

Navigating Distance & Disability: Legal and Fiduciary Approaches to Remote Caregiving

Tara Anne Pleat, Esq.

Michael Cognetti, MS Ed., MBA

I. Introduction

Across the United States, families are growing more geographically dispersed. Children may relocate for work, spouses may reside separately due to healthcare needs, and siblings may live on opposite coasts. As these realities unfold, legal and fiduciary professionals are increasingly called upon to help clients manage care and decision-making responsibilities from a distance.

Nowhere is this more complex—or more emotionally charged—than in the context of disability. Individuals with physical, cognitive, or intellectual disabilities may rely on family members or fiduciaries not only for support and advocacy but also for critical financial and health-related decision-making. When those decision-makers are managing responsibilities from afar, the potential for miscommunication, oversight, or burnout rises sharply.

This program addresses the intersection of disability, fiduciary responsibility, and geographic distance. While focused primarily on trust administration, particularly Supplemental Needs Trusts (SNTs), it also encompasses surrogate decision-making tools such as powers of attorney and health care proxies. Through the lens of fiduciary duty, legal compliance, and ethical responsibility, we will examine how attorneys, professional fiduciaries, and lay trustees can structure support that is durable, legally sound, and person-centered, even from a distance.

II. Legal Framework for Remote Caregiving

Remote caregiving often requires navigating a patchwork of legal documents, state laws, and human dynamics. For fiduciaries—whether they are family members, attorneys, or professionals—having the proper legal authority is essential to ensure continuity of care, access to information, and compliance with public benefit rules. Several legal instruments form the backbone of remote caregiving, each offering distinct roles, powers, and limitations. These include Powers of Attorney, Health Care Proxies, HIPAA Authorizations, Supplemental Needs Trusts, and in some cases, Guardianship Orders.

Durable Powers of Attorney

Durable Powers of Attorney (POA) remain one of the most widely used legal tools for surrogate decision-making. It authorizes an agent—often a relative or professional fiduciary—to act on behalf of the principal in managing finances, entering contracts, accessing bank accounts, and applying for public benefits. In remote caregiving situations, a POA must be drafted with flexibility in mind. The agent may need to communicate with care providers, hire and pay care managers, access digital portals, or sign documents in another state.

Health Care Proxies and Advance Directives

Health Care Proxies and Advance Directives serve a complementary function by allowing a designated health care agent to make medical decisions if the individual becomes incapacitated. These proxies are especially important when the agent is not local. To be effective in remote caregiving, the health care proxy must be immediately accessible in emergencies, broadly drafted to authorize medical decision-making across state lines, and ideally supplemented with a statement of values or intent. Because states differ in how they recognize out-of-state proxies, families spread across multiple jurisdictions may need to execute multiple versions or create unified supplemental documentation.

HIPAA Authorizations

Alongside these tools, a HIPAA Authorization is critical. Even with a valid POA or health care proxy, medical institutions may refuse to release protected health information without a standalone, compliant HIPAA release. For remote caregivers and fiduciaries, the HIPAA release is often the practical key to advocacy. It should clearly name all authorized individuals, include current contact details, and expressly permit electronic communication. Naming alternates and including broad authorization language can ensure smoother access during crises.

Guardianship

In some cases, a court-appointed guardian may already be in place. Guardianship laws vary by state but typically provide decision-making authority over personal and/or financial matters. Where guardianship exists, the trustee or agent must work collaboratively with the guardian (assuming the Trustee and Guardian are not one and the same), recognizing that their powers may overlap or, in some cases, be limited by the court's orders. Guardianship can add both protection and complexity to remote caregiving. It is essential to understand whether the guardian has authority over medical decisions, residence, or financial oversight—and to determine how fiduciaries must coordinate with or defer to that authority in practice.

Supplemental Needs Trusts

When the individual with a disability is receiving—or is expected to receive—means-tested public benefits such as Medicaid or Supplemental Security Income (SSI), the existence of a Supplemental Needs Trust (SNT) is not merely likely; it is virtually a given. These trusts are foundational to long-term planning for individuals with disabilities who rely on programs that impose strict asset and income limitations. Whether established by a third party or funded with the beneficiary's own assets, the SNT is the primary legal vehicle for preserving benefit eligibility while enhancing quality of life.

