



# The Hamaspik Gazette

News of Hamaspik  
Agencies and  
General Health

DECEMBER '19 • ISSUE NO. 175



## GAZETTE SURVEY

The GAZETTE asks YOU:

**HOW MANY CUPS OF COFFEE DO YOU DRINK DAILY?**

**A. NONE; B. 1-2; C. 3-5; D. 6 AND UP**



## HEALTH STAT

**AMERICANS WITH DEMENTIA TO NEAR-DOUBLE BY 2040**

2020	2040
7.3 MILLION	13 MILLION

Source: Report: Reducing the Cost and Risk of Dementia, the Milken Institute, Oct. 29, 2019



## HEALTH TIP

**FIVE TIPS FROM A 200-POUND LOSER**

Want to really lose big? Here's how dieter Stacy Blair dropped from 352 to 135 over two years: 1. Do it for yourself, not others; 2. Record daily calories; 3. Make your own food; 4. Eat protein, not carbs; 5. Put diet before exercise

Source: ABC News, Oct. 29, 2019

## INSIDE

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## HAMASPIK NEWS

**FOR MEDICARE/MEDICAID SENIORS, ONE GREAT NEW PLAN**  
HAMASPIK MEDICARE SELECT, GEARED EXCLUSIVELY FOR "DUAL-ELIGIBLE" MEMBERS OF MEDICARE AND MEDICAID, IS A COMPREHENSIVE HEALTH PLAN THAT COVERS DRUGS, DOCTOR VISITS, HOSPITALIZATIONS, AND EYEGLASS PRESCRIPTIONS FOR SENIORS IN 19 COUNTIES ACROSS NEW YORK STATE. HAMASPIK MEDICARE SELECT ALSO PROVIDES A 24/7 LIVE NURSE HOTLINE.

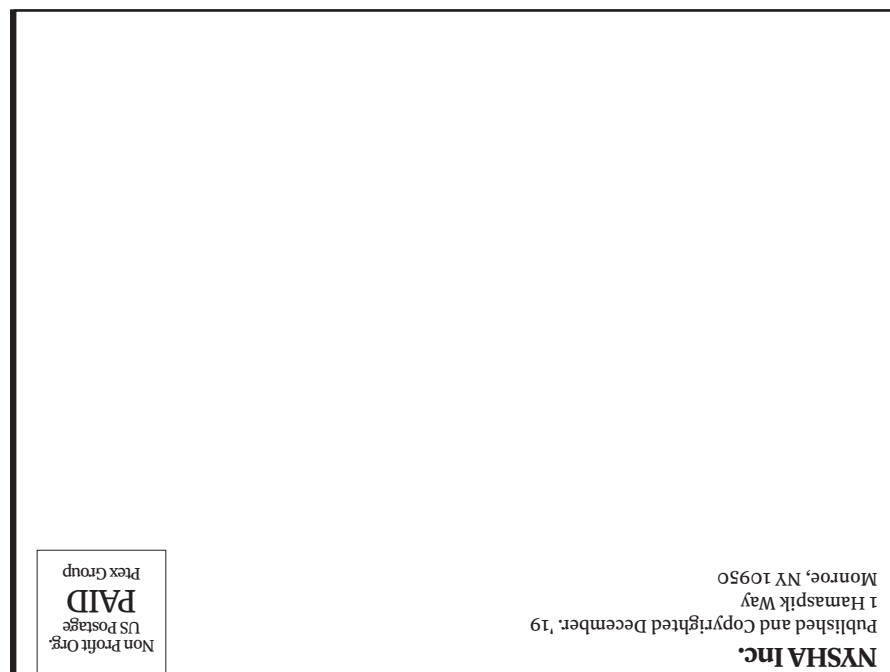


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## HOSPITAL NEWS

### Less Doc Training Hours, Same Hospital Care: Study

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## NYSHA NEWS

### New Hamaspik "RestUp" Overnight/Weekend Respite House Helps the Community Feel at Home

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## HOSPITAL NEWS

### Virtual Care in Hospital Intensive Care Units (ICUs) Becoming More Mainstream

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# 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.

### RESPITE:

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.

**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

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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).

## 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.

## LHCSA - HAMASPIK HOMECARE

### 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.

### CDPAS/CDPAP

As an alternative to traditional homcare, 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.

### 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.

## 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.



► NYSHA NEWS

# Individual: Tri-County Care Manager's Suggested Program "Saved My Life!"

Per family request, all basic identifying details are "classified"—except for the following statement from an internal Tri-County Care e-mail: "At a meeting with support staff, the individual announced loud and clear that the Care Manager had 'saved my life!' by setting the individual up with Self-Direction services."

That's quite a powerful claim.

But in the case of Tri-County Care's very own Mrs. Deborah Noe, who is that individual's Care Manager, it's also completely true.

Working out of Tri-County's offices in Borough Park, Brooklyn, Mrs. Noe has been with the agency since its opening—bringing several years of previous experience in education to the table. In keeping with Tri-County's mission, she provides unbiased references for services and supports to her dozens of beneficiaries.

One such individual clearly could use the benefits of the Self-Direction program, Mrs. Noe felt.

Mrs. Noe reports that, upon signing up with Tri-County a year ago, that young adult was depressed and felt no reason to even get up in the morning.

The Care Manager offered compassion, assuring



the individual that she'd "do my best" to provide access to beneficial services. Mrs. Noe then proceeded to offer Self-Direction—an innovative program from the New York State Office for People With Developmental Disabilities (OPWDD).

That OPWDD program empowers high-functioning people with intellectual/developmental disabilities (I/DD) to independently choose—and pay for—services and supports that benefit their daily lives, helping them live as much in the mainstream as possible.

Working tirelessly with an independent broker,

Mrs. Noe got the individual's Self-Direction budget started. Within a few months, services were up and running—with the now-empowered young adult at the helm, funding for transportation, adult education and all.

The individual thus engaged in self-direction of personal services—even accessing an online portal every day to view available funds, as well as regularly phoning an assigned Fiscal Intermediary for ongoing assistance.

Fast-forward several months, when the individual made the aforementioned declaration.

"We didn't realize how much it would impact," Mrs. Noe tells the *Gazette*—adding that the individual "made a real turnaround."

"It was very gratifying to see how far the individual came," later wrote Mrs. Raizy Rosenfeld, Mrs. Noe's supervisor.

As Mrs. Rosenfeld concluded, it's a distance whose coverage has now rendered the young adult "functional and happy to get up each morning, with a purpose in life"—with more than a little help from an agency, and a devoted support staffer, doing exactly what they are there to do. ★

► HOSPITAL NEWS

# Virtual Care in Hospital Intensive Care Units (ICUs) Becoming More Mainstream

**St. Louis, Missouri** — The doctor will virtually see you now.

It may seem impractical, not to mention futuristic, but doctors seeing ICU patients from remote locations via live audio/video connections are becoming more mainstream.

Lou Silverman, CEO of tele-ICU company Advanced ICU Care, recently discussed modern hospital ICUs' growing embrace of telemedicine with industry outlet *FierceHealthcare*.

In the brief, insightful interview, Silverman defined tele-ICU and laid out its current—and future—place in the ICU of the modern-day hospital.

*Intensivists*, or doctors who specialize in ICU patients, work from afar with bedside nurses and other hospital staff on site to treat the patient at hand, Silverman explained—with the technology being good enough to blur the line between virtual and in-person care.

