer congregate nutrition in New York State. They are located in senior centers, senior clubs, senior housing complexes, town halls and other facilities.

Home Delivered Meals

Home-delivered meals are available to homebound individuals, including older adults aged 60+, spouses of any age, and disabled dependents of any age. Allied services include nutrition education and nutrition counseling. Based on client assessments, older persons may receive a wide variety of other services, as well.

Local Support Services

In order for many frail elders to remain in their homes, they need a wide range of services that allow them to continue participating in family and community life. In addition, caregivers need supports to help them cope with and understand their responsibilities. Many communities offer a variety of programs for older adults and their loved ones.

Elder Caregiver Support Program

This program provides support and assistance to those persons (such as spouses, partners, children and friends) who are caring for an older person who needs assistance to be able to remain at home in the community. The goal is to enable these caregivers to continue to do so by providing them support based on their unique circumstances. The assistance provided to caregivers may include the following: information about available services; assistance with obtaining services; individual counseling, participation in support groups and training to assist in making decisions and solving problems related to their caregiver roles; respite care to provide a temporary, short-term break from their caregiving responsibilities; and other supplemental services to complement the caregiver's efforts.

Expanded In-home Services for the Elderly Program (EISEP)

EISEP assists elders who need help with activities of daily living (e.g., dressing, bathing, personal care) and instrumental activities of daily living (e.g., shopping, housekeeping, cooking) who want to remain at home and are not eligible for Medicaid. The program's case managers help elders and their families decide what help is needed and arrange for services that may include non-medical in-home services, non-institutional respite for caregivers, and other services available in the community. EISEP supports and supplements care provided by families and friends. Participants whose incomes are above 150% of poverty share in the cost of the services, according to a sliding scale.

Eldercare Locator

This is a nationwide directory assistance service designed to help elders and caregivers find local support resources for America's elders. Call their toll-free service which links callers with information and services in their own communities and in other states at **1-800-677-1116**.

AGING SERVICES and PROGRAMS

Raising Grandchildren with Developmental Disabilities

In response to the increasing number of grandparents and relatives who care for children, the New York State Office for the Aging has developed a network of local provider services including local offices for the aging and other community-based organizations. They offer supportive services and help grandparents navigate the legal, educational, health and other systems that are involved with child rearing. Resources include curricula for workshops for grandparents raising children who have developmental disabilities and workshops covering discipline, youth and teen issues. Videos are also available to local providers. Visit the website at <http://www.aging.state.ny.us/caregiving/grandparents> for a directory of support groups and more information, or call **1-800-342-9871**.

Home Care Services

Local providers offer services in the homes of people with temporary or chronic needs who cannot perform day-to-day tasks. Services may range from nursing care to assistance in shopping, meal preparation and other household functions, as well as bathing, grooming and feeding.

Respite Services

Respite services provide infrequent and temporary substitute care or supervision of frail or disabled adults. Respite care is intended to give the caregiver a break from caring for their loved one, providing the caregiver with temporary relief from the stresses or responsibility of caregiving, thereby enabling them to maintain their loved one at home for as long as possible. Respite services can be provided on either a planned or emergency basis, on a regular schedule, or one-time only.

Senior Centers

Senior centers throughout New York State offer recreational, social, wellness and health promotion and nutritional services.

Social Adult Day Services

Social adult day services are structured, comprehensive programs that provide older people with a variety of stimulation and assistance in a protective setting during part of a day but for less than a 24-hour period. These programs include assistance with personal care, nutrition, socialization, supervision and monitoring, and may include enhancement of daily living skills, transportation, caregiver assistance, and other services. These services help the participants to remain in the community and provide family caregivers with relief from their responsibilities.

Supportive Services

Supportive services include transportation, information and referral, outreach, in-home services, adult day care and legal services, as well as a range of other services. These are offered through local offices for the aging.

Telephone Reassurance and Friendly Visiting

For seniors who live alone, telephone contact assures well-being and good health. Friendly visiting provides person-to-person social contact which helps prevent isolation.

This material is drawn from New York's Senior Citizen Resource Guide

ELDERLY PHARMACEUTICAL INSURANCE COVERAGE (EPIC): HELP SENIORS PAY FOR MEDICINE

Program Description

EPIC is a New York State sponsored prescription plan for senior citizens who need help paying for their prescriptions. Seniors who receive full Medicaid benefits are not eligible for EPIC benefits, but those with prescription coverage through Medicare may join EPIC to cover those drug costs not covered by Medicare.

