



# The Hamaspik Gazette

News of Hamaspik Agencies and General Health

JANUARY '22 • ISSUE NO. 197



## GAZETTE SURVEY

The GAZETTE asks YOU:

**DO YOU START EACH DAY WITH A COFFEE?**  
**A: YES; B: NO; C: SOME DAYS**

Respond to: [survey@nyshainc.org](mailto:survey@nyshainc.org) • 845-655-0667



## HEALTH STAT

### PLAIN COFFEE, EXTRAORDINARY FACTS

Here's a stat or two you didn't know about your ordinary cup of joe:

Cups drunk by Americans yearly	146 billion
Americans making coffee at home	79%
Coffee drunk black (no sugar/milk, etc.)	35%
Average U.S. cup price	\$3.28

Source: National Coffee Association (NCA)



## HEALTH TIP

### THE DAILY GRIND OF COFFEE

Great home-brewed coffee takes great equipment, beans, freshness, water... and even grind, notes the National Coffee Association (NCA). So if you're grinding whole coffee beans, use a burr or mill (not a blade) grinder for best grind consistency. (Also, for max freshness, grind your beans as close to brew time as possible.)

## INSIDE

### HEALTH

**04** Constant interaction in the bustling big city may actually build more mental resilience, says new study

**07** Ultrasound technology continues to make waves in medical research

### HOSPITALS

**22** One in seven patients would have gone to the emergency room if not for telehealth, finds new survey

### HAMASPIK

**08** Integrated Health Care Manager sees, and corrects, the big picture

**09** For the Summit Briderheim family, just another ordinary Bar Mitzvah

### PUBLIC HEALTH

**14** Surgical-industrial complex blamed for patient injuries

### AUTISM

**10** More Bacteroidetes in guts of infants, more developed brains

## HAMASPIK NEWS

**CUTTING THE LINE TO DELIVER ON COMMUNITY MEMBERS' SUPPORT NEEDS**  
IN A DISPLAY OF UNITY, LEADERS OF LONG ISLAND'S "FIVE TOWNS" COMMUNITIES OF CEDARHURST, HEWLETT, INWOOD, LAWRENCE AND WOODMERE JOIN HAMASPIK'S EXECUTIVE LEADERSHIP TO INAUGURATE HAMASPIK'S NEW CENTER.



LOCATED AT 76 COLUMBIA AVE. IN THE HEART OF CEDARHURST, THE 4,000 SQUARE FOOT COMPLEX IS BROUGHT TO LIFE DAILY BY HAMASPIK EMPLOYEES WHO PROVIDE SERVICES, SUPPORT, AND HOPE.

SEE PAGE E12 >>

## TRI-COUNTY CARE NEWS

**"TeamTime" Morale-Building Activities Boost Staff all Across Tri-County Care**

SEE PAGE E3 >>

## HAMASPIK NEWS

**Winds of Potential and Hope at Hamaspik Rockland's new Neshima Seminary for Post-High School Girls**

SEE PAGE E12 >>

## HEALTH NEWS

**With Eye on Lowering Costs, Walmart Launches Own Brand of Prescription Insulin; Works Directly With Drugmaker**

SEE PAGE E3 >>

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NYSHA Inc.  
Published and Copyrighted December, 21  
1 Hamaspik Way  
Monroe, NY 10950

# Services Provided by NYSHA AGENCIES

## OPWDD SERVICES

### INDIVIDUALIZED RESIDENTIAL ALTERNATIVE (IRA)

A supervised residence for individuals who need out-of-home placement.

### INDIVIDUALIZED SUPPORT SERVICES (ISS)

Paid housing expenses and support for individuals who can live independently.

### HOME FAMILY CARE (HFC)

Places individuals with developmental disabilities into private homes to care and support the individual.

### DAY HABILITATION (DH)

A day program for adults with disabilities designed to develop skills, greater independence, community inclusion etc.

**Site Based:** Day Habilitation Service delivered in an OPWDD certified facility.

**Without Walls:** Day Habilitation Service delivered in a community-based setting.

**Stars Day Program:** Day Habilitation Service delivered in an OPWDD certified facility for higher-functioning individuals.

### COMMUNITY HABILITATION (CH)

Working one-on-one with individuals in their home or in the community to achieve valued outcomes by helping them develop daily living skills and achieve long-term goals.

### COMMUNITY PRE VOCATIONAL

Working with individual to prepare them for paid community employment- Teaching individuals job skills and other related social skills to enhance their ability to obtain employment in the future.

### SUPPORTED EMPLOYMENT (SEMP)

Working with individual to support and provide them with necessary coaching so they can successfully engage in paid competitive employment.

### FAMILY SUPPORT SERVICES (FSS)

Support for the individual's family by reimbursing them for certain qualifying items or services, otherwise not available to them.

### INTENSIVE BEHAVIORAL SERVICES (IBS)

Short-term interventional services for people with behavioral issues and their family members.

### RESPIRE:

Home and Community-based respite services to provide a relief for the individual's caregiver and family.

**At-Home:** Respite services delivered in the home of the individual.

**After School:** Respite program provided every day after school hours.

**Sundays:** Respite program provided every Sunday.

**Legal Holidays:** Respite program provided on all legal holidays when school is not in session.

**Summer Break/Camp Neshomah:** Full day respite program during the summer break weeks.

**Stars Night Program:** Respite services delivered in the evening hours to high-functioning individuals by taking them out in the community and doing recreational and stimulating activities with them.

**Weekend Getaway:** A weekend retreat for individuals receiving respite services.

**Hamasmid:** After-School program for mainstreamed individuals engaging in recreational activities.

### SELF-DIRECTION

The Individual or their advocate takes direct responsibility to manage their services and self-direct their budget.

**Fiscal Intermediary (FI):** Assists individual or their advocate in implementing their Individual Support Agreement and to manage financial accountability and employer responsibilities.

**Brokerage:** Assisting individuals or their advocate in creating and managing their budget.

### PARENTAL RETREATS

Providing: Getaways and retreats for parents of individuals with disabilities

## DOH

### EARLY INTERVENTION (EI)

Providing a range of services to help young children (ages birth-3) who have a specific delay in their development.

**Group Development Model (GDM):** Providing Early Intervention services in a group-setting.

**Therapy:** Providing OT, PT, SLP, Vision, Nutrition, Play, Special Education, Family Training etc. to help the child develop appropriately.

**Evaluations:** Providing full evaluations to assess child's skills and development.

### NURSING HOME TRANSITION AND DIVERSION (NHTD)

Waiver services to help individuals who need nursing-home level of care safely remain home and avoid nursing home placement.

**Service Coordination (SC):** Provides coordination to the individual in gaining access to needed waiver and Medicaid State Plan services, as well as other local, state, and federally funded educational, vocational, social, and medical services.

**Community Transitional Services (CTS) / Moving Assistance (MA):** Provides moving assistance with packing and transporting individual's possessions and furnishings when he/she must be moved from an inadequate or unsafe housing situation to a viable environment.

**Environmental Modifications (EMODS):** Provides Internal and external physical adaptations to the individual's home, that are necessary to assure the health, welfare and safety of the individual and avoid institutionalization.

**Vehicle Modification (VMODS):** Modifications to a vehicle that is used to improve the individual's independence and access to services and supports in the community.

**Assistive Technology:** Provides durable medical equipment and supplies for the individual to increase their level of independence, safety, and functional limitations.

### TRAUMATIC BRAIN INJURY (TBI)

Waiver services to help individuals who had a traumatic brain injury.

**Service Coordination (SC):** Provides coordination to the individual in gaining access to needed waiver and Medicaid State Plan services, as well as other local, state, and federally funded educational, vocational, social, and medical services.

**Community Transitional Services (CTS) / Moving Assistance (MA):** Provides moving assistance with packing and transporting individual's possessions and furnishings when he/she must be moved from an inadequate or unsafe housing situation to a viable environment.

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**Assistive Technology:** Provides durable medical equipment and supplies for the individual to increase their level of independence, safety, and functional limitations.

### SENIOR DINING/SOCIAL DAY PROGRAM (SHNOIS CHAIM)

Providing: Daily onsite lunches and social/educational activities for community seniors (Orange County only). Meals funded by NYSOFA, Orange County OFA and the Administration of Aging.

## HAMASPIK CHOICE

### MLTCP:

Providing: A managed long-term care plan (MLTCP) approved by New York State.

## HMO/INSURANCE

### ABA

Behavior modification services for children with autism.

**Social Group:** ABA service delivered in a group setting.

**One on One:** ABA service delivered on a one-on-one basis in the child's home or community.

## HAMASPIK HOMECARE

### LHCSA

Licensed HomeCare Services Agency .

### Personal Care Services

Our PCA/HHA assist individuals with personal care needs, activities of daily living, and light housekeeping. They are extensively trained, and screened, and are supervised by RN.

### Support Services

Our HCSS Certified Aides assist those enrolled in the NHTD or TBI Medicaid Waiver Programs with oversight and supervision, in addition to personal care services.

### Nursing Services

Providing: skilled observation and assessment - care planning - paraprofessional supervision - clinical monitoring and coordination - medication management - physician - ordered nursing interventions and skilled treatments.

### Training

Providing: free PCA training and competency testing for those interested in a home care career.

### CDPAS/CDPAP

As an alternative to traditional homecare, this program empowers the client to hire, train, and set the schedule of their personal assistants (PA). The PA's may be family members and can even live in the same home.

## NYC HCR

### ACCESS TO HOME

Providing home modifications for people with physical disability.

## NYSED SERVICES

### ACCESS VR

Assist individuals to achieve and maintain employment and to support independent living through training, education, rehabilitation, and career development.

### PATHWAY TO EMPLOYMENT

Employment planning and support services that provide assistance for individuals to obtain, maintain or advance in competitive employment or self-employment.

## NYSHA

### ARTICLE 16 CLINIC

Providing: Physical therapy · occupational therapy · speech therapy · psychology · social work · psychiatry · nutrition

### TRAINING SESSIONS

Providing: SCIP · CPR and first aid · orientation · MSC CORE · AMAP · annual updates · Com Hab/ Respite · Family Care · Supported employment

### CENTRAL INTAKE

Providing: The first contact for a person or family in need of Hamaspik services

### THE HAMASPIK GAZETTE

Providing: A bilingual monthly newspaper keeping the community up-to-date on all major news in medicine, public health, disability, hospitals, senior care, and general Hamaspik news.

## OMH

### ADULT HEALTH HOME CARE MANAGEMENT SERVICES

Intensive, comprehensive care management for Adults with chronic condition(s) and/or mental health issues at greater risk for relapse and/or lack of care.

### CHILDREN HEALTH HOME CARE MANAGEMENT SERVICES

Intensive, comprehensive care management for children with chronic condition(s) and/or mental health issues at greater risk for relapse and/or lack of care.

### ADULT HCBS SERVICES

Behavioral Health Home and Community-Based Services for eligible adults over the age of twenty one.

**Community Psychiatric Support and Treatment:** Support and treatment to achieve functional improvement and stability, while working to attain the personal goals in a community setting.

**Family Support and Training:** Family training and support to engage the family in the treatment planning process and provide them with emotional and informational support to enhance their skills to assist in the recovery.

**Psychosocial Rehabilitation:** Assists with rehabilitating functional deficits and interpersonal or environmental hardships associated with the behavioral health condition.

**Empowerment Services-Peer Support:** Peer-delivered services designed to promote skills for coping with and managing behavioral health symptoms, while utilizing recovery-oriented principles.

**Habilitation:** Assist to acquire and improve skills such as: communication, self-care, socialization, mobility, etc. to successfully reside in home and community-based setting.

**Intensive Supported Employment:** Assists to obtain and keep competitive employment.

**Prevocational Services:** Prepares for employment, developing strengths and soft skills that contribute to employability.

**Transitional Employment:** Strengthens the work record and skills toward the goal of achieving assisted or unassisted competitive employment.

**Ongoing Supported Employment:** Ongoing follow-along support when holding down a job.

### CHILDREN HCBS SERVICES

Behavioral Health Home and Community-Based Services for eligible children from birth to twenty one.

**Prevocational Services:** Designed to prepare a youth (age 14 or older) to engage in paid work, volunteer work, or career exploration. Prevocational Services are not job-specific, but rather are geared toward facilitating success in any work environment.

**Caregiver Family Support and Services:** Teaches skills to caregiver/family's that will enhance their ability to care for the child/youth in the home and/or community.