For trustees administering these trusts from a distance, the challenges are significant and multifaceted. Disbursements must be made without the benefit of direct observation;

coordination is often required with residential providers, local agencies, and medical professionals who may never meet the trustee in person; and compliance with state-specific Medicaid and SSI rules must be maintained—even if the beneficiary and trustee live in different jurisdictions.

A well-drafted SNT should anticipate the demands of remote administration and authorize the trustee to build a trusted team on the ground. This may include hiring private case managers, disability advocates, daily money managers, or social workers—professionals who can serve as the trustee’s eyes and ears while providing day-to-day support for the beneficiary. These partners play a crucial role in assessing needs, identifying services, and facilitating communication, all while preserving the independence of the trustee’s judgment. Provisions in the trust instrument allowing for the retention and compensation of these individuals can be invaluable.

In addition, naming a co-trustee, trust protector, or trust advisor, depending on state law, may provide additional layers of oversight and accountability. These roles can also be structured to offer local presence or specialized knowledge that complements the skills and limitations of the primary trustee.

Ultimately, regardless of geography, the trustee remains subject to core fiduciary duties: prudence, loyalty, impartiality, and adherence to the trust’s terms. Remote fiduciaries must maintain clear documentation, communicate proactively with all stakeholders, and regularly assess whether the trust’s administration continues to meet the evolving needs of the beneficiary in both a compliant and compassionate manner. Layer on the payback provision in a First Party or Self-Settled Supplemental Needs Trust and that can be a tall order.

Supported Decision Making¹

While traditional legal tools like Powers of Attorney and Guardianship provide the structural foundation for remote caregiving, they do not capture the full complexity of decision-making for individuals with disabilities. In recent years, Supported Decision-Making (SDM) has gained traction as a person-centered approach that emphasizes autonomy and self-determination. SDM involves identifying supporters, often family members, friends, or trusted professionals, who assist the individual in understanding information, weighing options, and communicating decisions.

Although SDM has been codified in a growing number of states and championed by disability rights advocates, from the authors’ perspective it is important to recognize its practical and legal limitations. Unlike the power of attorney or guardianship, SDM does not create an agency relationship and does not confer legal authority to act on behalf of the individual. In most cases, it will not satisfy the requirements of third parties such as

¹ Convention on the Rights of Persons with Disabilities, art. 12, Dec. 13, 2006, G.A. Res. 61/106, U.N. Doc. A/RES/61/106, 2515 U.N.T.S. 3.

banks, medical providers, or public agencies, especially when significant legal, financial, or medical decisions are involved.

Moreover, in a world of increasing complexity and shrinking bandwidth, relying solely on SDM is often unrealistic. Professional fiduciaries, overstretched family members, and multidisciplinary care teams frequently lack the time, infrastructure, or legal clarity to navigate a fully supported decision-making framework without a formal surrogate structure in place. For this reason, while SDM principles may be valuable when layered into existing legal arrangements, SDM alone is likely not sufficient for individuals with significant support needs or complex benefit coordination.

That said, integrating SDM concepts into existing fiduciary frameworks can still be meaningful. When guardianship or POA is already in place, applying supported decision-making principles, such as involving the individual in discussions, soliciting their input, and respecting their preferences, can promote dignity, inclusion, and trust. Trustees and agents can also work with local supporters (e.g., residential staff, care managers) to enhance communication and ensure the beneficiary's voice is not lost in translation.

In the context of remote caregiving, this approach offers a more practical path forward: maintain legally sufficient tools like POAs and trusts while embedding SDM as a mindset, not a substitute. The goal is not to create parallel systems of support, but to bring a person-centered lens to the administration of authority that already exists.

III. Fiduciary Responsibilities and Remote Trust Administration

In practice, trustees, whether they are professionals or family members, must make day-to-day decisions that require far more than technical knowledge of the trust's terms. They are charged with duties of loyalty, prudence, and diligence, and those duties are especially tested in cases involving beneficiaries with diminished capacity. Administering a trust remotely adds another layer of complexity. To fulfill their obligations, trustees must establish reliable channels of communication with care providers, often across distance and through multiple intermediaries. They may need to engage local professionals, such as private care managers, who can provide critical context for the beneficiary's needs and environment. Trustees are also expected to maintain thorough records of their actions, documenting not just disbursements, but the reasoning and information behind them. Increasingly, trustees must rely on technology, shared calendars, secure messaging platforms, virtual meetings, and digital logs, to support accountability and oversight in ways that meet both fiduciary standards and the practical realities of distance.