Eligibility

New York State residents can join EPIC if they are 65 or older AND have annual income of \$35,000 or less if single (\$50,000 or less if married)

- Seniors with other prescription coverage through Medicare or most other plans can join EPIC to cover drug costs not covered by that other coverage.

Benefits

EPIC is a cost sharing program. Seniors with moderate incomes pay a low quarterly fee, and participate in the Fee Plan. Seniors with higher incomes meet an annual deductible, and participate in the Deductible Plan. Those who pay a fee or meet their deductible make a copayment at the pharmacy when purchasing prescriptions. For more detailed information on how EPIC works, go to http://www.health.state.ny.us/health_care/epic/your_guide_to_epic.htm

Fee Plan: Single seniors with income up to \$20,000 and married seniors with income up to \$26,000 are eligible for the Fee Plan; the cost to join this plan is based on annual income. Seniors may pay their annual fee in quarterly installments.

SINGLE	
Annual Income	Annual Fee
Up to \$ 6,000	\$ 8
\$ 6,001- \$ 7,000	16
\$ 7,001- \$ 8,000	22
\$ 8,001- \$ 9,000	28
\$ 9,001- \$10,000	36
\$10,001 - \$11,000	40
\$11,001 - \$12,000	46
\$12,001 - \$13,000	54
\$13,001 - \$14,000	60
\$14,001 - \$15,000	80
\$15,001 - \$16,000	110
\$16,001 - \$17,000	140
\$17,001 - \$18,000	170
\$18,001 - \$19,000	200
\$19,001 - \$20,000	230
Over \$20,000	See Deductible Plan

MARRIED	
Joint Annual Income	Annual Fee (Each Person)
Up to \$ 6,000	\$ 8
\$ 6,001- \$ 7,000	12
\$ 7,001- \$ 8,000	16
\$ 8,001- \$ 9,000	20
\$ 9,001- \$10,000	24
\$10,001 - \$11,000	28
\$11,001 - \$12,000	32
\$12,001 - \$13,000	36
\$13,001 - \$14,000	40
\$14,001 - \$15,000	40
\$15,001 - \$16,000	84
\$16,001 - \$17,000	106
\$17,001 - \$18,000	126
\$18,001 - \$19,000	150
\$19,001 - \$20,000	172
\$20,001 - \$21,000	194
\$21,001 - \$22,000	216
\$22,001 - \$23,000	238
\$23,001 - \$24,000	260
\$24,001 - \$25,000	275
\$25,001 - \$26,000	300
Over \$26,000	See Deductible Plan

ELDERLY PHARMACEUTICAL INSURANCE COVERAGE (EPIC): HELP SENIORS PAY FOR MEDICINE

Deductible Plan

- The Deductible plan is available to single seniors with income between \$20,001 and \$35,000, and married seniors with income between \$26,001 and \$50,000. This plan is designed to help seniors with high drug costs. There is no fee to join the Deductible Plan. Those enrolled pay full price for their prescriptions until they meet an annual deductible which is also based on income. There is no need to send in receipts; EPIC automatically keeps track of how much deductible enrollees have spent at the pharmacy. After the deductible is met, these enrollees save more than half of their prescription costs for the rest of the year.

SINGLE	
Annual Income	Deductible
Under \$20,000	Not Available
\$20,001 - \$21,000	\$ 530
\$21,001 - \$22,000	550
\$22,001 - \$23,000	580
\$23,001 - \$24,000	720
\$24,001 - \$25,000	750
\$25,001 - \$26,000	780
\$26,001 - \$27,000	810
\$27,001 - \$28,000	840
\$28,001 - \$29,000	870
\$29,001 - \$30,000	900
\$30,001 - \$31,000	930
\$31,001 - \$32,000	960
\$32,001 - \$33,000	1,160
\$33,001 - \$34,000	1,190
\$34,001 - \$35,000	1,230
Over \$35,000	Not Eligible