**Community Self Advocacy Training and Support:** Provides family and caregivers with techniques and information not generally available so that they can better respond to the needs of the Individual related to their disabilities.

**Community Habilitation:** Provides assistance with learning social skills, daily living and health related duties by working with the individual on goal-oriented tasks.

**Supported Employment:** Designed to prepare youth with disabilities (age 14 or older) to engage in paid work.

**Planned Respite:** Provides short-term relief for the individual's family/caregiver while supporting the individual's mental health, substance use and/or health care goals.

**Day Habilitation:** Provides assistance with learning social and daily living skills in a certified agency setting.

► TRI-COUNTY CARE NEWS

# Morale-Building “TeamTime” Phenomenon Sweeps Tri-County Care Employee Body

*In Describing Quarterly Get-Togethers, Supervisors and Staff Convey Agency-Wide Revolution*

Communication. Professional development. Camaraderie. Appreciation.

At your average company morale-boosting event, there's going to be a good bit of that among your team members.

And if your company is a sprawling New York organization fielding dozens of employee teams supporting thousands from Albany to Long Island, there's going to be a quite a few team-building events.

For a company that big, with that many employees, that's a veritable morale-boosting revolution. Enter TeamTime.

Tri-County Care, that sprawling New York organization, boasts nearly six dozen employee teams. And each team has been enjoying TeamTime since the concept arrived a few months ago.

TeamTime, as its title implies, is team-building time—an off-premises, informal get-together for supervisors and staff in the course of which

superiors and subordinates get to better know each other personally and nurture positive relationships professionally.

TeamTime events have been as diverse as Tri-County Care's staff body itself, which boasts employees from every ethnicity and fluency in 30-plus languages. Morale-building TeamTimes, held every one to three months per team discretion, have ranged from bowling alleys to ballparks and from restaurant lunches to virtual live events online.

The TeamTime idea was the joint answer to the question of how to build workplace relationships. “Staff are so busy getting their work done,” explains Tri-County VP of Human Resources Mrs. Blimi Kornbluh, “but also want to get to know their coworkers.” Adds VP of Operations Mrs. Nechama Nissenbaum: “Basically we want them to relax, enjoy some down-time, and get to know one another.”

And one way to get to better know

your coworkers, naturally, is to get stranded together on the beach of a deserted island.

Regional Director Mrs. Goldy Holczler, one of Tri-County's dozens of team leaders, opted for the left-on-an-island scenario for her team. Meeting in an online virtual escape room (those things will never get old, don't you think?), Regional Director Holczler and team worked as a team to solve puzzles and crack codes to get a virtual boat engine started within an hour.

“It was a great experience,” she recounts, as staff took a break from work to enjoy some time together in a non-work environment—and to get to know each other better and build a team connection.

But the benefits of working together to virtually flee an abandoned island carry forward long after everyone's safely back home and behind their very real desks.

TeamTime “builds a sense of

camaraderie which carries over to their day-to-day work,” says Mrs. Shira Jacobs, Tri-County's Director of Intake and Outreach, asked what workplace benefits she noticed among staff due to TeamTime. “Recognition of hard work,” submits Mrs. Holczler. According to Mrs. Kornbluh, TeamTime lets coworkers see each other's true human sides—building not just relationships but friendships, too.

And it's that camaraderie, recognition and friendship that comes to the workplace fore when Care Managers are out and others cover for them, proudly points out Regional Director Mrs. Perry Zelik. Inspired by TeamTime, Care Managers will unite and collaborate when a client family, though not their own, is in crisis, networking for effective resources and delivering results.

Those are things for which you don't necessarily need an escape room. But TeamTime certainly helps! ★

► HEALTH NEWS

# In Partnership with Drugmaker, Walmart Launches Private Brand of Prescription Insulin

*Vials and FlexPens of Novo Nordisk's NovoLog Prescription Insulin Available at Lower Prices at Walmart Stores*

**Bentonville, Arkansas** — While prices for insulin, a vital drug for people with diabetes, are notorious for their staggering (and ever-rising) heights in recent years, Walmart has now done something that it's done for lots of other things: Sell more of them for less.

According to the retail giant, shoppers will be able to save up to 75 percent off the cash price for other insulin products.

Specifically, the big-box store is now retailing NovoLog, a prescription-only version of insulin made by the Denmark-based Novo Nordisk, for \$72.88 per vial and \$85 per FlexPen. The two NovoLog-containing items will join Walmart's existing ReliOn brand of diabetes-care products.

Those prices will save consumers



**ECONOMIC SHOT IN THE ARM FOR DIABETICS: WALMART'S NOVOLOG PRICES NOW CHEAPER**

between 58 to 75 percent of the cash price for other insulin products, Walmart said in an announcement. That equates to savings of up to \$101 per branded

vial and \$251 per package of branded FlexPens, according to the company.

To allow it to offer NovoLog in both vials and FlexPens at a far lower price, the

retail giant worked directly with Novo Nordisk. “We know that many people with diabetes struggle to manage this chronic condition,” said Cheryl Pegus, M.D., executive vice president of Walmart Health and Wellness, in a briefing with reporters. In fact, according to Walmart's internal data, some 13 percent of its customers have diabetes.

Walmart has had the items available in Walmart pharmacies nationwide since this June, and in Sam's Club pharmacies since mid-July, according to the announcement. Walmart's ReliOn brand line also includes other diabetes management tools like glucose monitors, lancets and other items.

Diabetes patients who are interested in switching to the drug will require a prescription, though. ★

## Hamaspik Gazette

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# Happening in Health Today

## POST-HEART-ATTACK PATIENTS FROM BETTER NEIGHBORHOODS DO BETTER

**Los Angeles, California** — How well a person does after coming home from the hospital for a heart attack depends on quite a few factors. But now, new research finds that what neighborhood the person lives in could play a key role in his or her long-term survival.

Researchers at Kaiser Permanente's Los Angeles Medical Center found that patients in poorer neighborhoods had a lower chance of survival over five years. They looked at records for over 31,000 heart-attack patients from 2006 to 2016. They found that patients from poorer neighborhoods were 19 percent likelier to die within five years of their heart attack than rich-neighborhood counterparts.

"What this study shows is that a patient's post-discharge environment also matters when it comes to long-term health outcomes," said Kaiser researcher Dr. Ming Sum Lee.

The findings were recently published in the *Journal of the American College of Cardiology*.

## DRUG FOR ALS SHOWS EARLY PROMISE AGAINST ALZHEIMER'S

**New York, New York** — According to a Phase II clinical study, a known drug used for over 20 years to slow down amyotrophic lateral sclerosis (ALS) can also help people who have mild Alzheimer's disease.

Riluzole has been used for more than two decades years to slow progression of ALS. The study found that the drug also slowed brain metabolic decline in people with mild Alzheimer's—and also had a positive effect on cognition.

To arrive at its conclusions, the study gave participants either the drug or a placebo twice daily for six months.

In early Alzheimer's, something called *glutamate dysregulation* is believed to start a cycle of toxicity in the brain. Riluzole targets a neurotransmitter in the brain called glutamate. That neurotransmitter plays a crucial role in the ability of

nerve cells to send signals to one another.

The study found significant changes in glutamate levels in patients who received the drug.

## YET ANOTHER STUDY TIES LOW VITAMIN D TO HIGH COVID RISK

**Boston, Massachusetts** — Significantly lowering risk of contracting COVID is as easy as A-B-C-D, it turns out.

Several earlier studies in recent years and even months have found

that people with normal levels of vitamin D were significantly less likely to get the COVID-19 illness. What's more, among those who did fall ill to the virus, those with age-appropriate high or even normal levels of vitamin D were significantly less likely to be hospitalized. Finally, among those hospitalized, those with good vitamin D levels were significantly less likely to be put on ventilators—and those who were, were significantly likelier to get off ventilators and fully recover.

Now, a study of U.S. black women finds that risk for COVID-19 infection

was lower for those with levels of vitamin D higher than 20 nanograms per milliliter (ng/mL). Normal levels of vitamin D are generally anything above 30 ng/mL.

## MASSAGE THERAPY SQUEEZES INFLAMMATORY CELLS FROM INJURED MUSCLE ISSUE, SCIENTISTS FIND

**Boston, Massachusetts** — Massage has been used for centuries to treat sore or injured muscles. But now, scientists at Harvard's Wyss Institute for Biologically Inspired Engineering have a much more scientifically precise reason why and how a good massage actually helps.

In short, it's because massaging muscle tissue squeezes inflammation-causing cells out.

Treating muscle-injured mice with a custom-built miniature massage machine, Harvard scientists found that the treated mice had far less neutrophils after three days of regular massage than untreated mice. Neutrophils are immune cells that help cause muscle inflammation.

By injecting *fluorescent*, or "glow-in-the-dark," molecules into massaged mouse muscle tissue, the researchers were able to show that massage caused more molecule movement inside the muscle—and thus more flushing out of inflammation-causing neutrophils.

## LOSE WEIGHT—DON'T DRINK DIET SODA: STUDY

**Los Angeles, California** — Not that we need a scientific study to prove that diet sodas don't exactly work, but now a study by the University of Southern California (USC) suggests exactly that.

Recently research at USC says that *sucralose*, the artificial sweetener used in many such diet beverages, may actually be responsible for increasing food cravings and appetite.

In a clinical trial, researchers had 74 participants drink 300 milliliters of fluid: beverages sweetened with table sugar, sucralose, or water (as a control). They did so at three different sessions.

In the two hours that followed, MRIs checked how brain regions involved in appetite and food cravings reacted when participants were shown pictures of foods like a burger or doughnut.

Participants whose drinks contained sucralose showed increased activity in those brain areas. Those whose drinks contained table sugar did not. ★

## BUSTLING BIG-CITY LIFE ACTUALLY BETTER FOR MENTAL HEALTH: STUDY



**MORE PEOPLE, MORE RESILIENCE:** CONSTANT INTERACTION MAY BUILD STRONGER MINDS

**New York, New York** — It's long been the stereotype that "life in the big city" is stressful while conversely, escaping to the bucolic reaches of the suburbs and beyond is better for your brain.

But a new study now suggests quite the opposite.

The study in the *Proceedings of the National Academy of Sciences* draws on mathematical models and multiple datasets to try to gauge how city size and the "built environment," like structures and roads, influence depression.

It turns out that the casual social interactions that big cities force upon residents—think navigating crowded streets and public transportation—help buffer against mental health strain.

The study builds on previous unrelated research that found that people residing in "walkable communities"—locales where most of their circles of friends, retailers and caregivers were within walkable distance—had overall better mental and physical health, as well as greater longevity. ★

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~~"A picture is worth a thousand words"~~

# Sometimes, a few words are needed to get the full picture!

## Progress Notes 9/6/21

Note#000789

Supervisors and Care Managers discussed the obstacles to help client's family receive services for their **children**. Client is struggling with her **mental health** and is frustrated that she isn't receiving more assistance with her children and household. An action plan was developed to ensure that children receive appropriate services and Care Manager will reach out to client to continue developing rapport and encourage her to consider **therapy**.

Actual notes\* of the work our **CARE MANAGERS** do with our **clients** daily

(\* with slight modifications to protect client identity)

Note#000588

Client is continuing to respond well with Suboxone treatment post **detox**. The **hoarding** issue has reached a serious level where hygiene is threatened. Care Manager was able to connect with a government assistance **resource** providing mold remediation and access-to-home modifications which will help with the above as well with client's difficult **mobility** issues.

Note#000298

Client expressed that he has no extended family support—coming from a **dysfunctional family**. Client isn't an American citizen, and his green card will expire in one year, and he would like assistance reapplying, or help with gaining citizenship. Client isn't satisfied with his current **therapist** and would like to find someone new. Additionally, client is struggling financially, and would like assistance finding a **new job**. Client noted his **strength** of "I live in the moment. I'm happy, and I can take care of shopping and arranging things." Care Manager will assist client with his citizenship, therapist, and job.

Note#000752

Care Manager called **psych-hospital** to check in with client. Client was pleased with the call. Client sounds a lot better; it seems that the medication reset was helpful. Client expressed sadness with his inability to engage in **prayers** properly since he's there. Care Manager arranged for the Chaplain visit him on Friday. Client was very thankful to meet the Chaplain and be able to pray properly.