"Our body of work in the ICU has allowed us to define and refine the state of the tele-ICU art," he said. "We are delivering care to the sickest

of patients and in the most difficult of the current telemedicine specialties."

According to Silverman, tele-ICU is growing because while the number of U.S. ICU visits is growing, the number of intensivists is not. Tele-ICU companies like his, then, provide hospitals with a practical option that costs far less than hiring an intensivist for on-site work.

Some of the primary benefits of tele-ICU include shorter ICU stays, improved utilization of ICU beds, and fewer patient transfers, he said.

Perhaps the most significant benefit of tele-ICU is lower patient infection rates, he also noted—a factor of major importance to today's hospitals, which struggle with the constant problem of hospital-acquired infections (HAIs). ★



THE NEW MEDICAL REALITY: USING HIGH TECH LETS ICU DOCS TREAT PATIENTS FROM AFAR

## Hamaspik Gazette

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# Happening in Health Today

## CANCER SURVIVORS TO EXCEED 5 MILLION BY 2030: STUDY

**Atlanta, Georgia** — According to a new analysis by the American Cancer Society (ACS), the number of U.S. cancer survivors will rise by over five million by 2030.

According to ACS researchers, over 16.9 million people with a history of cancer were alive at the beginning of 2019—projecting a total exceeding 22.1 million just over a decade later.

Cancer-related problems such as chronic pain, fatigue and other health issues also can vary by a patient's particular diagnosis and characteristics. The most common types of cancers among male survivors are prostate, colon and rectum, and skin melanoma. Among female survivors, breast, uterine, and colon and rectum cancers are most common.

"Because the population is growing and aging, even though the [cancer death] rate is declining, the absolute number of people diagnosed with cancer—and surviving it—is going to increase in the future," says the Cancer Society's Robin Yabroff, co-author of the report and its senior scientific director for health services research.

About two-thirds of current cancer survivors are 65 or older, according to study estimates, and 68 percent were diagnosed at least five years ago.

## STUDY CONFIRMS 'WHITE-COAT HYPERTENSION' VALIDITY, TREATMENT, DANGER

**Philadelphia, Pennsylvania** — If you've ever thought you get sicker in the doctor's office but feel better once you're home, you're not alone. In fact, when it comes to high blood pressure, enough people get stressed out at the doctor's office and only relax once back home that they even have a name for it: white-coat hypertension (WCH).

And now, a study of 27 previous studies on WCH confirms that spiking



## SURVEY FINDS RED/WHITE WINE DRINKERS HAVE DIFFERENT PERSONALITIES

**Burlington, Massachusetts** — A nationwide survey of 2,000 American wine drinkers finds significant personality differences between those who prefer red wine or white wine.

People who favor red wine—which gets its color from the grape skins, vines and leaves not strained out of the juice before fermentation (as with white wine)—tend to be "organized," "humble" and, yes, "adventurous," according to the

survey. They're also likelier to be introverts.

As for white-wine aficionados, those are likelier to be night owls and extroverts. White wine drinkers were also found to identify as "curious," "perfectionist," and, yes, "sarcastic."

Besides finding personality differences, the survey also found that red wine drinkers were generally more knowledgeable in winemaking and wine-drinking culture. ★

blood pressure upon seeing your doctor, white coat and all, is a real thing—and that out-of-office blood-pressure monitoring is still the best way to treat it.

According to the University of Pennsylvania's *meta-analysis*, or study of other studies, WCH patients should still go home with a 24-hour blood-pressure monitor to establish their actual baseline blood pressure

when in relaxed and non-stressful environments.

The study not only confirms that WCH a real thing, but that, untreated, WCH patients have a 36 percent higher risk of cardiovascular events.

## NEWEST TREND IN DIETING: INTERMITTENT FASTING

**Boston, Massachusetts** — More

than one comedian has said that the best weight-loss diet is to not eat. But, as it turns out, there's truth to it—and more than a bit.

A relatively new trend in dieting is known as *intermittent fasting* (IF). It basically means to eat normally for set times and not eat anything during other set times.

Intermittent fasting has three general categories: daily time restriction, weekday fasts, and the 5:2 diet.

*Time restriction* means confining meal times and eating to an eight to ten-hour period, followed by a 14- to 16-hour overnight fast.

*Weekday fasts* means simply no intake on a specified day (or days) of the week, with the exception of water, tea or black coffee to help control hunger pangs.

The *5:2 diet* means eating normally for five days of the week and eating only 25 percent of what you normally eat on the remaining two days of the week.

Regardless, various health experts say it works because it lowers and stabilizes the body's levels of insulin, of which too-high levels lead to several unhealthy conditions.

## TYPE 1 DIABETES IN HIGH-RISK KIDS DELAYED BY EXPERIMENTAL DRUG

**New Haven, Connecticut** — A Phase II clinical trial by Yale University is now the first to show that Type 1 diabetes can be delayed by two or more years among people who are at high risk.

According to Yale researchers, 14 days of therapy with the experimental drug *teplizumab* delayed development of the disease in high-risk people by at least one year.

Some 76 study participants (ages 8 to 49) faced a high risk of type 1 diabetes in part because relatives had the disease, which kills the beta cells in the pancreas that make and release insulin.

Volunteers also all had tests showing diabetes-related autoantibodies that attack the pancreas, plus unhealthy blood sugar levels.

Among volunteers randomly assigned to receive the drug, 43 percent developed diabetes.

By comparison, among those volunteers who received a placebo, 72 percent developed diabetes.

When the study was stopped, the percentage of diabetes-free participants was twice as high in the teplizumab group, at 57 percent.

The placebo group only boasted a diabetes-free rate of 28 percent. ★



# The Hamaspik family cares for yours

Wondering what's available for your special needs loved one? From in home services, community or site based programs to reimbursements that will support your loved one and empower your family. Best of all: we will walk you through the process of getting the care they deserve.



**HAMASPIK**  
CENTER FOR HUMAN SERVICES  
**המספיק**  
מרכז עזרה לצרכי הציבור


 Community Habilitation (Com Hab)

 Family Support Services (Reimbursement)

 Day Habilitation

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 Prevocational Services

 Achosainu Academy

 After School Respite

 Self Direction

 ISS Apartments

Unsure if your loved one is eligible for services? **Call 718.387.8400**

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#### Williamsburgh:

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Brooklyn, NY 11211  
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Fax: 718.599.3261

#### Rockland County:

58 Route 59, Suite 1  
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Phone: 845.503.0200  
Fax: 845.503.1200

#### Orange County:

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Fax: 845.774.0500

email: [intake@hamaspikkings.org](mailto:intake@hamaspikkings.org)

## ● ► NYSHA NEWS

## THE NEXT BIG THING:

# ‘Hamaspik Medicare Select’ Launches to Meet Another Community Need

## Comprehensive New Health Plan Serves Dual-Eligible Senior Population

Medicare provides healthcare to seniors 65 and up.

Medicaid provides healthcare to people with low income.

And now, for seniors 65 and up who also have low income, there's Hamaspik Medicare Select.

Special healthcare plans for so-called *dual eligibles* have existed for several years now. These joint Medicare/Medicaid plans give members the best benefits of both plans.

And Hamaspik Medicare Select is among the newest of them.

Hamaspik Medicare Select is an ambitious new effort under the auspices of Hamaspik Choice, the still-growing managed long-term care (MLTC) plan.