MARRIED	
Joint Annual Income	Deductible (Each Person)
Under \$26,000	Not Available
\$26,001 - \$27,000	\$ 650
\$27,001 - \$28,000	675
\$28,001 - \$29,000	700
\$29,001 - \$30,000	725
\$30,001 - \$31,000	900
\$31,001 - \$32,000	930
\$32,001 - \$33,000	960
\$33,001 - \$34,000	990
\$34,001 - \$35,000	1,020
\$35,001 - \$36,000	1,050
\$36,001 - \$37,000	1,080
\$37,001 - \$38,000	1,110
\$38,001 - \$39,000	1,140
\$39,001 - \$40,000	1,170
\$40,001 - \$41,000	1,200
\$41,001 - \$42,000	1,230
\$42,001 - \$43,000	1,260
\$43,001 - \$44,000	1,290
\$44,001 - \$45,000	1,320
\$45,001 - \$46,000	1,575
\$46,001 - \$47,000	1,610
\$47,001 - \$48,000	1,645
\$48,001 - \$49,000	1,680
\$49,001 - \$50,000	1,715
Over \$50,000	Not Eligible

ELDERLY PHARMACEUTICAL INSURANCE COVERAGE (EPIC): HELP SENIORS PAY FOR MEDICINE

Co-payments

At the pharmacy, those enrolled in the Fee Plan and those enrolled in the Deductible Plan who have met their annual deductible show their EPIC cards, and...

For Each Prescription Costing	Enrollees Pay
Up to \$ 15	\$ 3
\$ 15.01 to \$ 35	\$ 7
\$ 35.01 to \$ 55	\$ 15
Over \$ 55	\$ 20

What drugs are covered?

Almost all prescription medicines are covered, as well as insulin, and insulin syringes and needles. Both brand name and less expensive generic drugs are included. Enrollees can buy up to 100 tablets, or a 30-day supply at a time.

What pharmacies can be used?

Most pharmacies in New York State are enrolled as EPIC providers, allowing seniors full access to EPIC benefits. However, EPIC cannot be used at pharmacies located outside of New York State. When traveling outside New York State, enrollees should ensure they have an adequate supply of their medications with them. They can also make arrangements with their pharmacy in New York to have their prescriptions mailed or delivered to them on a short-term basis or in emergency situations.

How can EPIC be used with other prescription drug coverage?

EPIC can be used with other prescription coverage for greater benefits and savings. When purchasing prescription drugs, the enrollee should show both of their cards at the pharmacy. EPIC covers any drug costs that are not covered by the other prescription coverage, except the EPIC co-payment on that amount. This results in the lowest possible co-payment, and is often lower than using only EPIC or the other coverage alone.

For example, if an EPIC enrollee also has other prescription drug coverage that requires a \$25 co-payment on a brand-name drug that costs \$100, the \$25 co-payment will be covered by EPIC and the enrollee would pay only a \$7 EPIC co-payment. In this example, if the senior did not use EPIC, they would have paid \$25. If they used EPIC alone, they would have paid a \$20 EPIC co-payment. By using both plans together, they paid a much lower co-payment!

How to Apply

1-800-332-3742 from 8:30 a.m. until 5:00 p.m., Monday through Friday. The TTY number for the hearing impaired is **1-800-290-9138**. Language service lines are also available

*The information for this fact sheet was taken from the NYS Health Department website:
http://www.health.state.ny.us/health_care/epic/index.htm*

MEDICARE PART D: PRESCRIPTION DRUG BENEFIT

Program Description

Medicare Part D is a voluntary outpatient prescription drug benefit available to Medicare* recipients. Medicare recipients who want to sign up for Part D prescription drug coverage do so through private health plans approved by the federal government. Part D covers some, but not all, prescription drug costs. People with limited income and resources are eligible for assistance with premiums and cost sharing through a program called Extra Help.

* Medicare is the federal health insurance program for elderly (age 65+) and disabled individuals

Benefits

Since Part D is provided through private plans, the coverage varies widely from plan to plan. In 2008, there are 55 Part D drug plans in New York State.

Each plan has its own list of covered drugs (called a “formulary”) and will not cover other drugs unless your doctor asks for an “exception”. Certain classes of drugs are excluded from Medicare coverage altogether, and plans can impose restrictions on access to covered drugs. For instance, some plans require that you get special permission (prior authorization) for drugs, require that you take other cheaper drugs before they will cover a more expensive brand-name drug, (step therapy), or impose limits on the amount of a drug they will cover (quantity limits).