Care Management is available **FREE** to all adults with NYS Medicaid who are battling mental illness

**UPSTATE** 845-503-0444  
Intake@IntegratedHealthRC.org  
www.IntegratedHealthRC.org



**BROOKLYN** 718-387-8400 ext 13  
intake@hamaspikings.org

● ► HAMASPIK NEWS

# Good-Old Service and Heart in Hamaspik's Newest Location

## Hamaspik expands to the Five Towns

“For so many parents of children with special needs, getting services meant dealing with agencies from other communities,” says Mrs. Chava Laufer, OPWDD-HCBS regional manager in the Five Towns. “We needed a local agency that could provide services in a way that would feel comfortable to our families. Hamaspik, always on the lookout to serve even more people even better, saw the opportunity to help people here.”

Looking to provide the signature Hamaspik services “for the community, by the community,” they put together a team of devoted coordinators and care managers from the Far Rockaway and Five Towns area. This way, every client will feel right at home with every service, program, and worker. But that’s not all. The state-of-the-art office provides people with the convenience of simply walking in, asking questions, signing up for services, and gives easy access to meetings.

The ribbon-cutting ceremony of the new location took place this past week, followed by the *kvias mezuzah*. The community was invited to tour the beautiful office and enjoy a lavish meal celebrating the grand opening. Inspiring speeches and great entertainment followed, making it a beautiful evening for all.

Rabbi Josh Sturm, Rav of Young Israel of Staten Island, served as the emcee, sharing the history of Hamaspik and how vital their

services are. “Hamaspik is the pioneer in helping people going through challenges. For years now, they’ve been the frontrunners in providing services, and they do it with signature compassion,” he said with feeling. “Now, they’re bringing it here, for this community to benefit from as well.”

Keynote speaker, Rabbi Asher Stern, Rav of Kehilas Bais Avrohom Zev of Lawrence, extolled the virtues of the “*malachim*” at Hamaspik, referencing *pesukim* in the week’s *parshah*. His penetrating words moved and inspired everyone present.

Next, Rav Sturm introduced  
CONTINUED ON PAGE 7 >>



FULL CIRCLE: FIVE TOWNS PILLAR DR. ELIAS SIMAI (L) LISTENS AS HAMASPIK FOUNDER MEYER WERTHEIMER SPEAKS; YEARS AGO, DR. SIMAI SERVED KIRYAS YOEL, BIRTHPLACE OF HAMASPIK



FIVE TOWNS, ONE SPECIAL-NEEDS ADDRESS: WITH ITS CENTRALLY-LOCATED NEW FACILITY, HAMASPIK HELPS COMPLETE ANOTHER COMMUNITY



OPENING DOORS: MEYER WERTHEIMER (L) PLACES THE FRONT-DOOR MEZUZAH, FOLLOWED BY HAMASPIK KINGS' EXECUTIVE DIR. HERSHEL WERTHEIMER (C) AND CHIEF OF STAFF NAFTALI TESSLER (R). LED BY MANAGER CHAVA LAUFER, THE NEW CENTER PROVIDES OPWDD PROGRAM CARE MANAGEMENT FOR HUNDREDS, AND ITS "MILESTONES" EARLY INTERVENTION (EI) PROGRAM FOR TOTS

● ► HAMASPIK NEWS

## Good-Old Service and Heart in Hamaspik’s Newest Location



**A UNITED FRONT:** COMMUNAL LEADERS (L) AND HAMASPIK STAFF (R) AT THE GRAND OPENING



**TAKING IT FROM THE TOP:** KINGS COUNTY EXEC. DIR. WERTHEIMER LAYS OUT A NEW VISION

<< CONTINUED FROM PAGE 6

R' Meyer Wertheimer, Founder of Hamaspik, saying, “Back in the day, children with special needs were called ‘closet kids.’ They were shunned and not cared for properly. Hamaspik mitigated the stigma for the special needs community, and they are well on their way to do the same for mental health.”

R' Meyer Wertheimer’s speech only solidified Rav Sturm’s warm words. He spoke about the expansion to the Five Towns, and what drives Hamaspik to keep doing so. He pointed out as well, that the *parashah* talks about *malachim*, and how the Hamaspik employees personify that.

“We’re not here just to provide services,” said Mr. Hershel Wertheimer,

Executive Director of Hamaspik of Kings County, We truly want to support and give hope to each and every client. Setting up a new location required months of work and tireless effort, but it all serves the Hamaspik promise of putting clients first. In fact, we’re working with all the local Rabbani to ensure that our services meet their needs and standards.

At this time, I’d like to extend my

appreciation to Mrs. Chava Laufer, OPWDD HCBS Regional Manager, for all she’s done with ceaseless devotion. She gave it her all to successfully set up our newest regional office in the Five Towns!”

The new location has already started with hundreds of satisfied clients, and Hamaspik of Kings County is looking forward to what’s ahead. ★

● ► HEALTH NEWS

## In New Trial on Brain Tumors, Focused Ultrasound (FUS) Continues to Make Waves

*Sound/Drug Combo Temporarily Opens ‘Brain Gate’ to Admit Meds to Targeted Spot; Inaudible Sound Already Being Used to Improve Various Other Conditions*

**San Diego, California** — Ultrasound has been around for decades—primarily in the area of imaging scans. But in recent years, various small clinical trials have been finding that the technique may help treat various conditions.

In 2012, at least one study was looking at using ultrasound for fat reduction and weight loss. The technique was hoped to cause the dissolving of fat cells without using invasive surgeries.

In 2015, University of Florida at Gainesville researchers reported that brain swelling—which often occurs post-stroke and is used to measure stroke severity—can be measured with ultrasound. Specifically, they found that using ultrasound to measure thickness of the *optic sheath*, the optic nerve’s casing, was effective in measuring brain swelling—but



**NOW HEAR THIS!** ULTRASOUND IS MAKING WAVES ON A NUMBER OF NEW MEDICAL FRONTS

without the normally invasive swelling tests.

In 2018, researcher Dr. Nir

Lipsman of the Toronto, Ontario-based Sunnybrook Health Sciences Centre and team combined

ultrasound, microscopic bubbles in the bloodstream and drugs to open up areas of the brain closed to drugs. First, the tiny bubbles were injected. Then drugs were injected. Then ultrasound targeted the blood-brain barrier: the brain’s built-in “filter” that keeps out molecules above a certain size. The blood-brain barrier keeps out many bugs. But it also blocks entry of drugs that help treat Alzheimer’s. But bubbles vibrated by the ultrasound opened the blood-brain barrier to the drugs. The barrier also closed within 24 hours, with no harm to patients.

This past May, a team at the St. Louis-based Washington University used tiny ultrasound-triggered heat “dots” to precisely control motor activity in live mice.

And this past October, Dr. Lipsman and team repeated his method to give drugs access to brain tumors. ★



## Happenings around Hamaspik

“I Scream, you Scream...”



...WE ALL SCREAM FOR ICE CREAM!™: YIDDY AND ELAZAR (L-R, TOP) CELEBRATE ADJACENT BIRTHDAYS WITH TREATS AT A PIZZA SHOP (BOTTOM) FOR THEIR FRIENDS FROM DAY HAB

## One for the Books: “Readers’ Gazette” Health Info Exchange Column Now in Print Form

Popular Yiddish Gazette Feature Published as “GezintTips”; Three-Volume Illustrated Set Covers 370 Medical Subjects

“I tried every pediatrician and specialist for my daughter’s stomachaches, but nothing helped. If anyone knows of a nutritionist who can help, I may be reached at...”

“To the writer who wrote about her father’s uncontrollable blood pressure, we found Dr. ... of Johns Hopkins in Baltimore to have answers that no one else had (and we tried everyone else!)”

Those are the kinds of Yiddish-language letters you’ll read in the *Leiners’ Gazette*: A veritable treasure-trove of sincere and earnest questions—and authentic first-hand lay answers and testimony—on medical problems from the minor to the monumental.

Now, for the first time in its history, it’s in book form.

The three-volume set will contain several thousand original letters—both questions and answers—neatly organized across some 370 distinct medical subjects. The information will

be rounded out with original medical illustrations and many “insider tips” on various conditions.

The *Leiners’ Gazette* (Yiddish for *Readers’ Gazette*) is not just the most popular and avidly-read feature of the Yiddish edition of the *Hamaspik Gazette*, as it has been since its inception—it’s a veritable community institution.

As the first page eagerly turned to by many readers with each new *Gazette’s* monthly arrival, the *Leiners’ Gazette* continues to function as a community forum for medical tips and information you won’t get anywhere else—a grapevine in print whose content you trust. It’ll be hitting bookstores soon under the title “GezintTips” (Yiddish for HealthTips), bringing the column’s collective years of trusted information to community members’ fingertips.

But more than that, it’ll be furthering Hamaspik’s brand once again. ★

## Food for Progress: Securing Client’s SNAP Benefits, Integrated Health Gets Real Issues

Senior Care Manager Blimie Kraus Clears Disarray of Food Insecurity, Addresses Individual’s Holistic Big Picture

For one of the many adults supported by the ministrations of Integrated Health, food insecurity was one of many desperate daily realities—and a symptom of underlying mental illness going insufficiently addressed.

The woman, a client of Hamaspik’s still-growing Integrated Health mental-health support services for adults, couldn’t buy basic necessities. “She was so desperate that she had to borrow money to pay for minimal groceries,” notes Senior Care Manager Mrs. Blimie Kraus.

Integrated’s Care Managers support people on many fronts—primarily advocacy, like finding that good mental-health specialist, securing the appointment and even arranging rides, and good-old-fashioned “being there”: lending a hearing ear, a caring heart and a helping hand.

But “while finding the right therapist is our top priority,” explains

Mordechai Neuman, LCSW, Integrated Health’s Director, “sometimes you need to meet clients where they’re at—and if they’re not ready for therapy, we focus on other wellbeing items like food, housing, jobs, or community support.”

Or government benefits like a simple SNAP or SSI application: Normally a simple (although never-guaranteed) process, “it can end up taking months of appeals and advocacy,” notes Care Manager Supervisor Mrs. Tzipora Sherman, MHC.

So Mrs. Kraus got her client approved for the Supplemental Nutrition Assistance Program (SNAP) after months of extensive paperwork, follow-up calls and effort.

“The moment of light was to listen to the voicemail she left me,” reports Mrs. Kraus. “She said, ‘Today is the first time I was able to shop for food and actually pay in a respectable manner.’” ★

● ► HAMASPIK NEWS | HAPPENINGS AROUND HAMASPIK

# A Family Bar Mitzvah Celebration Like Any Other

*Hamaspik of Orange County Happily Hosts Shia G.'s Coming of Age*

“Disability” is so *beside the point*. It’s passé. Diversionary. Today’s social equivalent of chaff. What began with the ending of institutions continues today with the well-established new normal of the fullest-possible mainstream inclusion: as in, you turn thirteen and become a *Bar Mitzvah* under Jewish law, you have a party. Period. Who cares if you have Down syndrome?

That spirit was palpably in the air at the Hamaspik Terrace hall in upstate Kiryas Joel, as Hamaspik of Orange County happily hosted a perfectly-average elegant Bar Mitzvah party for Yehoshua “Shia” G., a beloved resident of the agency’s Summit Briderheim.

In attendance were Summit Manager Jacob Safdie and Direct Support Professionals (DSPS) Shimon Markowitz, Aaron Reisman and Sholom Rubinstein. Moses Wertheimer, Executive Director of Hamaspik of Orange County and enthusiastic driver of the event, was naturally present. Hamaspik stalwarts Solomon Gelb, Solomon Eckstein, and Mrs. C.M. Landau and Mrs. B. Katina also assisted.

But most important was the presence and participation of Shia’s entire

extended family: father and mother, sisters and brothers, uncles and aunts, and even beloved grandparents. His entire support team was also there—therapists and caregivers past and present—as well as classmates.

From the candle-enhanced royal head table to dessert cookies bearing “Yehoshua”; from flowers and miniatures on each table to a specialized menu; from the heartfelt speeches to the tiny-tot cousins romping about; it was the classical mainstream family Bar Mitzvah. There was even a Bar Mitzvah song composed and distributed on gift CDs for all guests just for the occasion—and all arranged by Hamaspik.

The next day, on his actual birthday, Shia put on tefillin (the Torah-mandated leather “prayer boxes” on arm and head; a.k.a. phylacteries) for his first time like every other Bar Mitzvah boy. Looking on, the Summit family was touched as Shia sat quietly and patiently in tefillin, a new man. In fact, his so equally touched was Shia’s family that they couldn’t part—staying the weekend near the Summit IRA to spend as much time as possible with Shia and his peers while being hosted by the Safdies.