A. Communication Protocols²

Trustees need information to make *informed* discretionary decisions. In a typical administration, the trustee can communicate directly with a competent adult beneficiary, and in the case of a minor a trustee can communicate with a legally responsible adult such as a parent. Communication is relatively straightforward and unencumbered.

Some beneficiaries with diminished capacity may lack the ability to communicate, or to do so effectively. They may not have court appointed guardians or voluntarily designated agents under power of attorney. They may lack informal supports like family members and friends, or those informal supports may be unreliable or ill-intentioned.

These practical challenges defy simple solution. If a compromised beneficiary needs a winter coat, the trustee may have the authority to purchase the coat, and the purchase may be an appropriate exercise of discretion. But how would the trustee know that the beneficiary needs a coat? How does the trustee buy an appropriate coat? How does the trustee get the information it needs to appropriately exercise its discretion and facilitate the purchase?

Identifying Sources of Information

Family members might be able and willing to provide relevant information. But what if the beneficiary has no reliable family members (or no *honest* or objective family members), no court appointed guardian, and no other reliable, informal advocates?

In some instances, beneficiaries might have Medicaid funded staff to provide this information, but the continued erosion of Medicaid funding for this type of service around the country has made this a less reliable option. Medicaid-funded care managers have increased caseloads, and disability provider agencies face high staff turnover (or are simply unable to locate staff in the first place). As a result, the trustee's affirmative obligation to make informed discretionary decisions³ often cannot be met through communication with Medicaid funded staff alone.

If there is no credible family support, no court appointed guardian, and no reliable Medicaid funded staff, the trustee should consider retaining a private care manager, social worker or other advocate to serve as its "boots on the ground" to obtain information that

² This section of the materials is adapted from an article prepared by this author co-authored with Edward V. Wilcenski for the National Academy of Elder Law Attorneys (NAELA) newsletter and subsequently published in the New York State Bar Journal in a series of three articles. See Edward V. Wilcenski & Tara Anne Pleat, *Administration of Supplemental Needs Trusts, an Improved Approach*, New York State Bar Journal, Part 1 Mar. 2019 at 12, Part 2 Mar. 2020 at 22, Part 3 Apr. 2020 at 40.

³ "Once the trustees were required to make themselves knowledgeable about [the beneficiary's] condition and his needs, and the availability of services that would enable them to provide for those needs, they began, and continue to use funds from his trust for the purposes [the testator] anticipated and so deeply desired.." Matter of the Accounting of J.P. Morgan Chase Bank, N.A. and H.J.P. as co-Trustees of the Mark C.H. Discretionary Trust of 1995 v. Marie H. [also referred herein as "Matter of J.P. Morgan"], 956 N.Y.S.2d 856 (Sur. Ct. N.Y. Co. 2012).

the trustee can consider when making a distribution decision. Ideally and as earlier mentioned, the explicit authority to hire a private case manager, advocate or social worker without a reduction in any trustee's commissions will be drafted into the document.

Recommendations Regarding Communication

In determining whether a trustee of a trust for the benefit of a beneficiary with diminished capacity reasonably exercised discretion, judicial review should consider whether the trustee established an effective protocol for communication and a credible means of obtaining reliable information about the beneficiary's needs.

Upon being appointed the trustee should undertake the following analysis:

1. Is the beneficiary competent to correspond and advocate directly?
2. If the beneficiary cannot communicate directly, is there a court appointed guardian or agent under power of attorney who is able to speak reliably on behalf of the beneficiary and provide important information and documentation?⁴
3. Is the beneficiary supported by reliable⁵ family members, friends or other informal advocates? While the trustee may be precluded from sharing information about the trust with individuals who lack legal authority to access it, the trustee is free to *receive* information from any credible source, supplementing whatever other information the trustee receives.
4. Does the beneficiary have program staff who could help communicate requests for goods and services to supplement what government benefit programs provide?
5. Can the trustee hire a private care manager or other advocate to provide periodic assessments and recommendations for distributions?⁶

B. Approving Expenditures in line with Trust Terms

Professional trustees are required to have a basic knowledge and understanding of the rules governing investments, income taxes, and other financial issues common to all

⁴ If all else fails, a trustee has the authority (in New York) to apply to a court for the appointment of a professional guardian who would have authority to obtain information and provide documentation that a trustee would need to make informed decisions. NY Mental Hygiene Law 81.06(a)(4).