With most plans you pay a yearly deductible, a monthly premium and a portion of the cost for each prescription you fill (a coinsurance or copayment). The national average monthly premium for 2008 is \$27.93. With many plans, when your total drug costs reach a certain amount, you may have to pay 100 percent of the cost for all or some of your drugs (\$2,510 in 2008 in most plans). This is called a coverage gap.

If your monthly income and assets are limited, you may qualify for Extra Help—the federal program that helps pay most of the costs of prescription drug coverage. If you have Extra Help, the benefit works differently.

Eligibility: Extra Help for persons with limited income and/or resources

If you get Medicare and you also have, or become eligible for Medicaid or a Medicare Savings Program (an "MSP" such as QMB, SLMB, or QI-1), or you receive Supplemental Security Income (SSI), you automatically qualify for Extra Help—you do not have to apply. Just enroll in a Medicare drug plan.

If you do not have Medicaid, an MSP or SSI, and your income and assets are limited, you should apply for Extra Help through the Social Security Administration (SSA).

MEDICARE PART D: PRESCRIPTION DRUG BENEFIT

Extra Help continued:

If You Have...	With Assets...	You Qualify For...
Medicaid¹ and income below 100% FPL (below \$10,210 a year for singles and \$13,690 a year for couples) ²	Less than \$4,350 for a single person household or less than \$6,400 for a two-person household	Full Extra Help <ul style="list-style-type: none"> · No monthly premium if enrolled in benchmark plan³ · No deductible · \$1.05/generic and \$3.10/brand-name⁴ in 2008 (no copay after \$5,762.25 in total covered drug costs)
Medicaid and income above 100% FPL⁵ (above \$10,210 a year for singles and \$13,690 a year for couples) ²	Less than \$4,350 for a single person household or less than \$6,400 for a two-person household	Full Extra Help <ul style="list-style-type: none"> · No monthly premium if enrolled in benchmark plan³ · No deductible · \$2.25/generic and \$5.60/brand-name in 2008 (no copay after \$5,762.25 in total covered drug costs)
Income below 135% FPL and do not have Medicaid (below \$13,784 a year for singles and \$18,482 a year for couples) ²	Below \$7,620 for individuals and \$12,190 for couples ⁶	Full Extra Help <ul style="list-style-type: none"> · No monthly premium if enrolled in benchmark plan³ · No deductible · \$2.25/generic and \$5.60/brand-name in 2008 (no copay after \$5,762.25 in total covered drug costs)
Income below 150% FPL and do not have Medicaid (below \$15,315 a year for singles and \$20,535 a year for couples) ²	Below \$11,710 for individuals and \$23,410 for couples ⁶	Partial Extra Help <ul style="list-style-type: none"> · Sliding scale monthly premium · \$56 deductible in 2008 · 15% coinsurance or plan's coinsurance, whichever is less (after \$5,762.25 in total covered drug costs, you pay \$2.25/generic and \$5.60/brand-name copay or 5% of the cost of the drug, whichever is greater).

¹Institutionalized individuals with Medicaid, at all income levels, pay no copay, deductible or premium.

²Income limits are based on federal poverty levels, which change every year between February and March.

³Your premium is free with Full Extra Help as long as you choose a "benchmark" plan – a plan offering basic coverage at or below the Extra Help premium amount for your area.

⁴Indexed to Consumer Price Index.

⁵This includes "spend-down" for medically needy individuals, who spend a portion of their income to become eligible for Medicaid.

⁶If you answer "no" to the question on the application that asks if you intend to use any of your assets for funeral or burial expenses, then your asset limits will be reduced by \$1,500 for singles or \$3,000 for couples.

MEDICARE PART D: PRESCRIPTION DRUG BENEFIT

Deciding whether to enroll in Part D

Part D is an optional program. When deciding whether or not to enroll, you should consider whether you already have drug coverage, the amount of your income, and how much you currently spend on drugs. People who have Medicaid, a Medicare Savings Program or Supplemental Security Income will be automatically enrolled in the benefit.