Which was exactly the remarkably unremarkable idea. ★

# Trucking Along in Maintaining Hamaspik Rockland’s Group Homes

*Hamaspik of Rockland County Acquires New Pick-up Truck to Support Maintenance, Repair Work at Agency Residences*

Sporting the same two-tone blue trim that marks Hamaspik of Rockland County’s newest minivans, the agency’s IRA Maintenance truck looks like it just rolled off a showroom floor.

Which it kind of did, given that it’s brand-new.

Hamaspik of Rockland County recently took delivery of a service vehicle that’s long been overdue. Given its sizable number of Individual Residential Alternatives (IRAs) across the county’s greater Monsey area, the agency had long required a workhorse capable of hauling bulk supplies and orders from regional wholesalers, as well as the raw materials occasionally needed for interior and exterior repair and maintenance.

Besides bringing dry goods to the Hamaspik IRAs dotting the county, the horsepower is especially required come winter—when snowed-in driveways

can pose their notorious passability challenge. It really doesn’t take a lot of the wintry precipitation to create a shut-in situation—and when there are programs to attend and personal growth to be had, you don’t want to be waiting for a hired snowplow. The IRA maintenance truck, to be fitted with its own front shovel, will be keeping driveways clear—and Hamaspik residents and their IRA vehicles—coming and going as if it’s an ordinary spring day.

In immediate post-blizzard scenarios, the truck will be rolling in loaded not just with snowplow but with a small crew armed with shovels, too, to clear off and salt those critical front doorways and walkways and prevent those slippery mishaps that all-too-often can be dangerous.

Does all that really require a Ford F-350 heavy-duty pick-up truck? You bet! ★

## Man of the Hour



**CAN YOU SPOT THE DIFFERENCE? EXACTLY:** COUNTERCLOCKWISE FROM TOP, SHIA BREAKS BREAD WITH MR. SAFDIE, STRIKES A POSE, AND HEARTILY SHARES THE LOVE WITH HIS EVER-CARING MANAGER

## Yes, we do House Calls



**ALWAYS PLOWING FORWARD:** HAMASPIK OF ROCKLAND COUNTY’S NEWEST EMPLOYEE TEAM CONSISTS OF 385 SUPPLY-LUGGING, SNOW-SHOVELING HORSES UNDER THIS HOOD

# The Autism Update

News and developments from the world of research and advocacy

## NEW YORK AMONG STATES GETTING MORE FEDERAL RESPITE-CARE FUNDING

Washington, D.C. — Respite care has been a long-running federally-funded program in many states. That program, geared for parents and caregivers of children with autism and other special needs, gives them temporary relief from the common daily routines and stress of caregiving.

Under the Lifespan Respite Care State Program Enhancement Grant, a program of the Administration for Community Living (ACL), some \$11 million has now been awarded to ten states over five years—including New York.

The funding will be used to expand and enhance respite services, improve coordination and dissemination, bolster quality and make programs easier to access, according to the ACL.

Washington lawmakers had earlier approved the Lifespan Respite Care Reauthorization Act, which increases funding for the Lifespan Respite Care Program to \$10 million annually through the 2024 fiscal year. The program had previously received \$2.5 million per year.

## KETAMINE HELPS KIDS WITH ADNP IN SMALL STUDY

New York, New York — In a small clinical trial conducted by New York City's very own famed Seaver Autism Center, low doses of ketamine were found to reduce adverse behaviors in children with who have ADNP syndrome. The syndrome is a condition that causes a wide variety of signs and symptoms—primarily intellectual disability and autism.

The study gave a single dose of ketamine to ten children with ADNP syndrome, followed by follow-up testing at 1, 2 and 4 weeks later. Ketamine is a long-approved anesthetic normally used in hospitals.

According to Seaver clinical director Dr. Alexander Kolevzon, ketamine was associated with “statistically significant improvement in a wide array of domains, including social behavior, attention deficit and hyperactivity, restricted and repetitive behaviors, and sensory sensitivities.”

The study also found improvements

in social communication, speech, and activities of daily living.

## NEW YORK SNAGS TWO SPOTS ON ‘TOP TEN CITIES FOR PEOPLE WITH DISABILITIES’

Washington, D.C. — New York City, if not New York State, is a “Top Ten” destination for a lot of people for a lot of different reasons.

Now, the Empire State can also boast that two of its largest cities are also rated among America's “Top Ten” when it comes to quality of life for people with disabilities.

In a coast-to-coast comparison study of some 180 major U.S. population centers, financial-services company WalletHub found that upstate Rochester and the downstate New York City respectively ranked No. 2 and No. 8 nationwide when it comes to “Quality of Life” for people with disabilities.

WalletHub ranked quality by life by such measures as public accessibility and effectiveness of state Medicaid programs.

According to the CDC, one in four U.S. adults has a disability that impacts their major activities.

## GUT BACTERIA LINKED TO BABY BOYS’ BETTER BRAIN SKILLS

Edmonton, Alberta — According to a new study, infant boys with a higher composition of a particular gut microbiota show enhanced neurodevelopment.

Scientists with the University of Alberta followed over 400 infants whose parents had signed them up for a research project called the CHILD Cohort Study (CHILD).

The study found that boys with a gut bacterial composition that was high in the bacteria *Bacteroidetes* at one year of age were found to have more advanced cognition and language skills one year later.

Researchers studied bacteria found in samples from the infants and identified three different groups exhibiting similar dominant clusters of bacteria. They then evaluated the infants on a variety of neural developmental scales. Of those groups, only the male infants with *Bacteroidetes*-dominant bacteria showed signs of enhanced neurodevelopment.

## STUDY LINKS AUTISM-ASSOCIATED GENE WITH (LESS) ITCHING



**A REAL HEAD-SCRATCHER:** A GENE ASSOCIATED WITH REDUCED ITCH RESPONSE IN MICE MAY ALSO HAVE A PART IN LESS ITCHING AND SCRATCHING IN CHILDREN WITH AUTISM

Raleigh, North Carolina — Autism is all too often associated with repetitive behaviors like scratching or itching. However, according to new research by North Carolina State University, it could turn out that having autism may actually prompt less itching, not more.

The research found that a gene associated with autism spectrum disorder (ASD) and pain hypersensitivity may actually decrease itch response. Atopic dermatitis and pain

hypersensitivity are both conditions associated with some types of ASD.

The gene in question, *contactin associated protein 2* (CNTNAP2), is thought to be linked to a mutation that is already associated with some forms of autism.

To find any connection, researchers first exposed mice with or without that gene to itchy substances. They then compared both groups' responses. They found that mice without the gene had a reduced itch response. ★

## YOUNG-ADULT DISABILITY DIET/ EXERCISE STUDY FOR SHOWS PROMISE FOR HEALTHY HABITS

Cincinnati, Ohio — A pilot program focusing on the health, diet and exercise habits of young adults with intellectual disability has been found to be significantly effective.

The small study by the University of Cincinnati (UC) found that young adults with autism spectrum disorder (ASD) and intellectual disabilities (ID) were able to lose or maintain their weight when a system of education and support was in place.

The UC researchers oversaw a nutrition and exercise instructional program that involved 17 participants and guardians. Over the course of a year, the team and participants met weekly and were provided lessons on healthy eating and exercise.

The results were that two participants lost a significant amount of weight, while the remainder did not put on any excess weight.

Other research shows that young adults with ASD and ID are at risk for being overweight or obese and may face higher levels of health risks for cardiovascular disease. ★

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● ► HAMASPIK NEWS

# For Post-High School Young Women in Community, a Breath of Fresh Air

*Hamaspik's Brand-New Neshima Seminary Provides Full-Day School Equivalent*

Walk into Hamaspik's Neshima Seminary program any day, and you'll be forgiven for thinking you're in a mainstream post-high school higher-education program.

Because that's exactly what the Neshima Seminary is.

Neshima, which translates to "breath" or "aspiration," represents in fact a breath of fresh air for so many young women in the community with high-functioning and borderline special needs—young women aspiring to be more in life, and to get more out of life.

Having been in disability education tracks for their high school experiences, whether within or outside of mainstream schools, Neshima's students ache for a higher-education experience that fits both within the communities they call home—and with their views of themselves.

That is, they ached for such an



experience—until Neshima came along.

Winds of positive change

The Neshima Seminary program is located on the premises of the Hamaspik facility at 221 Rt. 59 in the center of Monsey. Ensnconed on the second floor, the program consists of a fully-appointed, state-of-the-art

classroom.

Beginning each weekday morning, students are provided with the equivalent of a full day of school. Professional teachers and instructors walk their students through daily lessons in Jewish and general studies, educating them—in both Yiddish and English—in science, history, current events and social skills. And in bringing faith-based programming to the community, Neshima Seminary also educates its students in religious Jewish law (a must for the community from which they hail!), as well as the nuances of formal prayers and even the portion of the Torah traditionally read and studied each week.

But Neshima isn't just about what goes on inside its classroom—it's also about what goes on beyond its four walls, too. Neshima provides its students with a rich daily program of off-site activities. Those off-site activities primarily consist of employment training.

Strategizing and coordinating with a number of agreeable local establishments, Neshima has its students come in to clothing shops, candy stores, groceries and other retailers to learn the tricks of the trade. Students learn how to sort and manage inventory, stock shelves, and most important of all, interact with and otherwise service customers.

Also taking place outside of Neshima's four walls is the program's robust physical-fitness curriculum. At least once a week, students are taken swimming at local private and women-only aquatics facilities, as well as to indoor gyms for rounds

of dodgeball and other court-based sports. There's also Neshima's onsite exercise room, too, replete with such cardio standards as treadmills and exercise bikes, and the requisite multi-function resistance weight machine.

Experience from the ground up

Neshima is directed by Mrs. Braun. A capable Hamaspik veteran of several years, Mrs. Braun rose through the ranks, starting her career at the agency as a trained Direct Support Professional (DSP) on the front lines of Hamaspik's After-School Respite (ASR) program. As her skills and experience rose with time, Mrs. Braun followed the path taken by many across the agency: Starting on the "ground floor" and learning the ropes, segueing into positions of increasing responsibility, and finally coming into their own as strong and reliable program managers and directors. Like so many of her peers, Mrs. Braun is a textbook example of Hamaspik taking care of its own—rewarding quality work with trust and decision-making power.

As such, Mrs. Braun commands a team of teachers tapped for their experience and empathy. Reaching out to several community girls' high schools, the Neshima director recruited instructors for all of the school's several subjects—with an eye towards those with additional experience and/or familiarity with the world of disability. The result is a cadre of teachers with skin in the game.

The current student body at Neshima hails directly from existing Hamaspik programming—specifically, from the agency's Respite programs.

Responding to their very real need for a seminary for mainstream girls, Neshima strives to give students "the tools and skills to transition [from high school to the next level] and become contributing members of the community," as a recent print ad for the program reads.

Asked what he likes most about Neshima, Hamaspik of Rockland County Director of Day Services Joel Moscovitz smiles and keeps it simple: "No other agency has such a setting."★

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# Public Health and Policy News

Safety Association.

The latest data shows the number of highway deaths in 2020 was the greatest in more than a decade even though cars and trucks drove fewer miles during the pandemic.

Tickets issued by the California Highway Patrol for speeding in excess of 100 mph from January to June were nearly double pre-pandemic levels, and the number of tickets for reckless driving grew as well.

## AS DEVICE-MAKER SALES REPS INCREASE ACCESS TO SURGEONS, SURGICAL INJURIES INCREASE

**Houston, Texas** — Device makers train sales reps to offer surgeons technical guidance on the use of their products— In fact, sometimes while even accompanying surgeons in operating rooms. Prominent surgeons are also paid to tout their implants at medical conferences

Such practices help ensure patients get the highest-quality care, according to the industry. But an investigation by Kaiser Health News finds that these practices also have been blamed for serious patient harm in thousands of lawsuits filed over the past decade.

In a bustling sales networks, orthopedic device manufacturers market ever-growing lines of costly surgical hardware, from spinal implants to replacement knees and artificial hips commonly used in operations. At least 250 companies sell surgical hardware, and many more distribute it across the country. Sales of such devices topped \$20 billion in 2019 alone.