Under Hamaspik Medicare Select, seniors with low income get a comprehensive health insurance plan

that covers everything that standard Medicare covers for seniors—plus quite a bit more.

Hamaspik Medicare Select covers eyeglass prescriptions, for starters. The plan provides members with a regular stipend of sorts for ongoing over-the-counter (OTC) non-prescription drugs—saving seniors what otherwise would cost quite a tidy sum over the course of a year. The plan also operates a professional and compassionate nurse hotline staffed 24 hours a day, seven days a week.

The new insurance plan—known in industry parlance as a dual special-needs plan (DSNP)—is “built under the Hamaspik Choice umbrella and on the same platform,” says Hamaspik Choice Executive Director Yoel Bernath. “It’s just a different product.”

That includes setting up shop on Hamaspik Choice’s headquarters premises in Monsey.

At least initially, that is.

Hamaspik Medicare Select will be using the back-office custom software systems for IT and medical claims processing that Hamaspik Choice built and perfected—conserving resources while maximizing experience and efficiency.

Building on the success of Hamaspik Choice, which currently services six counties, Hamaspik Medicare Select will reach New York dual-eligible seniors across 19 counties from Long Island to the Albany region—and include the five boroughs of New York City, naturally.

So, why is Hamaspik Choice essentially expanding to offer a new track to a new group of members? What’s behind the creation of Hamaspik

Medicare Select?

“Part of our vision is to offer a full suite of managed care products,” explains Bernath. “We want to ensure continuity of service across the entire spectrum of the community.”

Asked where he sees Hamaspik Medicare Select in a year, the experienced healthcare executive sees a growing number of dual-eligible seniors across the greater community taking advantage of the expanded benefits that the insurance plan offers.

“People have come to appreciate the quality and commitment of the Hamaspik brand,” Bernath says.

And with Hamaspik Medicare Select, members get one comprehensive plan that covers their prescription drug, physician and hospital costs—and all backed by Hamaspik’s brand of quality and commitment. ★

## ● ► SENIOR HEALTH NEWS

## Senior Fall Mortality Doubles 2000-2016



RISING NUMBERS OF BAD FALLS: BUT TAI CHI AND HAZARD REMOVAL HELP REDUCE RISKS

**Atlanta, Georgia** — According to a study by the U.S. Centers for Disease Control (CDC) the rate of mortality due to falls among Americans over 75 has doubled from 2000 to 2016.

Researchers at the CDC found that in 2000, the annual mortality rate for seniors over 75 was 52 out of 100,000. But for 2016, that rate had increased to 111 per 100,000. But CDC health scientists say that the likeliest reason for the increase is that people

are living longer with conditions they might have died from in the past—plus consumption of medications that increase risk of falling.

The good news is that for most seniors, falls are largely avoidable. A combination of exercises, both aerobic and anaerobic, 20 minutes a day, can reduce the risk of a fall—especially the tai chi martial art. Removing trip-and-fall hazards from residences, like nailing down throw rugs, is also essential. ★

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- ◆ Skills development
- ◆ ComHab
- ◆ Respite Services
- ◆ Prevocational Services

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● ► HAMASPIK NEWS | HAPPENINGS AROUND HAMASPIK



## What a Trip!



**PUT IT IN PARK:** THE GENTLEMEN OF HAMASPIK ORANGE COUNTY'S DAY HAB PROGRAM EN ROUTE TO A LATE-FALL OUTING AT A REGIONAL OUTDOOR RECREATIONAL CENTER



**FUN ON THE SURFACE:** PADDLING THE DAY AWAY IS QUADRUPLY FUN IN GROUPS



**IN LINE WITH HAMASPIK STANDARDS:** TAKING A BREAK, TIRED BUT SATISFIED

## Day Hab, Senior Day Programs Bond over Uplifting Jewish New Year Projects

*Joined Hands and Dancing Feet, Hands-on Crafts, Help Fortify One Community*

The Shnois Chaim ("Living Years") senior day program—a.k.a. the Hamaspik Social Dining Program—has been a Hamaspik of Orange County staple for several years now.

The Day Habilitation (Day Hab) program for women with intellectual/developmental disabilities (I/DD) has been an agency staple for even longer.

And in the run-up to this year's Jewish New Year, the two programs joined forces for two on-site community bonding activities that will certainly be remembered for years.

The first event, for which the "Day Habbers" had practiced for weeks, was a delightful dance session that had all participants joining hands, and bridging differences and generations alike.

With painstaking support by their devoted Direct Support Professionals (DSPs), the young women—wearing elegant costumes—repeatedly practiced several simple dance steps every day. And on the big day, the individuals took to the ballroom floor to hold hands with the

venerable seniors and sing and dance in a big circle filled with life.

The second event, held the following week, consisted of an edible arts-and-crafts activity. The Day Hab women worked one-on-one with their senior peers to make caramelized candied apples by hand. Working in pairs around a long table, each set of participants dipped fresh apples into bowls filled with sweet thick syrup. The sweetened fruits were then neatly packed up and shortly taken home as ready-to-eat Rosh Hashanah treats.

Both events exemplify the multiple benefits of cross-over programming among programs, according to Hamaspik of Orange County Executive Dir. Moses Wertheimer. And if the happiness and sense of accomplishment respectively evinced by the seniors and young ladies was any indication, he's quite right. ★

*For more information and/or to apply for Shnois Chaim, please contact Mrs. C.M. Landau directly at 845-774-0348 or [cmlandau@hamaspikorange.org](mailto:cmlandau@hamaspikorange.org).*

## Boosting Boomers' Babies: Hamaspik NHTD Aiding More Middle-Agers Aid Own Parents

For a growing number of Americans at or above middle age, it's the dilemma of a generation: Post-WWII "Baby Boomers" are now becoming seniors—and their own kids are increasingly supporting them while supporting their own adult kids.

And fortunately, Hamaspik is increasingly there for them of late, too.

Hamaspik of Rockland County's Sarah Gottlieb, MPH hears their stories constantly. It's her job.

As Supervisor of the Nursing Home Transition and Diversion (NHTD) program, Mrs. Gottlieb helps nursing-home patients readjust to home life once discharged from long-term care facilities—and helps keep them out of nursing homes in the first place.

Along with Coordinators Mrs. Zeitlin and Mrs. Ziet, she is now working with a growing number of families to ensure that beloved parents get vital in-house care—which means a lot of things, she says.

As needed, beneficiaries get environmental modifications (known as e-mods) to their homes like front door accessibility ramps, bathroom grab bars, and even walk-in tubs.

They also get trained home health aides (HHAs) and personal care aides (PCAs) for that critical hand at home—ensuring safety and wellbeing while remaining in the community.

Aides and even nurses are available for shifts of personalized attention—even up to 24 hours a day depending on each case, Mrs. Gottlieb adds. "Less falls, less ER visits, more living in the community," she succinctly explains.

Adults trying to be parents and children can be quite the juggling act. But with a hand from NHTD, a growing number of them have a good few less things to juggle. ★

*For more information and/or to apply for NHTD services, please contact Sarah Gottlieb, MPH directly at 845-503-0246 or [sgottlieb@hamaspikrockland.org](mailto:sgottlieb@hamaspikrockland.org).*



● ► HAMASPIK NEWS | HAPPENINGS AROUND HAMASPIK

# Leadership Luncheon Empowers Hamaspik Orange Staff as Agency Ambassadors

Recently, Hamaspik of Orange County hosted an on-site staff conference for employees. But that's where any similarities to your average company lunch meeting ended.