⁵ Whether a family member is "reliable" is also a judgment call.

⁶ This was the recommendation of the court in Matter of JP Morgan, *supra* n. 50. It is important to note that the beneficiary resided in a residential program with 24-hour Medicaid funded staffing. Matter of JP Morgan at p. 369. The case illustrates the fact that a trustee's obligation to remain informed goes beyond simply ensuring that a beneficiary is participating in a Medicaid funded program and requires independent assessment and review.

fiduciary appointments. Most institutions have a process to review these issues on a regular basis.

In the context of Supplemental Needs Trusts – by their terms and by statute – require a trustee to consider factors that are outside the traditional realms of trustee expertise: the availability of public benefits and the means tested goods and services they provide, the adequacy of those goods and services, and the potential impact of a distribution on continuing eligibility.⁷

This requirement is a variation on a common theme found in cases analyzing a trustee's exercise of discretion. Government benefit programs represent a valuable source of funding for goods or services that the trustee must consider before making a discretionary distribution.⁸ To adequately consider these other sources, the trustee must answer a few questions.

Determining whether a program pays for a good or service

This requires more than simply asking, "Is the beneficiary Medicaid eligible?" Medicaid is a payment source for certain goods and services, but the question for the trustee is whether Medicaid will pay for the specific good or service that the beneficiary needs. It is not uncommon for a beneficiary to be eligible for Medicaid (meaning that the Medicaid program is willing to pay for a good or service), but the good or service itself may be unavailable. This dilemma is often seen in Medicaid funded staffing, where the hourly rate paid to community-based staff is so low that service providers either cannot find people to fill the positions, or they are forced to hire individuals with minimal experience.⁹

Assessing adequacy of alternative options

To comply with the terms of the trust and the language of the governing some state statutes, the trustee of a supplemental needs trust must determine whether funds in the trust should be used to *supplement* (or supplant) an available good or service.

Consider a beneficiary in need of a wheelchair. Medicaid pays for a basic wheelchair, but the beneficiary might do better with a more expensive wheelchair that is a better fit

⁷ New York's statute defines a supplemental needs trust as a discretionary trust which, by its terms "prohibits the trustee from expending or distributing trust assets in any way which may supplant, impair or diminish government benefits or assistance for which the beneficiary may otherwise be eligible or which the beneficiary may be receiving; provided, however, that the trustee may be authorized to make such distributions to third parties to meet the beneficiary's needs for food, clothing, shelter or health care but only if the trustee determines...that the beneficiary's basic needs will be better met if such distribution is made." NY EPTL 7-1.12(a)(5)(ii).

⁸ In re Levison's Will, 29 Misc. 2d 697 Sur. Ct. Rockland County 1961). Decisional law in this area focuses on the trust creator's intentions in determining whether the trustee should consider a beneficiary's other resources when making a discretionary distribution. There is no ambiguity with an SNT, as the requirement to consider other resources (government benefits) is written into the New York statute and the language of the document.

⁹ In New York the issue has reached critical proportions. See testimony of Mark Van Voorst, Executive Director of NYSARC before the New York State Legislature warning of the impending crisis. <https://nyassembly.gov/write/upload/publichearing/001100/002228.pdf> (last visited February 28, 2021).

for her needs – safer, more comfortable, with more sophisticated positioning systems and other controls. The trustee might be able to acquire the chair immediately and without having to go through the Medicaid program's administrative review and approval process. The trustee has the discretion to pay for the better chair.

Consider a beneficiary with Medicaid funded staffing in the home. A beneficiary may be approved for three hours per day, two days per week. But the beneficiary and her family would rather not work with inexperienced Medicaid-funded staff, or they may want more hours of coverage. If there are funds in the trust to pay, then the trustee has the discretion to purchase those extra hours, or hire other, more experienced staff.

Before using trust assets to *supplement* (or supplant) a government funded good or service, the trustee should have some process in place to confirm what the program is providing, and some means of documenting that the beneficiary would benefit from other or additional goods or services.