## DANGEROUS SPEEDING ON PANDEMIC-CLEARED ROADS CONTINUES POST-SURGE

**Washington, D.C.** — During the spring and summer of 2020, as much of America was locked down under pandemic siege, the country's highways and byways were largely clear of vehicles.

The empty roads prompted many photographable moments and vistas—along with a spike of emboldened speeders and reckless drivers, especially in the early days of the pandemic, according to a report by the non-profit Governors Highway



**FATEFUL CROSSROADS:** FROM COAST TO COAST, SPEEDERS INITIALLY EMBOLDENED BY THE NATION'S COVID-19 LOCKDOWN ARE STILL DRIVING TOO FAST, ACCORDING TO NEW REPORTS



**ROAD TO PUBLIC-HEALTH DECLINE:** DETROIT'S CLOSING ITS HEALTH DEPT. WORSENEDED THINGS

## REPORT DETAILS LONG-TERM DAMAGE TO HEALTH DEPT.-FREE DETROIT

**Detroit, Michigan** — When your city has gone financially bankrupt, eliminating your city's entire Dept. of Public Health may be grimly necessary—but long-term public health costs may not be worth any short-term savings, says a lengthy recent report by *Kaiser Health News* on the rise, fall and slow rebuilding of the Health Department of the City of Detroit.

That department, symbolized for over a century by the historic brick Herman Keifer complex, had a lab, pharmacy, and clinics throughout the city in the 1970s. It had 700 employees in 2008. By the end of 2012, in the depths of the city's economic collapse, it had just five.

Though it has slowly been rebuilding since 2014, it now employs approximately 270 people, it still does not boast anywhere near the neighborhood roots and clout it once could deploy. The result? On nearly every health measure, Detroiters fare worse than Michiganders as a whole.

## U.S. SENATE LEGISLATION WOULD DRASTICALLY RAISE SOCIAL SECURITY ASSET LIMITS

**Washington, D.C.** — The Supplemental Security Income (SSI) Restoration Act is seeing some political action again.

Originally introduced in 2019, the bill was resurrected in the Senate in June of 2021 by its original author, U.S. Senator Sherrod Brown (D-Ohio). It was the subject of a recent hearing by the Senate Finance Subcommittee on Social Security, Pensions, and Family Policy.

Qualifying seniors and people with disabilities currently get monthly SSI benefits of up to just under \$800 a month. But individuals can't have over \$2,000 in assets; married couples are limited to \$3,000.

The bill, should it eventually pass Congress and reach the President's desk, would raise the asset limit to \$10,000 for individuals and \$20,000 for married couples. It would also allow people to earn up to \$400 per month without affecting benefits. It would become SSI's first major update since 1998.

## MORTGAGE POLICIES FOR GROUP HOMES CLARIFIED BY FEDERAL HOUSING AUTHORITIES

**Washington, D.C.** — Owners of residential properties may have believed that mortgages for group homes could not be secured or purchased by Freddie Mac (the nickname for the Federal Home Loan Mortgage Corporation), the federal secondary-mortgage loan company.

However, according to a new clarification of rules, group homes—residences for people with disabilities—do qualify for Freddie Mac mortgages just like any other qualifying home.

The clarification was issued recently by the U.S. Dept. of Housing and Urban Development (HUD). It came in the wake of questions about residential properties owned by an individual and rented to a group home for people with disabilities. Specifically, a lender had refused a loan based on the inaccurate belief that Freddie Mac would not buy the mortgage.

Freddie Mac has now made it clear that it will in fact purchase mortgages secured by these types of homes.

## DR. FRANCIS COLLINS, NIH'S LONGEST-SERVING DIRECTOR, STEPPING DOWN

**Washington, D.C.** — The Director of the National Institutes of Health (NIH) commands 27 specialty agencies employing thousands, and is responsible for a budget of billions funding medical research affecting generations.

But now, after a run of 11 years, NIH Director Dr. Francis Collins, 71, is stepping down.

Dr. Collins is most widely known for his NIH's "precision medicine" effort built around volunteered health data on one million Americans, as well as Joe Biden's "Cancer Moonshot" Lesser-known facts include his personal faith, including an interest in reconciling science and faith—as well as a marked proficiency on the guitar. Perhaps not surprisingly, the neck of Dr. Collins' custom-built guitar is decorated with the signature "double helix" of human DNA.

According to several Washington insiders, Dr. Collins' replacement will be UC Berkeley biochemist and Nobel laureate Dr. Jennifer A. Doudna. ★

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# In the Know

If the word “narcolepsy” reminds you of “narcotics,” you’re on to something: Both words have the same origin. And in fact, both have the same effect.

Here’s how the Merriam-Webster Dictionary defines the former: “A condition characterized by brief attacks of deep sleep often occurring with cataplexy and hypnagogic hallucinations.”

According to Merriam-Webster, the word was invented by a French doctor who combined the Greek *narkosis*, or drowsiness, with *lambánein*, to seize or take. *Narkosis*, in turn, means “that which benumbs, deadens”—also the root word of *narcotic*, or a drug that dulls the senses and induces profound sleep.

But while sleep is good, suddenly falling asleep behind your desk—or worse, the wheel—is not.

## DEFINITION

According to the Mayo Clinic, narcolepsy is a chronic sleep disorder characterized by overwhelming daytime drowsiness and sudden attacks of sleep—making it often difficult to stay awake for long periods of time, regardless of circumstances and serious disrupting daily routines.

Adding detail is the National Institute of Neurological Disorders and Stroke (NINDS), whose website states this: “Narcolepsy is a chronic neurological disorder that affects the brain’s ability to control sleep-wake cycles.” What’s more, “People [with narcolepsy] may unwillingly fall asleep even if they are in the middle of an activity like driving, eating, or talking.”

There are two types of narcolepsy: NT1 and NT2. NT1 is associated with the additional defining symptom of *cataplexy* (pronounced KAT-uh-plek-see), which means sudden loss of muscle tone. However, not all NT1 patients have cataplexy. NT2 is essentially narcolepsy without cataplexy. People with NT2 have

many similar symptoms as people with NT1, but they do not have cataplexy.

According to the National Sleep Foundation (NSF), narcolepsy is relatively rare—affecting 20 to 67 out of every 100,000 people in the U.S.

## SYMPTOMS

### [Excessive daytime sleepiness](#)

The primary and most disruptive symptom of narcolepsy is: Excessive daytime sleepiness (EDS). Because of EDS, people with narcolepsy are known for “sleep attacks,” or falling asleep without warning, anywhere, anytime—suddenly nodding off for a few minutes or a half-hour right in the middle of working or talking with friends, for example. People with narcolepsy may feel refreshed upon reawakening but eventually get sleepy again. They may also experience decreased alertness and focus throughout the day.

### [Cataplexy](#)

Another common defining symptom is cataplexy, which can cause a number of physical changes, from slurred speech to complete weakness of most muscles, and may last up to a few minutes. According to Mayo, cataplexy is uncontrollable and is triggered by intense emotions. These are usually laughter, excitement or other positive feelings, but can sometimes also be fear, surprise or anger. A person with narcolepsy may suddenly be stricken with a drooping head or buckling knees when she laughs, for example. Cataplexy can strike as rarely as once or twice a year or as frequently as several times a day.

### [Sleep paralysis](#)

People with narcolepsy often experience a temporary inability to move or speak while falling asleep or upon waking. While frightening, these episodes are usually brief, lasting a few seconds or, at most, minutes. A patient may be aware of the condition and have

no difficulty recalling it afterward, even if he or she had no control over what was happening.

### [Changes in rapid eye movement \(REM\) sleep](#)

REM sleep is typically when most dreaming happens. However, in people with narcolepsy, REM sleep can occur at any time of the day. People with narcolepsy often transition quickly to REM sleep, usually within 15 minutes of falling asleep.

### [Hallucinations](#)

Hallucinations associated with narcolepsy have two types. They are called *hypnagogic* hallucinations if they happen as one falls asleep. They are called *hypnopompic* hallucinations if they occur as one wakes up. The classic example is feeling as if there is a stranger in the bedroom. These hallucinations may be particularly vivid and frightening because one may not be fully asleep when dreaming begins, with the patient thus experiencing dreams as reality.

### [Other symptoms](#)

People with narcolepsy may have other sleep disorders like as obstructive sleep apnea, restless legs syndrome and even insomnia. Some people with narcolepsy experience automatic behavior during brief episodes of narcolepsy—for example, falling asleep while writing, typing or driving, but continuing that task while sleeping.

## CAUSES

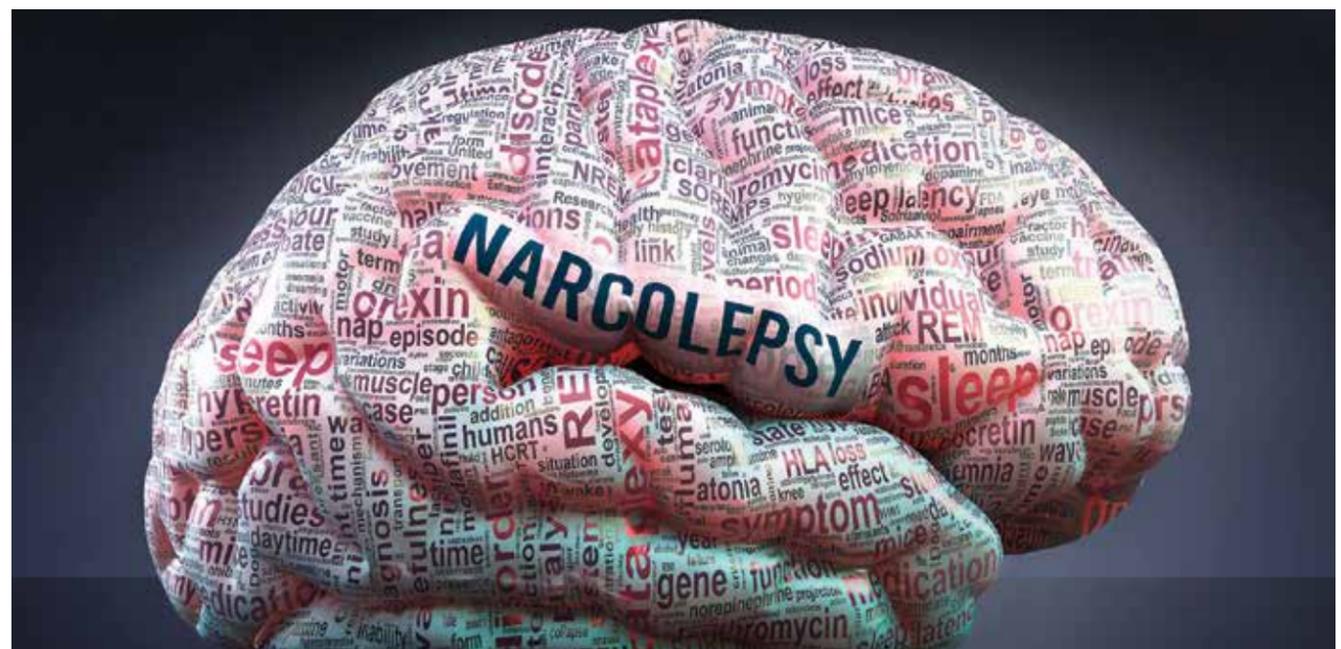
While modern science has uncovered many of the variables involved in narcolepsy, its precise exact cause remains unknown.

As a general rule, more is known about NT1 than NT2.

Narcolepsy type 1 (NT1) is caused by the loss of neurons in the brain responsible for making a chemical called *hypocretin* (pronounced hi-poe-

## ALL ABOUT... NARCOLEPSY

Sources: Mayo Clinic, National Sleep Foundation, National Institute of Neurological Disorders and Stroke (NINDS)



KREE-tin). This chemical helps regulate wakefulness and rapid eye motion (REM) sleep. People with NT1 have a loss of 90 percent or more of the normal number of neurons that manufacture hypocretin.

A genetically susceptible individual may experience damage to these neurons in an autoimmune fashion after an environmental trigger.

Some evidence suggests that NT1 fluctuates seasonally with a potential link to the flu virus. A rise in NT1 was also seen after 2009's H1N1 epidemic and with a certain brand of vaccine used in Europe for H1N1, although this was exceedingly rare. Possible connections to other types of infections have been found as well.

Based on this data, one theory is that an external trigger causes the immune system to attack the brain's neurons that make hypocretin. However, this response inconsistently occurs and therefore is not the only cause.