The event was fueled by an upscale catered luncheon planned to perfection by Mrs. Brenda Katina, Hamaspik of Orange County's very own Special Events Coordinator. It was intended to present all new and existing Hamaspik of Orange County programs, services and departments to all staff. What it ended up achieving, however, was informing and empowering all staff—turning them all into knowledgeable authorities on everything Hamaspik is doing agency-wide.

And on both fronts, did it ever deliver!

Attendee Mrs. Dally Neuman is Manager of Hamaspik of Orange County's Seven Springs Shvesterheim Individualized Residential Alternative (IRA). Mrs. Neuman is normally busy night and day with supporting the

group of young women with disabilities who reside full-time at Seven Springs under the diligent and doting care of herself and her staff.

Speaking as a veteran expert in her niche, Mrs. Neuman will gladly tell you anything you'd like to know about how best run a New York State OPWDD-approved group home.

But now, thanks to hearing first-hand from leadership about Hamaspik's After-School Respite (ASR) program (among all others), she was able to speak about it as comfortably and confidently as she would about her own program.

And, in fact, that is exactly what she proceeded to do the very next day when a non-Hamaspik acquaintance happened to mention a schoolchild with special needs.

And what was true for one Hamaspik IRA Manager was true for the nearly 200 staffers in attendance—with each arriving as a Hamaspik employee, but leaving as an informed ambassador. ★

# New “RestUp” Overnight/Weekend Respite House Helps the Community Feel at Home

Say you have a little girl with Down syndrome. You've got a wedding in Brooklyn. As much as you love your precious bundle, you can't bring her along. What do you do?

Until now, you'd work the phones like a madman, scrambling to find someone—anyone—who could reply favorably to a request for a “major favor!” (And still like you the next day!)

But now, you'd just call Hamaspik.

In response to an ever-increasing number of community members reaching out over the past year for professional short-term supervision services for individuals with intellectual/developmental disabilities (I/DD), Hamaspik of Orange County swung into action.

First, a suitable site was found to meet and exceed all of the New York State OPWDD's stated and implied rules and regulations for on-site safety for people with special needs.

The site—260 Seven Springs Mountain Road, just outside upstate Kiryas Joel—is perfect in several key ways: location, surroundings, spacious interior and more.

But an overnight/weekend respite house is only as good as its staff—and for the new Hamaspik respite house program, dubbed RestUp, that staff is the experienced husband-and-wife team of Mr. and Mrs. Lipa Heiman.

Reservations for stays must be made at least 48 hours in advance, explains Director of Day Services Shmuel Moskowitz. Guests must also be enrolled in Hamaspik's Respite program.

“Until now, families agonized over kids [with special needs] for vacations or weddings,” he says. “Now, they'll just have a place.” ★

*For scheduling, approval or more information on RestUp, please call Mrs. Hirsch at 845-774-0304.*

## Rallying the Troops



OUR MISSION: STAFF TRAINER/QI DIRECTOR JOEL GROSZ LAYS OUT THE BIG AGENDA



AN UPSCALE LUNCH AWAITS GUESTS



EXEC. DIRECTOR MOSES WERTHEIMER

## Home Away From Home



PICTURE-PERFECT, ISN'T IT? RESTUP'S IDYLIC EXTERIOR REFLECTS ITS MISSION



COUCHED IN PLEASANT SURROUNDINGS: LIKE THE REST OF THE INTERIOR DECOR, RESTUP'S LIVING-ROOM FURNITURE (PARTIALLY SHOWN HERE) FEELS JUST LIKE HOME



# The Autism Update

*News and developments from the world of research and advocacy*



## DRUG THAT CALMS 'TOUCH NEURONS' MAY EVENTUALLY EASE AUTISM TRAITS

**Boston, Massachusetts** — Neurobiology researchers at Harvard (shown above) have developed an experimental drug that may lead to new treatments for hypersensitivity to touch, one of the several symptoms of autism.

About 70 percent of people with autism have atypical responses to sensory stimuli, but not all are unusually responsive to touch.

In six mouse models of autism, the experimental drug was found to dampen the activity of neurons in

the skin, thus moderating heightened reactions to touch. Earlier research has found that genes *MECP2* and *GABRB3* are linked to autism.

Earlier research has also found that skin nerves are overactive in mice that are missing those genes.

The current research involved dampening the signals from the mice's skin nerves to their brains, largely removing their heightened reactions to touch.

But the new drug, isoguvacine, has yet to be tested in humans. ★

## FEDERAL AUTISM CARES ACT RENEWED

**Washington, D.C.** — The nation's primary autism law, the Autism Collaboration, Accountability, Research, Education and Support (Autism CARES) Act, has now been extended through 2024 by the White House.

The Autism CARES Act, which allocates funding for autism research, prevalence tracking, screening, professional training and other related government activities, was set to expire.

The latest iteration of the law, which authorizes some \$369 million towards federal autism funding, is now in force for another five years. The Act originated in 2006.

New in this iteration is a mandate for the U.S. Dept. of Health and Human Services (HHS) to produce a report for Congress on the health and well-being of individuals with autism. It also adds the phrase "across the lifespan" to several provisions tucked within it.

The legislation was authored by Rep. Chris Smith of New Jersey.

## ANIMAL LAB CLOSURES IN ENGLAND RATTLE AUTISM RESEARCHERS

**Oxfordshire, England** — With the threatened closure of two major animal research laboratories in England over the next few years, autism researchers in the United Kingdom and beyond are uncertain about the future of their work.

Like modern medicine as a whole, much of autism research depends on lab mouse research—and the specialized facilities that breed and sell mice to researchers and laboratories worldwide.

The Wellcome Sanger Institute of Hinxton, England, a leading genomics center, announced in May that would be closing their institute's animal facility. And in July, U.K. Medical Research Council (MRC) recommended that the Mammalian Genetics Unit, a subsidiary, be closed.

The looming possible closure of Sanger's mouse facility is a particular blow to some researchers—the \$38 million facility, built, in 2006, provides genetically altered mice and other small animals to thousands of researchers

worldwide; it also employs some 70 people.

## DISABILITY EQUALITY INDEX 2019 LIST RELEASED

**Alexandria, Virginia** — The Disability Equality Index (DEI) is an annual joint project of the American Association of People with Disabilities (AAPD) and Disability:IN, the self-described "leading nonprofit resource for business disability inclusion worldwide."

The DEI ranks hundreds of U.S. workplaces each year for disability inclusion.

The 2019 edition put 180 participating businesses on its "Best Places to Work for Disability Inclusion" list. The 156 of those scoring 80 or up (out of a maximum 100) received honorable mentions at a special event.

Included (or is that "inclusive"?) businesses span 28 business sectors, including financial services, technology, insurance and health care.

Over 110 of those scored 100, including the New York State-based Deloitte, M&T Bank, Nielsen, JPMorgan Chase & Co. and Verizon.

## FDA WARNS AGAINST TOXIC BLEACH "AUTISM CURE" PRODUCT

**Washington, D.C.** — A poisonous consumer product containing a little pure sodium chlorite and a lot of pure quackery has been available for several years now.

When mixed with citric acid, sodium chlorite turns into a toxic chemical bleach called chlorine dioxide that should never be consumed by humans.