This practice is conceptually the same as a fully discretionary trust which requires the trustee to consider other assets available to the beneficiary before exercising discretion to use trust funds to purchase a good or service for the beneficiary's benefit.

Impact of distributions on certain program eligibility

The same distribution from an SNT can impact different programs in different ways. For example, the payment of rent from a trust will have no impact on Medicaid¹⁰ but may result in a reduction in a monthly SSI payment and an increase in the rent paid for HUD subsidized housing.¹¹

The trustee is charged with knowing which benefit programs a beneficiary is participating in *at the time of the distribution*, understanding that many beneficiaries migrate in and out of different benefit programs based on changes in family composition, financial condition, and other circumstances, and knowing how the proposed distribution might impact those benefits.¹²

If a trustee exercises discretion and uses funds in the trust to pay rent so that the beneficiary can move into a nicer neighborhood, the trustee must understand the impact of its discretionary distribution on the SSI benefit, and document why the beneficiary would be better off with less monthly income but a better place to live.

¹⁰ 18 NYCRR 360-4.3(e).

¹¹ POMS SI 01120.200E.1.b; *see also* "The Impact of Special Needs Trusts on Eligibility for Subsidized Housing," *The Voice* Volume 5, Issue 4 (March 2011) (<https://www.specialneedsalliance.org/the-voice/the-impact-of-special-needs-trusts-on-eligibility-for-subsidized-housing-2/> (last visited February 28, 2021)).

¹² New York's statute makes clear that "neither principal nor income held in trust shall be deemed an available resource to the beneficiary under any program of government benefits or assistance; however, *actual distributions from the trust may be considered to be income or resources of the beneficiary to the extent provided by the terms of any such program.*" NY EPTL 7-1.12(b)(3) (emphasis added).

Recommendations regarding process development

Upon being appointed the trustee should promptly develop a plan to confirm government benefit eligibility and available goods and services, to assess whether those services and supports are adequate, and to review that information on a regular basis. The trustee should consider the following resources and suggestions:

1. For beneficiaries participating in a waiver program, disability service providers prepare periodic reports (often called Service Plans or Life Plans¹³) which include information on a beneficiary's preferences, health, family supports, and professional providers. Different programs have different reporting requirements, but most publicly funded programs will require a summary report of some type. These reports can often provide useful information on what services might be available through a government benefit program.¹⁴ The trustee should regularly obtain these reports.
2. If a beneficiary has proactive and well-informed family members, they may be able to provide the trustee with information needed to determine whether a government benefit program is providing an adequate level of goods and services.
3. The trustee can hire a private care manager or other advocate to conduct a comprehensive review of benefit eligibility and available services and provide options for supplementing those benefits and supports.¹⁵

IV. Housing Transitions and Relocation

Among the most difficult and consequential decisions faced by remote fiduciaries are those involving housing transitions. Unlike routine disbursements for clothing or therapy, decisions about whether, when, and how a beneficiary should relocate involve a delicate interplay of safety concerns, service availability, benefit eligibility, family dynamics, and quality of life. For fiduciaries administering Supplemental Needs Trusts (SNTs), these transitions are rarely straightforward and often urgent.

A relocation may be prompted by a variety of factors: the closure of a group home, a decline in the beneficiary's health, a staffing shortage that leaves the current placement unsafe or unsustainable, or even the desire to bring the beneficiary closer to the trustee or family members. Trustees must weigh these considerations carefully while also determining whether they have sufficient, credible information about the beneficiary's

¹³ For individuals served by the NYS Office of People With Developmental Disabilities, see Administrative Directive 18 ADM 06, "Transition to People First Care Coordination" (June 26, 2018).

¹⁴ A word of caution is warranted here. Those with experience reviewing Life Plans (formerly called "Individualized Service Plans" or "ISPs") know that these documents often contain outdated and inaccurate information, largely a result of staff having too many reports to prepare and not enough time and experience to prepare them in a thorough and detailed fashion.

¹⁵ In 2016, the New York State Bar Association Trust and Estates Section Subcommittee Reviewing Changes to EPTL 7-1.12 recommended that the statute be modified so as to require the trustee of a supplemental needs trust to investigate the need for a case manager, to retain a case manager where necessary, and to pay the case manager from trust funds. See Memorandum dated March 30, 2016, from Nina P. Silfen, Esq. Stephanie Hamberger, Esq., and Jonathan Byer, Esq. to Michael Schwartz, Esq., Chair of the Trust and Estate Administration Committee of the Trusts and Estates Section of the New York State Bar Association.

current circumstances, and whether a proposed move truly represents an improvement in care, support, or independence.