Hypocretin levels are particularly low in those who experience cataplexy. Exactly what causes the loss of hypocretin-producing cells in the brain isn't known, but experts suspect it's due to an autoimmune reaction.

Researchers have found that as many as 98 percent of people with NT1 carry a gene variation known as DQB1\*060215. This gene plays a role in immune function, so this variation could cause a genetic susceptibility to NT1. Although this explanation of NT1 is widely accepted, it is not yet definitively proven.

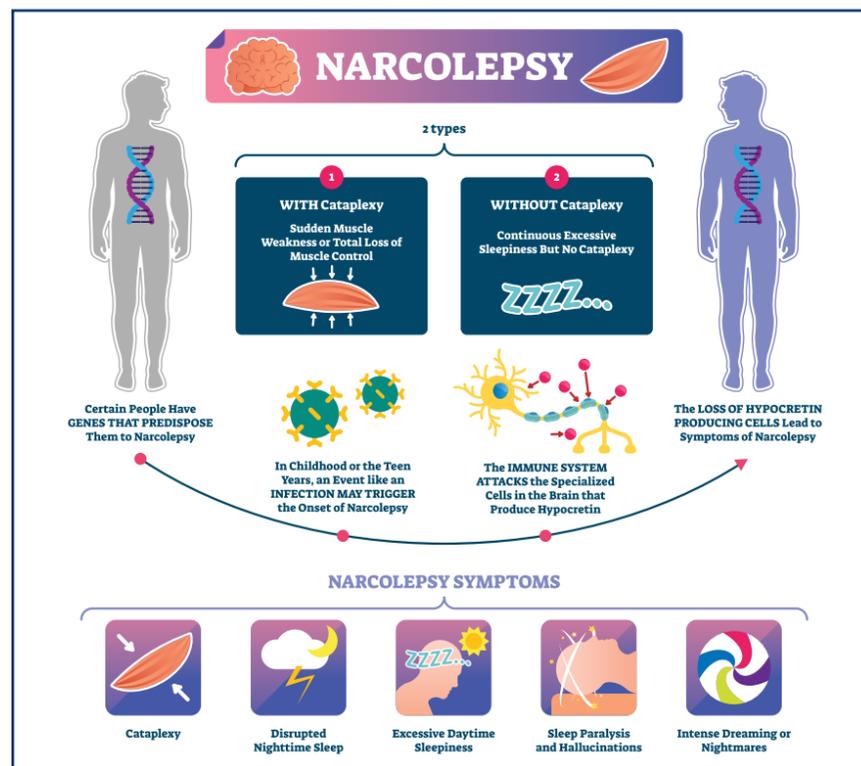
**Normal sleep pattern vs. narcolepsy**

The normal process of falling asleep begins with a phase called non-rapid eye movement (NREM). After an hour or so of NREM sleep, brain activity changes and REM sleep begins. But in narcolepsy, the patient may suddenly enter REM sleep without first experiencing NREM, both at night and by day. Some of narcolepsy's symptoms, like cataplexy, sleep paralysis and hallucinations, are similar to changes that occur in REM sleep, but occur during wakefulness or drowsiness.

**DIAGNOSIS**

To diagnose narcolepsy, the doctor will conduct a clinical examination and obtain detailed medical history. Individuals may be asked to keep a sleep journal noting the times of sleep and symptoms over a one- to two-week period. Although none of the major symptoms are exclusive to narcolepsy, cataplexy is the most specific symptom and occurs in almost no other diseases.

A test called the Epworth Sleepiness Scale (ESS) is based on the patient's subjective sense of their symptoms. But two specialized tests, which can be



performed in a sleep disorders clinic, are required to establish a diagnosis of narcolepsy:

- Polysomnogram (PSG or sleep study). This is an overnight recording of brain and muscle activity, breathing, and eye movements. A PSG can help reveal whether REM sleep occurs early in the sleep cycle and if an individual's symptoms result other conditions.
- Multiple sleep latency test (MSLT). The MSLT assesses daytime sleepiness by measuring how quickly a person falls asleep and whether they enter REM sleep. On the day after the PSG, an individual is asked to take five short naps separated by two hours over the course of a day. If an individual falls asleep in less than eight minutes on average over the five naps, this indicates excessive daytime sleepiness. But individuals with narcolepsy will also have their REM sleep start too soon. If REM sleep happens within 15 minutes at least two times out of the five naps and the sleep study, it's likely caused by narcolepsy.

Hypocretin-1 spinal tap. Occasionally, it may be helpful to measure the level of hypocretin in the cerebrospinal fluid. To measure this, a doctor will conduct a lumbar puncture (a.k.a. spinal tap) to measure the level of hypocretin-1. In the absence of other serious medical conditions, low hypocretin-1 levels almost certainly indicate type 1 narcolepsy.

**TREATMENT**

Although there is no cure for narcolepsy, some of the symptoms can be treated with medicines and lifestyle changes.

When cataplexy is present, the loss of

hypocretin is believed to be irreversible and lifelong.

Meanwhile, excessive daytime sleepiness and cataplexy can be controlled in most individuals with medications:

Modafinil. Modafinil is usually prescribed first because it is less addictive and has fewer side effects. For most people, these drugs are generally effective at reducing daytime drowsiness and improving alertness.

Amphetamine-like stimulants. Where modafinil is not effective, doctors may prescribe amphetamine-like stimulants to alleviate EDS. But these medications must be carefully monitored because they can have side effects like irritability, nervousness, shakiness, disturbances in heart rhythm, and nighttime sleep disruption.

Antidepressants. Two classes of antidepressant drugs have proven effective in controlling cataplexy in many individuals: tricyclics, and selective serotonin and noradrenergic reuptake inhibitors (SSRIs). In general, antidepressants produce fewer adverse effects than amphetamines. However, troublesome side effects still occur in some individuals, including high blood pressure and heart rhythm irregularities.

Sodium oxybate. Sodium oxybate has been approved by the FDA to treat cataplexy and excessive daytime sleepiness in individuals with narcolepsy. It is a strong sedative that must be taken twice a night. Due to safety concerns, usage of sodium oxybate is tightly restricted.

**Lifestyle changes**

Not everyone with narcolepsy can consistently maintain a fully normal state of alertness using currently available medications. Drug therapy should accompany various lifestyle changes. The following strategies may

be helpful:

- Take short naps. Many individuals take short, regularly scheduled naps at times when they tend to feel sleepiest.
- Maintain a regular sleep schedule. Going to bed and waking up at the same time every day, even on the weekends, can help people sleep better.
- Avoid caffeine, alcohol or large and heavy meals before bed
- Exercise daily. Exercising for at least 20 minutes per day at least four or five hours before bedtime also improves sleep quality and can help people with narcolepsy avoid gaining excess weight.
- Relax before bed. Relaxing activities such as a warm bath before bedtime can help promote sleepiness. Also make sure the sleep space is cool and comfortable.

Safety precautions, particularly when driving, are important for everyone with narcolepsy. People with untreated symptoms are more likely to be involved in automobile accidents although the risk is lower among individuals who are taking appropriate medication. EDS and cataplexy can lead to serious injury or death if left uncontrolled.

**PROGNOSIS**

As there is no cure for narcolepsy type 1 or 2, the goals of treatment are improving patient safety, reducing symptoms, and enhancing quality of life.

A combination of medical and behavioral approaches can significantly decrease but not eliminate symptoms. Some level of EDS normally persists despite treatment. All therapies should be carried out under the guidance of a doctor who can best tailor a treatment plan to the patient's specific situation.

The landmark Americans with Disabilities Act (ADA) requires employers to provide reasonable accommodations for all employees with disabilities. Adults with narcolepsy can often negotiate with employers to modify their work schedules so they can take naps when necessary and perform their most demanding tasks when they are most alert. Similarly, children and adolescents with narcolepsy may be able to work with school administrators to accommodate special needs, like taking medications during the school day, modifying class schedules to fit in a nap, and other strategies.

Finally, support groups can be beneficial for people with narcolepsy who want to develop better coping strategies or feel socially connected. Support groups also provide individuals with a network of social contacts who can offer practical help and emotional support.



● ► HAMASPIK NEWS

# The Freedom to Choose

## *Hamaspik's Fiscal Intermediary Department and the Self Direction Program Give Clients the Gift of Independence*

**Mrs. Ringel, director of the FI department and its Self Direction program, doesn't just run the program, she built it up from a one-person department to a thriving program with over 400 clients—and is the driving force behind its continued growth. Mrs. Ringel and her team of FI coordinators and agency brokers work with incredible dedication and true heart, ensuring that every individual receives the best possible services to fit their own unique needs. Working together with the individuals or families, as well as independent brokers in many cases, the team is changing lives every day. Read on to find out how.**

### SELF DIRECTION - WHAT'S THAT?

“When I tell people I work in Self Direction, they usually say, ‘What’s that?’” says Mrs. Toby Merlin, one of the department’s FI coordinators. “Outside Hamaspik, I just tell them it’s a program, I don’t bother with details. But within Hamaspik, it would be great for people to understand what it’s all about.”

Mrs. Hedy Fischer, who works as an agency broker at Hamaspik, explains that Self Direction is a very specific program that’s ideal for specific individuals—but not for everyone.

“Clients hear about it and they think it sounds great—you get the money and can control the budget,” she says. “But once they look at the numbers with a broker, they’ll often find that the traditional Com Hab/Respite services they’re already receiving are worth more. Especially for children, whose Self Direction budget will be limited because they’re in full-time education, it’s often not the ideal route.”

However, for an individual who’s higher functioning, enjoys

independence, and wants to receive funding for things like community classes, housing, and transportation, Self Direction can be a great option. “There’s a lot of flexibility, and each client’s plan is uniquely personalized to the services they need on a day-to-day basis,” Mrs. Fischer says.

### So what is Self Direction, and how does it work?

Mrs. Chaya Ringel, director of the FI department, tells me about the program.

“The traditional route to receiving services is that clients receive Com Hab and Respite hours,” she says. “That’s what most Hamaspik clients use. With Self Direction, instead of hours, the client receives an actual dollar amount as a budget. The amount is determined by many different factors—cognitive skills, daily living skills, and so on—and that’s what they can receive each year in reimbursements for specific services. The budget is divided into sections, and each section is capped at a certain amount, for example, memberships are capped at \$1500 per year.”

Clients enjoy the freedom of being

able to put the money in the budget toward different things. However, it’s not always worthwhile. “If a client wants to switch from traditional to Self Direction, I’ll first sit down with them and make sure it’s really worth it for their situation,” Mrs. Fischer says. “I’ll draw up a plan and help them figure out the scores and dollar amounts they’d receive if they applied for it. Then I check which services they’re currently approved for and see which route is actually better for them.”

For example, a big pull for many clients is the wide range of options covered by the Self Direction budget. However, with the limitations of the various sections, a parent may realize that by going for Self Direction, they’ll be losing out on the full amount of Com Hab and Respite that they need. “For children, the parents often want after-school and weekend programs, Shabbatons, camp, and so on,” Hedy explains. “But the cost of those programs can exceed the budget, whereas under the traditional route, they’d be able to bill for more Com Hab and Respite hours, which would allow them to get those programs.”

In Self Direction, it’s all about the

budget—no more, no less. The key is to figure out which route will give the specific individual the best services for their needs.

### GET READY, GET SET

If a client chooses to go ahead with Self Direction, they begin the start-up process together with their broker, either an independent broker or one of Hamaspik’s own team. Besides for Mrs. Fischer, Hamaspik has two other agency brokers: Mrs. Esty Biller and Mrs. Goldy Langsam—who is in the process of transitioning to the position after being an FI coordinator, giving her a unique insight into both roles.

The broker sits with the family and helps them with all the paperwork—a long and sometimes tedious process that includes two separate budgets: the start-up budget, which is the official approval to go ahead with the process of Self Direction and covers costs of start-up brokerage and other initial costs, and the main or initial yearly budget.

“Once the start-up budget is approved, we reach out to the care manager for any additions we need

**In Self Direction, it’s all about the budget—no more, no less. The key is to figure out which route will give the specific individual the best services for their needs.**



**“There are very clear guidelines for sections of the budget. We can’t just approve everything—it needs to fit the regulations. But there’s a lot of room for individuals to make choices within the guidelines.”**

made to the individual’s life plan,” Mrs. Ringel says.