The product is marketed under the brands of Miracle or Master Mineral Solution, Miracle Mineral Supplement (all known for short as MMS), or Water Purification Solutions. It is hyped as a cure for diseases ranging from various cancers to Parkinson's and even autism.

The MMS scam is back in the news now, though, because of the numerous reports the FDA has recently received of people suffering serious and dangerous side effects from the product—prompting yet another official warning to the public to avoid the product. ★



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## ● ► HAMASPIK NEWS

# Thousands of Documents, Hundreds of Hours, Several Dozen Days, One Stellar Result

## Kings County Day Hab Scores Flawless State Medicaid Inspector General's Audit

The rote and unassuming form letter, addressed to Hamaspik of Kings County's Day Habilitation (Day Hab) program, and Executive Director Tzvi "Hershy" Wertheimer, was signed by an Audit Manager with the New York State Office of the Medicaid Inspector General (OMIG).

Included in its second of four paragraphs of required jargon was this unremarkable sentence: "Our audit revealed that, for the period and scope reviewed, the Provider generally adhered to applicable Medicaid billing rules and regulations."

But when you know the weeks of work—and years of exactitude—that preceded and produced that one simple turn of legal phrase, it turns out to be quite the understatement.

### THE STORY BEHIND THE STORY

The story of this article begins with Hamaspik of Kings County Day Hab receiving written word this past March that a state OMIG audit would be forthcoming in April. Staff got to work.

"Staff" in this case would be Director of Day Services Yehudah "Yidel" Spangelet, who directed a team consisting of Day Services Secretary Mrs. Schwartz and Pre-Employment Program Coordinator Mrs. Hayum (and himself) in the detailed daily record-reviewing tasks that soon ensued.

In later phone conversations with the *Gazette*, Mrs. Schwartz elaborates on the nitty-gritty of audit preparation.

To explain: The audit would be looking at record-keeping for Day Hab. Each record must be recorded by hand. Those paper records are then meticulously stored in highly organized binders.

More specifically, paper Day Hab records record the individual daily attendance of each single attendee—every morning arrival and afternoon departure (including specific times)—plus anything noteworthy occurring between. Particular written attention is paid to what are known in industry parlance as "reportable incidents," with Hamaspik long adhering to rigorous honesty.

In a later phone conversation of his own with the *Gazette*, Director Spangelet stresses *asset recovery*, a key difference between other official audits (of which Hamaspik of Kings County has had many) and a state OMIG audit



**KEEPING SCORE:** METICULOUS RECORD-KEEPING ALLOWS DAILY SCENES LIKE THIS

(of which this one was the agency's very first). Put plainly, Mr. Spangelet explains, a state OMIG audit mainly looks for overpayments—seeing if Medicaid was billed too much and, if so, demanding a refund. With its near-fanatical focus on meticulous daily record-keeping, though, Hamaspik achieved the near-impossible—emerging from a flyspeckingly thorough OMIG audit with no adverse findings found.

The story behind this story, then, is Hamaspik's relentless adherence to painstaking paperwork—those boring parts of the job demanding that a Direct Support Professional (DSP) write down, every day, exactly when the supported individual(s) showed up for Day Hab, when they left, and what they did in the interim.

Now, picture doing that day in, day out, for several dozen individuals and for three consecutive years—and if you're getting the picture of mountains of paperwork, you're not getting it wrong.

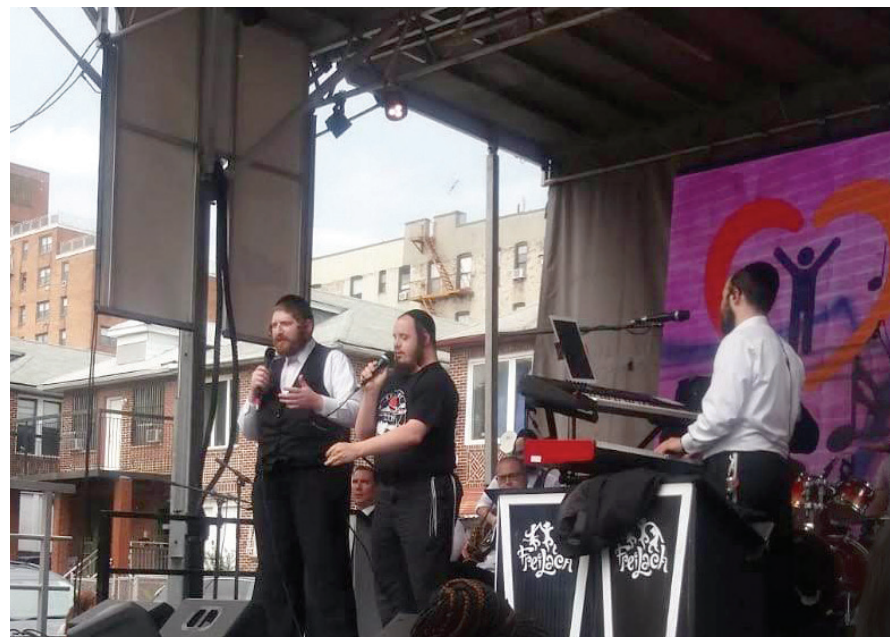
### NONDESCRIPT PAPERWORK, STELLAR RESULT

One day in April, around the time of the Purim holiday, three New York State OMIG auditors showed up at Hamaspik of Kings County's doors. For around the next three months—four days a week, roughly six hours a day—the trio sat in a secluded provided office on site to peruse piles of organized and bound papers. They departed as unceremoniously as they had arrived.

In late September, a nondescript envelope showed up in the mail at 4102 14th Ave., Hamaspik of Kings County's sprawling complex in the heart of Brooklyn's Borough Park district. Dated September 26, it bore the official New



**RESULTS ON PAPER:** ENJOYING HIS DAY



**FACING THE MUSIC:** TWO "DAY HABBERS" OUT AND ABOUT IN THEIR COMMUNITY

York State government letterhead—Andrew Cuomo, Governor and Dennis Rosen, Medicaid Inspector General.

In part, it read, "An audit of OPWDD day habilitation claims paid by Medicaid to Provider Hamaspik Kings Day (Provider) from January 1, 2015, through December 31, 2017, was completed."

### PAINSTAKING PREP, POSITIVE PRODUCT

Asked for the hardest part of audit prep, Mrs. Schwartz simply states: "Preparing for a month beforehand."

"We were given a one-month notice, so we went through the individual binders of several dozen individuals and three years of paperwork to make sure that all the log ins, log outs, etc. were all recorded, submitted and billed properly," she elaborates—"that everything coordinated and lined up properly and that there was nothing that didn't match or otherwise present a

discrepancy between documents."

But given the back story of Hamaspik front-line staff getting record-keeping right in the first place, there wasn't much to find, she adds. Not to be unprofessional, though, Mrs. Schwartz and Mrs. Hayum gave it a thorough look.

The twosome sat side-by-side for most of their office hours during that month, going through the personal documentation binder of each individual, page by page—combing through each binder's 13 distinct categories for anything missing, out of place or otherwise irregular. They found nothing.

Sure sounds like hard work.