- **If you have drug coverage as good as or better than Medicare’s basic benefit (“creditable”),** you should probably keep it. If you want to enroll in the Medicare drug benefit later, you can do so without penalty. Most employer drug coverage is creditable. If you're not sure whether your coverage is creditable, call your human resources department or the company that provides your coverage and ask.
- **If you get Extra Help, the benefit is a good deal because your out-of-pocket costs will be very low.**
- **If you have high drug costs and no other drug coverage, the benefit will likely help.** Look for a plan that covers the drugs that you take the pharmacies you use.
- **If you have low drug costs, having Medicare drug coverage could cost you more now, but could protect you from high drug costs in the future.** There may be a Medicare drug plan in your area with a low monthly premium you can afford. If you do not enroll when you are first eligible, you will pay may a penalty if you enroll later (for exceptions, see question 4). The penalty may be small (1% of the average national premium—\$27.93 in 2008—for every month you do not enroll). But you will not be able to enroll until the next enrollment period (Nov. 15 – Dec. 31 each year), so you will have no coverage if your drug needs change over the course of a year. Still, there may be other low-cost ways to get the drugs you need. To find out, call your State Health Insurance Assistance Program (call 800-MEDICARE for phone number).
- **If you are enrolled in EPIC (New York State’s Elderly Pharmaceutical Insurance Program),** you will have to join a Part D plan to in order to keep your EPIC coverage, unless joining a Part D plan would cause you significant financial hardship. If you’re not already enrolled in a Part D plan, EPIC will choose one for you. EPIC helps seniors pay their Part D premiums so they won’t incur any additional costs. EPIC also covers the Part D plan deductibles, co-payments, coverage gap, and drugs not covered by the Part D plan.

How to Apply

Enrolling for the first time: When you first become eligible for Medicare, you can enroll in the Medicare drug benefit (Part D) during your **Initial Enrollment Period (IEP)** -- the seven-month period that includes the three months before the month you become eligible, the month you are eligible and three months after that. If you do not join a Medicare drug plan during your Initial Enrollment Period, you may not be able to enroll for the first time until the Annual Coordinated Election Period (ACEP), which goes from November 15 to December 31 of every year for coverage beginning January 1. You may also have to pay a premium penalty if you did not have any other kind of creditable coverage. The **premium penalty** will be at least 1 percent of the national average premium (\$27.93 in 2008) for every month you delay enrollment. This penalty rule does not apply to those who qualify for Extra Help. The penalty rule also does not apply to those who have prescription drug coverage at least as good as or better than Medicare's (“creditable coverage”) and you are not without it for more than 63 days before your new Medicare drug coverage starts. If you can prove that you were given inadequate information that your drug coverage was creditable, you may not have to pay the penalty. Under certain other circumstances you may get a **Special Enrollment Period (SEP)** to enroll in a Medicare drug plan for the first time.

MEDICARE PART D: PRESCRIPTION DRUG BENEFIT

Changing Plans: You can only switch plans and add or drop drug coverage at certain times of year:

- During the Annual Coordinated Election Period
- During the Open Enrollment Period (OEP), which runs from January 1 to March 31. However, while you can switch your choice of Medicare health coverage, you cannot choose to add or drop your Medicare drug coverage or your stand-alone drug plan.
- **Under certain circumstances, you might get a Special Enrollment Plan** to change drug plans, such as if you move out of your Medicare drug plan's service area, or your plan stops offering coverage.
- For Extra Help recipients or are living in an institution, you can change your Medicare private drug plan at any time, with your new coverage beginning the first of the following month.

Getting Your Benefits:

There are two kinds of Medicare drug plans you can choose depending on how you get your Medicare health benefits.

- 1) If you have **Original Medicare**, you should choose a plan that only offers drug coverage or a "stand-alone" plan (PDP).
- 2) If you have a **Medicare private health plan (like an HMO or PPO)** and want to stay with it, you typically need to get drug coverage from the same company as part of your health benefits package (MA-PD). If you choose to join an HMO or PPO to get your drug coverage, you will have to use the doctors and hospitals in that plan's network. (If you join a private plan that is an MSA or PFFS without drug coverage, you can have a PDP.)

You will have to compare Medicare private drug plans in your area and sign up for the one that best meets your needs—covers the drugs you take, works at the pharmacies you use and makes sense financially. You can compare and sign up for plans by calling 800-MEDICARE, visiting www.medicare.gov, or calling plans directly. Once you choose a plan, you should call 800-MEDICARE to enroll.

If you enroll in a Medicare private drug plan during the Annual Coordinated Election Period (November 15 to December 31, annually) your coverage will begin January 1 of the following year. If you enroll at any other time (such as during a Special Enrollment period) your coverage will begin the first day of the month after the month during which you enroll.