“The life plan includes everything about the individual: their needs, their wants, their capabilities. Everything that the broker will be including in the main budget has to be backed by this life plan, so it’s absolutely vital to include the reasoning behind every section that we’ll be requesting reimbursements for.”

The budget has to then be allocated to various sections (see infographic). Some of them, like Com Hab and Respite, go toward the same services the individual would get via the traditional route, except that in the case of Self Direction, the client finds their own worker, who’s paid out of the budget. There’s also the option to purchase agency hours under a section called DPP, or Director Provider Purchase, where the client can “buy” Hamaspiik hours and receive Com Hab or Respite through that channel. There are sections that offer funding toward camp, community classes, transportation, memberships, housing, and household items. Each section has its own set of rules regarding what can be included.

“There are very clear guidelines for sections of the budget,” says Mrs. Ringel. “For example, transportation would have to be related to their goals in the life plan, i.e., traveling to attend

classes or with their Com Hab worker. We can’t just approve everything—it needs to fit the regulations. But there’s a lot of room for individuals to make choices within the guidelines.”

All paperwork goes through several rounds of approval.

Finally, the entire team—FI coordinator, broker, care manager, and of course, the client (the parent/advocate when it’s a young child, or the individual themselves when they are more independent)—attend a launch meeting to formally launch the budget. The client is now good to go!

#### ALL IN A DAY’S WORK

#### So what do the FI team do all day?

A lot.

“It’s a busy job,” says Mrs. Langsem. “We’re reviewing and submitting budgets, taking calls and emails from clients or brokers, attending meetings... and of course, trying to help the individuals with anything that they might need.”

“We work with families and individuals on a daily basis, as well as their brokers if they’ve hired an independent broker (who isn’t part of Hamaspiik),” Mrs. Ringel says. “They’ll

call with questions about switching to Self Direction or changing parts of their budget. We deal with questions or problems with the billing. We work on reimbursements, getting approvals for different classes, issues with the budget... Sometimes, it takes trial and error to help the individual figure out what they want and the best way to do it within the criteria.”

“The role of an agency broker is 50% technical—like billing and paperwork—and 50% support,” Mrs. Fischer says about her job. “And both parts are equally so, so important. Clients are looking for a broker who will be available, who will make sure to take and return their calls quickly, and will be sympathetic and supportive, not someone who is too busy and doesn’t have time for each individual.”

They need a supportive broker, who will develop relationships with the individuals themselves, since they’re often high functioning and can take care of their own budget. They’ll call them just to schmooze and talk things over. Many of them felt like such close friends, they even attended Mrs. Hendy Fisher’s chasunah!

As an FI coordinator, Mrs. Merlin says she spends much of her time coordinating and attending meetings. “The client’s life plan has to be reviewed every six months, as well as reassessed

or updated as needed. Having meetings twice a year for every client on my caseload comes to a lot of meetings, so we have to be very organized!”

These meetings are a big part of working in the FI department. The client attends the meeting, together with the care manager, broker, FI coordinator, and any providers of services. Sometimes, the meeting can be just 10 minutes—for example, a mother who is happy with the way her child’s services are working out and doesn’t need to change anything—but if there are questions or changes, it can take a lot longer than that.

“Besides for the meetings, we communicate with the families and their brokers to help them with anything they may need,” says Miss Dini Mermelstein. “Whether it’s getting the initial approval for Self Direction, handling reimbursements, making changes to the budget, or approving community classes - it comes to the FI coordinator.”

“We like to build relationships with the clients,” Mrs. Merlin adds. “We want them to feel cared for, so we’ll call them simply to check in that things are going well.”

That compassion and care is felt throughout the department. “We’re always working to fill the clients’ unique needs to the best of our ability,” says

CONTINUED ON PAGE 20 >>

## Talking Numbers

Back when Mrs. Ringel joined Hamaspiik five years ago, Self Direction was a small program with 30-40 clients. With *siyatta diShmaya* and lots of hard work, she brought it to the place it is today, with over 400 clients and a full team

“The growth happened very fast,” she says. “For the first two and a half years, I was working on my own. Mrs. Toby Merlin, the first person I hired, came on board two and a half years ago.”

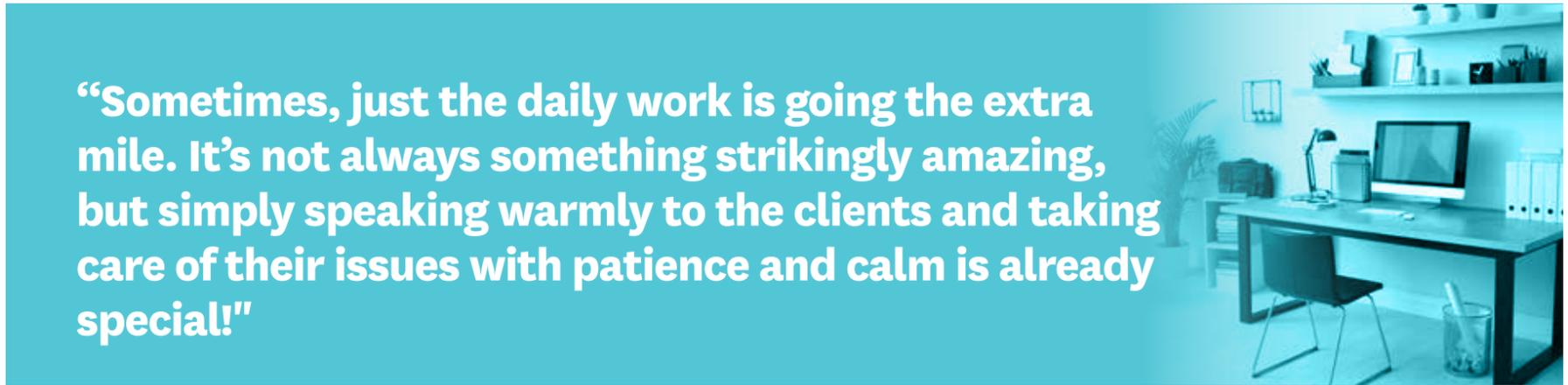
Since then, the program has grown exponentially.

“The key to our growth was Mr. Wertheimer’s becoming executive director,” Mrs. Ringel says. “He brought in new

software—an amazing platform for billing and reimbursements—and that made everything so much faster. Once we had that system in place, we could handle more clients, and we began to grow and grow. Now, baruch Hashem, we have an amazing team and we love working together.”

“In recent years, Self Direction has become the new fad,” Mrs. Ringel says. “It’s something care managers talk about more, and people hear about it from other clients. For us, though, the priority is to always guide the client toward the route that will benefit them the most.”





**“Sometimes, just the daily work is going the extra mile. It’s not always something strikingly amazing, but simply speaking warmly to the clients and taking care of their issues with patience and calm is already special!”**

## The Freedom to Choose

<< CONTINUED FROM PAGE 19

Mrs. Ringel. “My biggest nachas? When an individual starts living on his own, and we’re able to set them up with a full kitchen with specialized equipment, under the Household Items budget. It’s amazing to play a role in helping them live independently.”

### ONLY IN HAMASPIK’S SELF DIRECTION DEPARTMENT

“Self Direction is like an ocean,” Mrs. Fischer says. “Clients sign up and they jump right in—we need to help them learn to swim. There’s a lot of hand holding until the budget is up and running smoothly. After that, it’s more like maintenance and keeping the connection.”

The agency broker and FI department

try to help their clients maximize the money. “It’s such a waste if the individual receives funding for services that they don’t end up using,” Mrs. Fischer says. “I’m always discussing with them, how could we change things around, utilize it differently so you get more of the programs you really enjoy?”

She might suggest asking for more Com Hab hours and fewer classes. Or she might do some research to find a class the client’s more interested in.

“Community classes are a great way to allow individuals to make their own choices and develop skills and independence,” she says. “We research and verify all the classes the individuals would like to take. The guidelines are that it has to be a class open to the public—not specifically for people with special needs—and it has to be advertised. The goal is to help the individual integrate

into the community, and the options are really endless! We’ve had clients sign up for music lessons, baking, art, dancing, and more. People get really original—we’ve approved jewelry making, woodworking, classes that teach you how to ride a bike... Adults living on their own love to take the cooking classes — they get so much out of it in their day to day lives!”

Because the program is geared to higher functioning individuals, there are several clients who get married or move to their own apartment. Here’s where the Household Related Items section of the budget can come in useful, when the needs are genuine and based on the individual’s person-centered plan. “Household Related Items can cover anything that’s related to the client’s disability and will help them gain more independence,” Mrs. Ringel says. “So we can approve kitchen appliances with safety features or a microwave so

the individual isn’t cooking with actual flames.”

The FI department is happiest when the clients are able to personalize their budget to the fullest and gain from every part of it. And they’ll make sure to go the extra mile for their clients when the need arises.

“Sometimes, just the daily work is going the extra mile,” Mrs. Merlin says. “It’s not always something strikingly amazing, but simply speaking warmly to the clients and taking care of their issues with patience and calm. That’s already special! And that’s something our department really puts an emphasis on, every single day.”

Miss Tzurty Kiszner seconds this: “Sitting at my desk and working, I enjoy hearing everyone in the team taking calls with so much patience and professionalism. There’s a real sense that we are all here just to take care of our clients - it’s amazing.” ★

**Below is a partial sample of a Self Direction budget. Note the popular option Community Classes!**

Category	Annual Cost	Unit Cost	Annual Units
Camp		\$10.00	0.00
Community Classes & Publicly Available Training/Coaching		\$10.00	0.00
Coaching/education for parent(s), spouse and advocates involved in the person's self-directed services		\$10.00	0.00
Clinician Consultants, Independent Contractors - (Non-Direct Service Provision --Clinical Consultation Specialties)		\$10.00	0.00
Clinician (Direct-Provision of Therapies/Therapeutic Activities Not Otherwise Funded in the state plan)		\$10.00	0.00
Health Club/Organizational Memberships/Community Participation		\$10.00	0.00
Household-Related Items and Services		\$10.00	0.00
Paid Neighbor	\$ 9,600.00	\$10.00	960.00
Self-Directed Staffing Support		\$10.00	0.00
Transition Programs for Individuals with IDD		\$10.00	0.00
Transportation		\$10.00	0.00
Interpretation Services		\$10.00	0.00
	\$ 9,600.00		



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## Status Report

# Happening In Hospitals Today

### REPORT: HOSPITALS WITH MORE MEDICARE PATIENTS LIKELIER TO CLOSE OR BE SOLD

Boston, Massachusetts — Analysis by Harvard Medical School now says that hospitals with a higher percentage of Medicare patients had worse financials and were more likely to close or be acquired than hospitals with a lower percentage of Medicare patients.

Hospitals relying on Medicare for reimbursement deteriorated even further when even increased Medicare reimbursement rates could not keep up with hospitals' increased operating costs.

Researchers reviewed financial information for nearly 3,000 U.S. hospitals over the 2010-2016 period. They found that hospitals which in Year 2010 had a share of Medicare patients exceeding 65 percent also had a minus 0.38 operating margin. However, hospitals which in Year 2010 had a share of Medicare patients less than 35 percent had a plus 4.46 operating margin.

What's more, in Year 2016, that difference widened to minus 3.45 to plus 5.32.

### PATIENTS ADMITTED TO HOSPITALS IN 2022 WILL NOT NEED TO SEE PRICES, CMS NOW SAYS

Washington, D.C. — In a win for U.S. hospitals that treat Medicare patients, the federal U.S. Centers for Medicare and Medicaid Services (CMS) has now dropped an existing rule that would have required hospitals to disclose their contract terms with Medicare Advantage plans.

That rule was slated to take effect in 2022.

According to the final rule, hospitals will not need to include median payer-specific negotiated charges with their Medicare Advantage plans on their annual Medicare cost reports.

Under the final rule, hospitals and long-term care facilities will also have to report COVID-19 vaccination rates for their employees to CMS.

### LIFETIME DEVELOPMENTAL-DISABILITIES ADVOCATE RENAMES NJ HOSPITAL WITH \$100 MILLION GIFT

Livingston, New Jersey — Mrs. Toby Cooperman is a retired career special-education specialist and a decades-long board member of several New Jersey Jewish disability non-profits, including the Jewish Services for the Developmentally Disabled and Jespy House, a special-needs housing and supports organization based in South Orange.

She is also the wife of retired Wall Street executive and philanthropist Leon Cooper—together with whom she recently donated \$100 million to Livingston's Saint Barnabas Medical Center.