But, "I wouldn't use the word 'hard,'" Mrs. Schwartz modestly rejoins. "We made sure all the paperwork was in place." Still, she does allow for some pride in the agency's professionalism—"After all," she says, "we're Hamaspik and we get it pretty much right every time in the first place." ★



► PUBLIC HEALTH AND POLICY NEWS

# More Uber, Lyft Accessibility Vehicles for Two Calif. Cities



MORE ACCESS: A NEW TAX WILL FUND MORE OF THESE VEHICLES IN TWO CA. CITIES

**Sacramento, California** — For people who live in the “San Fran” Bay Area or in Los Angeles, use a wheelchair, and also use the Uber or Lyft ride-sharing apps, transportation options are limited.


But now, several transportation-related things are changing in California in favor of people with physical disabilities—primarily involving Uber or Lyft, the ever-popular transportation companies both based in San Francisco and now entrenched worldwide.

For starters, a tax of ten cents for each Uber or Lyft ride is now being collected by the California Public Utilities Commission. The money will eventually be used to allow

both companies to buy and provide enough wheelchair-friendly vehicles, complete with ramps, lifts and adequate space to accommodate users who cannot leave their wheelchairs during a trip.

At the same time, both companies have also launched pilot programs in L.A. and San Fran in which five new accessibility vehicles, modified minivans, will be available in each city—each for 14 hours (with different shift drivers) at a time.

Currently, most wheelchair users requesting personal transportation in larger American cities and towns can benefit from public paratransit services, which offer accessibility vans and buses to qualifying residents. ★




## CELERY

EASY

YIELDS: 8-10 SERVINGS

PREP TIME: 0:05

READY IN: 1:15



### Celery soup

INGREDIENTS:

- 2 onions, diced
- 4 cloves garlic, chopped
- 2 tablespoons olive oil
- 3 potatoes, peeled and cubed
- 2 green squash, cubed
- 6 stalks celery, cubed
- 10 cups water
- 2 tablespoons consommé soup mix
- 1 teaspoon parsley flakes
- Salt and pepper to taste


DIRECTIONS:

- Sauté onion until translucent; add garlic and celery and sauté for 5 more minutes
- Add potatoes and green squash; cook for a few minutes
- Fill pot with water; add seasoning
- Bring to boil; lower flame and simmer for one hour
- Blend in an immersion blender

EASY

YIELDS: 4-6 SERVINGS

READY IN: 0:30



### Sauce with celery

THIS IS A GREAT SIMPLE SAUCE YOU CAN ADD TO ANY RECIPE THAT CALLS FOR SAUCE.

INGREDIENTS:

- 2 onions, diced
- 4 stalks celery, rinsed and sliced thin
- 1 red pepper, diced
- 1 tablespoon sugar
- Salt to taste
- 1/2 tsp garlic powder
- 3 heaping tablespoons corn starch
- 1 cup cold water
- 2 cups water (room temperature)

DIRECTIONS:

- Sauté onions until golden; add celery and red pepper. Sauté for 5 more minutes
- Stir in sugar, salt, and garlic powder
- Dissolve corn starch in cold water, mix, add rest of water
- Bring to boil; simmer for 5 minutes. Taste; adjust seasonings

BENEFITS:

At just 10 calories a stalk, celery's claim to fame is its long-time, established reputation as a low-calorie diet food. Celery is an excellent source of antioxidants and beneficial enzymes, in addition to vitamins and minerals like vitamin K, vitamin C, potassium, folate and vitamin B6. Celery also provides dietary fiber that boosts digestion and weight loss.

EASY

YIELDS: 4-6 SERVINGS

READY IN: 0:10



### Celery salad

INGREDIENTS:

- 1 bag romaine lettuce
- 4 stalks celery, sliced thinly
- 1 small container grape tomatoes, halved
- 1 cucumber, diced
- 1 can chick peas
- 1 tablespoon olive oil
- Salt and pepper to taste

DIRECTIONS:

- Toss all ingredients together

CHEF'S TIP:

To clean celery, cut off bottoms and tops of stalks, then soak them in vinegar-infused water for 20 minutes. Rinse well.



# Public Health and Policy News

study on mice by the New York State OPWDD's Institute for Basic Research (IBR) found that excessive folic acid may have lasting negative effects. Bottom line? Ask your doctor.

Folic acid is another name for Vitamin B9. Expectant mothers should get 400 to 800 micrograms (MCGs) a day. While it's best to get it from breakfast cereals, cooked lentils or beef liver, you can get it from daily vitamins, too.

## TOUGH AUSTRALIAN FLU SEASON MAY MEAN MORE U.S. WINTER WOES

**Atlanta, Georgia** — Flu experts with the U.S. Centers for Disease Control (CDC) are more concerned about this year's flu season than seasons past—because Australia had a tough year. Here's what one has to do with the other.

Since Australia's seasons are six months prior to America's, U.S. and Australian experts confer extensively after each Australian flu season to see which flu strains were most prevalent—and therefore, which to include in the annual flu vaccine in the U.S.

With Australia's now-past flu season being one of its worst on record, experts warn this could mean a severe flu season is headed to the U.S.—making it all the more important to get the flu shot.

For the 2019-2020 flu season, manufacturers estimate there will be up to 169 million doses available in the United States.

## FOLIC ACID: NOT TOO LITTLE—BUT NOT TOO MUCH

**Bethesda, Maryland** — A public message put out recently by MedlinePlus, the health information resource run by the federal National Library of Medicine (NLM), reminds expectant women that folic acid (also known as folate) helps prevent major birth defects of the brain or spine.

It's widely established that too little folic acid is not good. But too much folic acid is also not good. A 2014

## HIGH-SECURITY GOV'T LAB CREATES EBOLA VIRUS TO TEST CURRENT VACCINES

**Atlanta, Georgia** — No virus, no problem!

U.S. government scientists recently set out to test two existing treatments for Ebola virus—but without actual samples of the current strain of that virus.



**NOT YOUR TYPICAL SCIENCE EXPERIMENT:** BECAUSE OF THEIR WORK'S DANGEROUS NATURE, BSL-4 WORKERS MUST WEAR FULL-BODY BIOSAFETY SUITS LIKE THE ONE SEEN HERE

So, using raw genetic materials, a lot of precision, and a lot of data from earlier Ebola research by a U.S. Army lab, they basically built one.

The synthetic live Ebola virus was created at a high-security Biosafety Level 4 (BSL-4) research lab belonging to the U.S. Centers for Disease Control (CDC). While there are close to 1,400 U.S. research labs at Biosafety Levels 1 through 3, there are less than 20 BSL-4s nationwide.

The genetically-engineered virus in the highly-contained facility was then tested against remdesivir (an Ebola antiviral) and ZMapp (another treatment). Both were found to be effective in fighting the recreated current strain.

3. Doubling the number of kidneys available for transplant by 2030

Kidney disease is a category of conditions that together produce more yearly deaths than specific kinds of cancer. Approximately 37 million Americans have kidney disease.

Under the executive order, the U.S. Dept. of Health and Human Services (HHS) has launched its Advancing American Kidney Health initiative, which—among a few other things—

consists of a kidney health public awareness campaign.

The order will also have Medicare, the federal healthcare plan for seniors, look at better and most cost-effective ways to treat and pay for kidney care. Medicare covers about 500,000 people with end-stage kidney disease (ESKD)—and while they form just one percent of Medicare members, they account for some seven percent of the program's medical bills, or about \$35 billion.

## CALIF. 1ST STATE TO PROVIDE HEALTHCARE TO UNDOCUMENTED ADULTS

**Sacramento** — A bill signed into law by Gov. Gavin Newsom makes California the 1st U.S. state to provide free healthcare to some undocumented immigrants.