For More Information

- **New York State Health Insurance Information and Counseling Program (HIICAP)**
1-800-701-0501
- **Medicare**
1-800-MEDICARE
www.medicare.gov
- **Social Security Administration**
800-772-1213
www.ssa.gov/
- **Medicare Rights Center**
800-333-4114 (General consumer Medicare hotline)
877-794-3570 (Professional Part D technical assistance hotline)
888-466-9050 (Part D appeals hotline)
www.medicarerights.org/drughelp.html

Thanks to the Medicare Rights Center and the Empire Justice Center for their help in developing this fact sheet.

COUNTY OFFICES for the AGING

Albany County Department for the Aging
(518) 447-7177

Allegany County Office for the Aging
(585) 268-9390

Broome County Office for the Aging
(607) 778-2411

Cattaraugus County Dept. of Aging
(716) 373-8032

Cayuga County Office for the Aging
(315) 253-1226

Chautauqua County Office for the Aging
(716) 753-4471

Chemung County Office for the Aging
(607) 737-5520

Chenango County Office for the Aging
(607) 337-1770

Clinton County Office for the Aging
(518) 565-4620

Columbia County Office for the Aging
(518) 828-4258

Cortland County Office for the Aging
(607) 753-5060

Delaware County Office for the Aging
(607) 746-6333

Dutchess County Office for the Aging
(845) 486-2555

Erie County Dept. of Senior Services
(716) 858-8526

Essex County Office for the Aging
(518) 873-3695

Franklin County Office for the Aging
(518) 481-1526

Fulton County Office for the Aging
(518) 736-5650

Genesee County Office for the Aging
(585) 343-1611

Greene County Dept. for the Aging
(518) 719-3555

Herkimer County Office for the Aging
(315) 867-1121

Jefferson County Office for the Aging
(315) 785-3191

Lewis County Office for the Aging
(315) 376-5313

Livingston County Office for the Aging
(585) 243-7520

Madison County Office for the Aging
(315) 697-5700

Monroe County Office for the Aging
(585) 753-6280

Montgomery County Office for the Aging
(518) 843-2300

Nassau Co. Dept. of Senior Citizen Affairs
(516) 227-8900

New York City Department for the Aging
(212) 442-1000

Niagara County Office for the Aging
(716) 438-4020

Oneida County Office for the Aging
(315) 798-5456

Onondaga Co. Dept. of Aging and Youth
(315) 435-2362

Ontario County Office for the Aging
(585) 396-4040

Orange County Office for the Aging
(845) 615-3700

Orleans County Office for the Aging
(585) 589-3191

COUNTY OFFICES for the AGING

Oswego County Office for the Aging (315) 349-3484	Suffolk County Office for the Aging (631) 853-8200
Otsego County Office for the Aging (607) 547-4232	Sullivan County Office for the Aging (845) 794-3000
Putnam County Office for the Aging (845) 225-1034	Tioga County Office for the Aging (607) 687-4120
Rensselaer Co. Dept. for the Aging (518) 270-2730	Tompkins County Office for the Aging (607) 274-5482
Rockland Co. Office for the Aging (845) 364-2110	Ulster County Office for the Aging (845) 340-3456
St. Lawrence County Office for the Aging (315) 386-4730	Warren/Hamilton Co. Office for the Aging (518) 761-6347
Saratoga County Office for the Aging (518) 884-4100	Washington County Office for the Aging (518) 746-2420
Schenectady County Office for the Aging (518) 382-8481	Wayne County Office for the Aging (315) 946-5624
Schoharie County Office for the Aging (518) 295-2001	Westchester Co. Dept. of Senior Programs & Svces. (914) 813-6400
Schuyler County Office for the Aging (607) 535-7108	Wyoming County Office for the Aging (585-786-8833
Seneca County Office for the Aging (315) 539-1765	Yates County Office for the Aging (315) 536-5515
Steuben County Office for the Aging (607) 776-7813	St. Regis Mohawk Office for the Aging (518) 358-2963
	Seneca Nation of Indians Office for the Aging (716) 532-5777

This list is drawn from New York's Senior Citizen Resource Guide
<http://aging.state.ny.us/findhelp/guide/NYSOFAResourceGuide.pdf>