Importantly, housing decisions can carry significant Medicaid implications. State Medicaid programs vary in how they fund residential services, and a move across state lines may trigger new eligibility requirements or limit access to existing services. Trustees must therefore assess not only the logistics of the move, but also its impact on public benefits. In some cases, it may be more prudent to fund additional services to stabilize current placement than to initiate a disruptive relocation that risks benefit loss or service interruption.

Remote fiduciaries must also determine whether trust assets can, and should, be used to support the transition. This may include paying for a private housing advocate, funding transitional support, or covering initial living costs not reimbursable by Medicaid or that may adversely impact SSI. These decisions must be grounded in the trustee's discretion under the terms of the trust, but also informed by the beneficiary's preferences, stated goals, and overall well-being. When no guardian or advocate is available to assist with these judgments, or frankly even if there are, the trustee may need to hire a local care manager or other professional to provide a first-hand objective assessment.

Ultimately, decisions around housing transitions must strike a careful balance: proximity to the trustee or family should never come at the expense of continuity of care, and any disruption must be clearly in the best interest of the beneficiary. In all cases, trustees must document their reasoning, consult with all available sources of support, and ensure that their actions are not only permissible under the law and the trust instrument, but ethically and practically sound.

V. Embedding Best Practices in Remote Administration

Fulfilling fiduciary duties in the context of remote caregiving is a dynamic and ongoing responsibility. The complexity of administering a Supplemental Needs Trust (SNT) from a distance, particularly when the beneficiary has diminished capacity or limited support, requires more than legal compliance; it demands active engagement, thoughtful planning, and systems of accountability. Trustees must not only respond to needs as they arise, but also anticipate challenges and implement structures that ensure ongoing, informed decision-making.

To that end, fiduciaries are encouraged to adopt a set of core practices that support both the substantive and procedural aspects of trust administration. These practices begin with a thorough review of the trust instrument. Before authorizing any expenditure, the trustee must confirm that the distribution is permitted under the terms of the trust and, where relevant, under applicable public benefit regulations. Each decision should be backed by clear documentation, including not only the amount and purpose of the expenditure, but also the rationale and any supporting communications.

Regular communication with the care team is essential. Trustees should establish expectations with service providers, case managers, and residential staff regarding the frequency and format of updates. When HIPAA restrictions limit access to necessary records, properly executed authorizations should be obtained to enable the trustee to receive protected information. If these steps are impractical due to geographic or logistical barriers, the trustee should consider hiring a local care manager, social worker, or advocate who can conduct needs assessments and serve as an intermediary.

In complex or high-need situations, trustees may also benefit from appointing a co-trustee, trust protector, or advisory role with specialized knowledge or a local presence. Delegating certain monitoring responsibilities can enhance decision-making and ensure continuity, especially when the trustee cannot be physically present. Whether or not additional fiduciaries are involved, it is critical to maintain case notes that document the trustee's actions, thought processes, and communications. This not only supports accountability but also provides essential context for future decision-making and potential downstream judicial review.

VI. Conclusion

The administration of a Supplemental Needs Trust in the context of remote caregiving is no longer a niche concern, it is a growing reality in an era where families are increasingly dispersed and service systems are increasingly fragmented. Trustees, whether professional or familial, must navigate a maze of legal authority, public benefit rules, interpersonal dynamics, and logistical barriers to fulfill their obligations with diligence and compassion. This work requires more than adherence to statutory duties; it demands creativity, judgment, and the willingness to assemble a network of support that compensates for physical distance. Tools like powers of attorney, guardianship, and HIPAA authorizations provide critical scaffolding, but they are only effective when paired with thoughtful communication protocols, meaningful engagement with service providers, and a clear process for ongoing assessment and oversight. Ultimately, remote fiduciaries must embrace a model of administration that is proactive, flexible, and well-documented, one that honors both the intent of the settlor (in third party arrangements) and the evolving needs of the beneficiary. With proper planning, partnerships, and process, trustees can meet the challenges of distance while preserving the integrity and purpose of the trust and the human they are charged to steward.