Under the \$98 million legislation, some 100,000 adults age 19 to 25 without U.S. citizenship documentation will be eligible for Medi-Cal, the state's Medicaid program.

At the same time, the Gov. rejected a state Senate proposal to also cover undocumented adults age 65 and up, saying that it was too expensive.

Gov. Newsom plans to pay for the new coverage expenses by imposing a state penalty on any California resident who does not have health insurance. ★

## WHITE HOUSE LAUNCHES SWEEPING OVERHAUL OF FEDERAL KIDNEY HEALTH POLICY

**Washington, D.C.** — A federal executive order aims to dramatically raise the number of kidney donors, lower the number of patients getting dialysis outside the home and change the ways Medicare pays for kidney health care—and all by Year 2030.

The order has three specific targets:

1. Reduce end-stage renal disease (ESRD) by 25 percent by 2030

2. Get 80 percent of new ESRD patients on home dialysis or a transplant by 2025



**GET YOUR DAILY VITAMINS!** A RECENT PUBLIC MESSAGE STRESSES DAILY VITAMIN B9, THOUGH PRIOR RESEARCH SAYS TOO MUCH CAN ALSO BE BAD. (TALK TO YOUR DOCTOR.)





# The King of Speech



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# In the Know

## ALL ABOUT... ULCERS

Sources: Mayo Clinic, U.S. Centers for Disease Control and Prevention (CDC)

Mental stress or adversity is long known for triggering physical symptoms (prompting the “mind-body medicine” approach to back pain and other ailments led by the late Dr. John Sarno and others)—including *ulcers* (UHL-sers), which are the open sores inside the digestive system or elsewhere.

But ulcers, like back pain or any other condition, are not directly caused by stress. It’s just that pain associated with pre-existing ulcers or any other condition is triggered or exacerbated by stress.

In fact (at least according to conventional Western medicine), ulcers in the digestive system are most commonly caused by *H. pylori* bacterial infections and long-term use of aspirin or other over-the-counter (OTC) pain relievers, not people or circumstances in your life that cause you stress.

In the meantime, “You’re giving me ulcers!” remains a fairly common figure of speech, referring as it does to situations of unnecessary stress. Read on to be... in the know.

### DEFINITION

The word “ulcer” is a medical term that one dictionary defines as “as a sore on the skin or a mucous membrane, accompanied by the disintegration of tissue, the formation of pus, etc.”

In plain English, then, an ulcer might be rendered as “a painful bump on the outside or inside of the body.”

People can get ulcers at any age, but the chances go up as they get older.

There are several forms of ulcers.

The most common form of ulcers, those that develop on the inside lining of the stomach and upper portion of the small intestine, are medically referred to as *peptic* ulcers. When people say “ulcers,” they are usually referring to peptic ulcers.

Because peptic ulcers are the most common form of ulcers, this article primarily covers peptic ulcers.

There are three types of peptic ulcers:

- *Gastric* ulcers, which are peptic ulcers in the stomach;
- *Duodenal* ulcers, which are peptic ulcers in the upper part of the small intestine; and
- *Esophageal* ulcers, which are peptic ulcers in the esophagus.

Other forms of ulcers include:

- *Arterial* (or *ischemic*) ulcers. These are unsightly open sores that primarily develop on the outer sides of the ankles, feet, toes, and heels. Arterial ulcers are caused by lack of blood flow to tissues, resulting in damage to arteries. Such ulcers can take months to heal; they need considerable and careful

daily treatment and monitoring to prevent infection and further complications.

- *Venous* ulcers are the most common type of leg ulcers. Venous ulcers are open wounds that typically develop due to damage to the veins. This damage is caused by lack of blood flow back to the heart. Venous ulcers often form on one or both legs, below the knee and on the inner area of the ankle. Some cases of venous ulcers cause little or no pain unless infected. Others can be very painful. Like arterial ulcers, venous ulcers can take months to heal and require proper and careful treatment and maintenance to prevent infection and further complications.
- *Mouth* ulcers (also known as *canker sores*) are small sores or lesions that develop in the mouth or at the base of the gums. Mouth ulcers are commonly caused by repetitive biting of the insides of the cheeks, food allergies, brushing the teeth too hard, vitamin deficiencies, or bacterial infections. Mouth ulcers are common and often go away within two weeks. They can be uncomfortable but shouldn’t cause significant pain. If a canker sore is extremely painful or doesn’t go away within two weeks, seek immediate medical attention.

### SYMPTOMS

Firstly, peptic ulcers often cause no symptoms.

In fact, according to the Mayo Clinic, nearly 75 percent of people with peptic ulcers report no symptoms.

However, for peptic ulcers that you *do* feel, the most common symptom is stomach discomfort or pain (which is sometimes a burning pain). Ulcer stomach pain, particularly the burning sensation, is most commonly caused not by the ulcer itself but by the stomach acid that comes into contact with it.

The location of that stomach pain or discomfort is usually between the belly button and breastbone. It may be especially noticeable on an empty stomach, like between meals or at night. The pain may stop for a little while if you eat or take an antacid, but then come back shortly. It can last anywhere from a few minutes to a few hours, and may come and go for many days or weeks.

Ulcer pain caused by stomach acid may be worse between meals and/or at night.

Symptoms also commonly include:

- Feeling of fullness, bloating or belching
  - Fatty food intolerance
  - Heartburn
- Less commonly, ulcers may cause severe signs or symptoms like:
- Vomiting or vomiting blood—which may appear red or black
  - Trouble breathing
  - Feeling faint
  - Nausea
  - Unexplained weight loss
  - Appetite changes

### Complications

If left untreated, peptic ulcers can eat a hole through the lining and get infected. Or they can cause swelling, which may block food from moving from the stomach into the small intestine. Complications include:

- Internal bleeding, which can occur slowly (causing anemia) or severely and fast (requiring emergency hospitalization and/or blood transfusion).
- Infection—specifically, infection of the abdominal cavity (peritonitis), which can result if untreated peptic ulcers eat holes through the wall of the stomach or small intestine.
- Obstruction of food passing through the digestive tract, causing a person to become full easily, to vomit and/or to lose weight either through swelling or from inflammation or scarring. Food obstruction may also require corrective surgery, which is also often emergency surgery.





## CAUSES

The digestive system contains a powerful natural chemical called *digestive acid* that helps the body break down food. But digestive acid breaks down whatever it contacts, including the walls of the digestive system itself. That's why the entire inside of the digestive system is coated with a special "paint" called *mucus*. This mucus coating protects the stomach and intestines against their own natural digestive acid.

So, there is a process that causes ulcers:

- First, there is either too little mucus lining on the affected spots inside the digestive system, or there is too much acid in the digestive system.
- Second, the acid then eats away at the inner surface of the stomach or small intestine.
- Third, peptic ulcers develop on the affected inner surface(s) of the stomach or small intestine.

But what causes too-little mucus lining in the digestive system, or too much natural digestive acid? That is most commonly caused by two reasons: *H. pylori* infections and long-term use of certain drugs.

### *H. pylori* infections

*Helicobacter pylori* (*H. pylori*) is a common bacterium carried by up to 50 percent of the population. Most people infected with *H. pylori* do not get ulcers. But in others, for complex biological reasons beyond this article, the presence of *H. pylori* can increase the amount of digestive acid in the stomach—causing the breakdown of the protective mucus lining and the resulting irritation of the digestive tract that leads to ulcers.