The private gift, by far the largest in the 156-year-old hospital's history, has prompted the hospital to reflag itself as the Cooperman Barnabas Medical Center (CBMC).

Leon Cooperman was raised in the South Bronx by Jewish immigrants who fled Poland to escape the Holocaust. He attended college with the intention of becoming a dentist.

### HOSPITAL 'MEGAMERGERS' IN 2021'S 3RD QUARTER TOTAL \$5.2 BILLION

Chicago, Illinois — According to a recent report by Chicago-based healthcare industry analyst Kaufman Hall, a mere seven mergers and



**THE DOCTOR WILL NOW (VIRTUALLY) SEE YOU:** ONLINE PHYSICIAN VISITS LIKE THIS DEPICTION HELP KEEP EMERGENCY ROOMS FREER FOR IMMEDIATE EMERGENCIES, FINDS A NEW SURVEY

acquisitions among U.S. hospitals and health systems in the third quarter of Year 2021 generated revenue of \$5.2 billion. Nearly 20 deals were closed in the third quarter of 2020, while 25 deals closed in the same period in 2019.

The report is the latest evidence that larger hospital systems are seeking strategic partners to help overcome financial impacts of the pandemic. But as larger systems increasingly join forces, smaller and independent hospitals are declining.

While there were only seven transactions in the third quarter of 2021, involving 20 U.S. hospitals, the deals themselves represented a large amount of money: For example, the massive \$11 billion megamerger of Utah-based Intermountain Healthcare and Colorado-based SCL Health.



**FEWER—BUT COSTLIER—HANDSHAKES IN 2021:** LESS U.S. HOSPITAL SYSTEMS MERGED LAST YEAR, SAYS AN INDUSTRY REPORT, BUT THOSE 'MEGA-MERGERS' INVOLVED BILLIONS OF DOLLARS

### SURVEY: ABOUT ONE IN SEVEN PATIENTS USED TELEHEALTH INSTEAD OF ER

Washington, D.C. — The jury is still out on the long-term benefits of telehealth, or seeing a live doctor virtually via computer. But now, a survey by the Washington, D.C.-based Bipartisan Policy Center (BPC) finds that one in seven telehealth patients would have gone to their local ERs if not for the availability of telehealth.

The survey of nearly 1,800 U.S. adults also found that a high percentage of them are likely to use telehealth in the future even when the pandemic recedes.

According to BPC researchers, the most common purpose for a telehealth

visit—some 63 percent of such visits—was a preventive service, prescription refill, or routine visit for a chronic illness.

Telehealth use last year helped to cut down on the amount of low-severity emergency department visits, helping address a persistent problem that hospitals have faced for years.

### RANSOMWARE NOW REAL THREAT TO MEDICAL DEVICES, PATIENT LIVES, AT HOSPITALS: FDA EXPERT

Silver Spring, Maryland — According to an expert at the U.S. Food and Drug Administration (FDA), it isn't just hospital patient information that is under constant threat now from electronic "ransomware" attacks by cyber-pirates—it's electronic medical devices, too.

Kevin Fu, a computer science professor at the University of Michigan and a world-renowned authority on medical-device security, is currently also serving a one-year term as the acting director of cybersecurity at the Center for Devices and Radiological Health (CDRH). Speaking at the recent MedTech industry conference, Prof. Fu warned that "Nation states and organized crime are causing harm, damaging the safety and effectiveness of medical devices."

According to recent reports, a handful of hospital patient deaths worldwide have been attributed to failure of electronic medical devices due to ransomware attacks. ★



# The Senior Care Gazette

News from  
the World of  
Hamaspik  
HomeCare and  
Senior Health

## New Employee Clearance at its Fingertips

*Hamaspik HomeCare and Identogo's New Partnership Brings on-site Fingerprinting Services to Agency's HQ Offices*

Fingerprinting is as universal as law-enforcement itself. But did you know that fingerprinting as we know it today has been around for over a century?

While fingerprints were used to sign documents in ancient Babylon and early medieval China, the ridges, loops and other fingertip features that make each individual unique were first used for legal compliance and records in Argentina in 1892. A fingerprint bureau was established in India in 1897 and England's legendary Scotland Yard adopted the new technology in 1901.

With modern biometric technology storing millions of prints at all levels of government and the

workforce, fingerprinting for personal identification is here to stay—and now has conveniently arrived at the doors of Hamaspik HomeCare's headquarters, too.

Employees at Hamaspik HomeCare or any other New York State Licensed Home Care Services Agency (LHCSA)—especially aides—typically need to be fingerprinted before working directly with the elderly and special-needs populations. That's why Hamaspik HomeCare sends applicable job applicants for fingerprint-based background checks before hiring.

But fingerprinting services, offered by companies like Identogo, are sometimes inconveniently located

or operated.

So to do what it does best—bring services to the people—Hamaspik HomeCare has now partnered with Identogo to bring fingerprinting to new employees. A brand-new, state-of-the-art Identogo facility is now operating on the premises of Hamaspik HomeCare's main office at 5 Perlman Drive in Spring Valley.

Applicants needing fingerprinting before working cannot get it done right on site—whether they're applying for work at Hamaspik HomeCare, other LHCSAs, or any other public or private entity that requires fingerprint-based background checks.

Fingerprinting appointments at Hamaspik HomeCare's Spring Valley

office can be conveniently scheduled on Identogo's website. For sensitivity to applicants from across the greater community, the onsite Identogo facility offers a designated fingerprinting room for applicants' maximum privacy.

Fingerprinting services are available Monday through Thursday from 9 a.m. to 5 p.m. and Fridays 9 a.m. to 12 p.m. ★

*Hamaspik HomeCare continues to provide aide services and other services for the community. Call our Intake Dept. at 845-503-0700 to see if you or your loved ones qualify for a home health aide. If you need fingerprinting, schedule an appointment on the Identogo website. Our staff will be happy to assist you!*

## Preventing Falls by Improving Balance

*Targeted Exercises Reduce Leading Cause of Senior Injuries*

According to the U.S. Centers for Disease Control and Prevention (CDC), more than one in four seniors fall each year. In turn, each fall can cause a broken bone or a head injury—which then greatly sets back the recovery of the senior from any preexisting condition(s), and which also typically causes additional long-term health conditions.

But behind it all, it's the initial loss of balance that contributes most to falls.

Now, what is balance? Balance is the rapid and automatic response by your postural or balance muscles to the sensation of imbalance. Balance is something you *have*, not something you *do*.

So to best help prevent falls in seniors, it's best to restore, maintain and even increase balance.

Imbalance commonly begins in midlife due to the *quadriceps* muscles, which are the thighs, and other large muscle groups shrinking from increased disuse. Over time—and worsened by too much sitting—diminished balance muscles simply forget how to balance.

Holding a weight-bearing posture teaches your muscles how to balance your body—walking on an even surface, while great for overall health, is actually not a balance exercise!

So here are two basic exercises that strengthen key muscles and improve balance:

### Leg Lifts

*This exercise, also known as the Flamingo Stand, both builds leg muscle strength and weight-bearing ability.*

1. Stand evenly on both feet. 2. Hold onto a chair or counter. 3. Lift right knee to waist height for 30 seconds. 4. Put right foot down. 5. Lift left knee to waist height for 30 seconds. 5. Put left foot down.

*Repeat both legs four more times; increase to 45 and 60 seconds each as strength improves.*

### Chair Sit/Stands

*This exercise is vital for balance because it requires physical effort; when you bend your knees and ankles, it is your muscles—not your bones—*

*that hold your body up and bear your weight.*

1. Stand in front of an armchair; face away from chair with backs of legs touching front edge of chair; arms hanging down at sides. 2. Slowly sit down until hands touch chair's armrests. 3. Slowly stand up while feet stay in place on floor; hold armrests if needed; return to full standing position.

*Repeat sitting/standing four more times; increase repeats to ten or more times as strength improves. ★*

*Practice and patience can help you or your loved one develop a better balance to help prevent falls. Call Hamaspik HomeCare's Intake Department at 845-503-0700 to see if you or your loved one qualifies for a home health aide (HHA). Having an aide can help prevent falls by providing help as needed, and oversight and supervision for safety.*

**WHY STRUGGLE ALONE WITH CARING FOR YOUR ELDERLY LOVED ONES?**

*Call today to see if they qualify for home care!*

*Call Hamaspik HomeCare's Intake Dept. directly at*

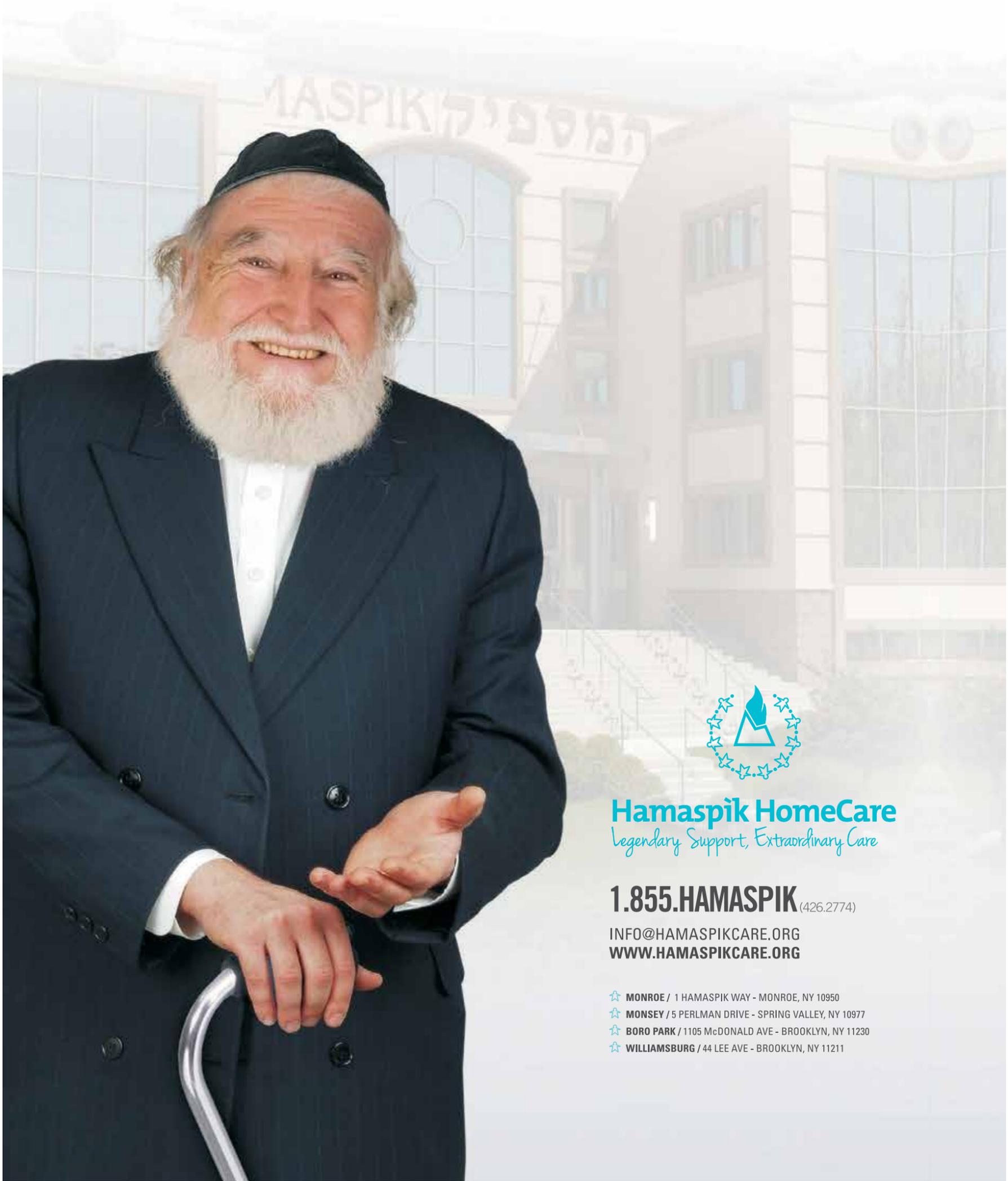
**845-503-0700**



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# “Thank You, Hamaspik HomeCare”

- The Homecare Agency that keeps me safe 24 hours a day -



**Hamaspik HomeCare**  
*Legendary Support, Extraordinary Care*

**1.855.HAMASPIK** (426.2774)

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