### Long-term use of certain drugs

Peptic ulcers are more common in older adults who take pain drugs frequently, or in people who take medications for osteoarthritis.

Also, taking certain other medications can greatly increase the chance of developing ulcers.

Those include NSAIDs, short for *non-steroidal anti-inflammatory drugs*, as well as steroids, anticoagulants, low-dose aspirin, selective serotonin reuptake inhibitors (SSRIs), Fosamax or Actonel.

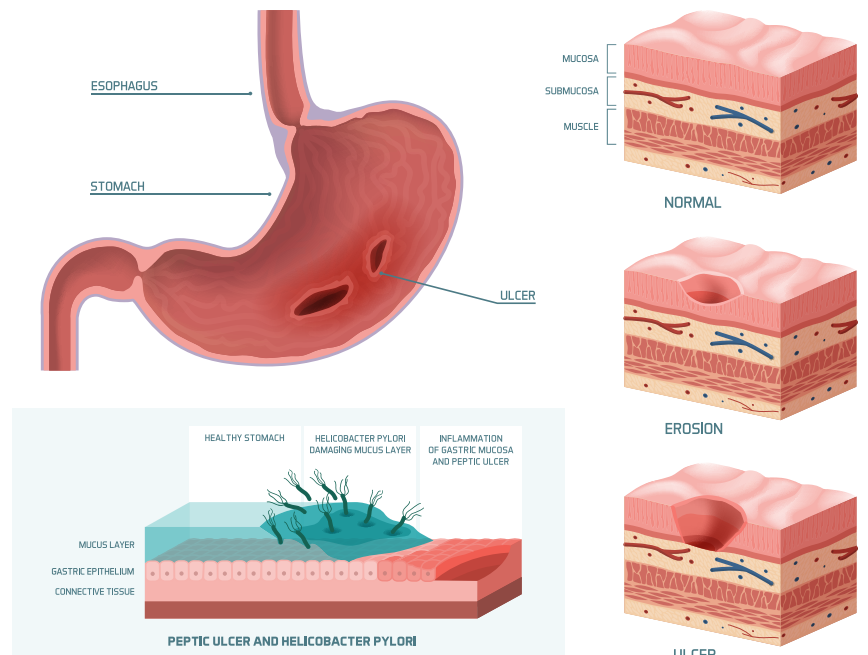
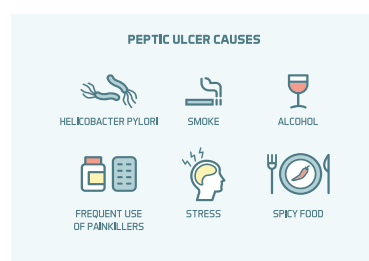
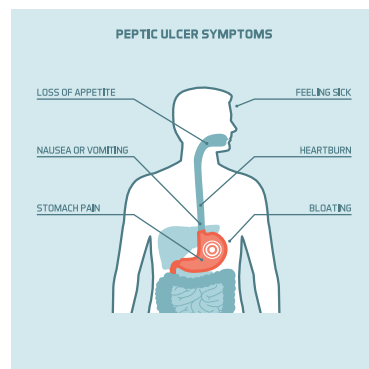
Long-term use of aspirin and NSAIDs like Advil or Aleve can increase the amount of acid in the digestive system, or thin out the mucus lining, or both—resulting in ulcers.

If you need an NSAID, you may need to also take additional



MEDICINE AND HEALTHCARE  
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GASTRIC DISEASE



MEDICAL INFOGRAPHIC

medications such as an antacid, a PPI, an acid blocker or cytoprotective agent. A class of NSAIDs called COX-2 inhibitors may be less likely to cause peptic ulcers, but may increase the risk of heart attack.

While stress and spicy foods do not directly cause peptic ulcers (contrary to a certain common expression!), they can in fact worsen symptoms of peptic ulcers.

Other factors that increase risk of peptic ulcers include smoking, which may increase the risk of peptic ulcers in people with *H. pylori* infections, and drinking alcohol, which can irritate and erode the mucus lining and also increase the amount of digestive acid.

## DIAGNOSIS

To diagnose ulcers, a doctor may only need to ask about symptoms, learn if you're taking NSAIDs and/or other medications, review your medical history, and check for stomach bloating and/or pain.

But the only way to conclusively diagnose a case of ulcers is to get images of the inside of the digestive system.

To do so, the doctor may take several X-rays, or order an *endoscopy*—a procedure in which an *endoscope* (a long flexible tube) is gently slid down the throat all the way into the digestive system.

Once there, a tiny camera at the tip can take photos of the inner lining to check for ulcers, or a tiny snipping device can remove a bit of the lining to test it in a lab for *H. pylori*.

The doctor may also order blood or breath tests to see if there is an *H. pylori* infection.

## TREATMENT

Some peptic ulcers heal by themselves—especially those that cause no symptoms; they come and go on their own. But as for those that cause pain, that's an indicator that there is a serious underlying problem. And until you treat that underlying problem, the ulcers, and the pain that they cause, will tend to come back.

### Self-treatment

Because ulcer stomach pain is commonly caused by the ulcer's painful reaction to stomach acid, treatment often consists of reducing or blocking stomach acid—allowing the ulcer the time and "breathing space" to heal. This can be accomplished by: A. eating certain foods that buffer stomach acid; or B. taking an acid-reducing medication. However, ulcer stomach pain may come back once those foods are digested or the medication fades out.

If symptoms are light to moderate, the above-mentioned self-treatments are a good start. But if self-treatments don't work or make symptoms only temporarily go away, or if symptoms are beyond moderate or otherwise severe, see your doctor immediately.

### Prescription drugs

Prescription drugs called *cytoprotective agents* can help protect the lining of the stomach or small intestine so that ulcers have time to heal.

### Transfusions

Because some peptic ulcers can lead to significant internal bleeding and blood loss, sometimes an ulcer

patient may need blood transfusions at the hospital.

## PREVENTION AND PROGNOSIS

Your first line of defense against ulcers before they even occur is to watch that diet and take antacids to keep stomach digestive acid at healthy levels and otherwise under control.

Other preventative tips and tricks include:

- Protecting yourself from infections. It's not clear how *H. pylori* exactly spreads, but there's some evidence that it could be transmitted from person to person or through food and water—so keep yourself hygienic by regularly washing your hands with soap and water and eating foods that have been completely cooked.
- Go easy on the pain relievers. For regular usage of pain relievers that are known to increase risk of peptic ulcers, take them with meals or reduce the dosage. Work with your doctor to find the lowest dose possible that still provides relief.
- Avoid alcohol when taking medication, since the two can combine to increase risk of stomach upset.

Once you've weathered a bout of ulcers and have received professional medical treatment and advice for it, you should be well-equipped and informed to prevent the next bout from striking in the first place.

As a general rule, to prevent peptic ulcers from developing, use the same general strategy used to treat them once they have developed—and you stand a far likelier chance of never having to endure the discomfort of ulcers again. ★



## Status Report

# Happening In Hospitals Today

## FEDERAL PENALTIES NOT LOWERING HOSPITAL-ACQUIRED INFECTION (HAI) RATES: STUDY

**Ann Arbor, Michigan** — A review of data on millions of patients and thousands of hospitals finds that the Hospital Acquired Condition Reduction Program (HACRP) is basically not working. That is a Medicare pay-for-performance program that supports the Centers for Medicare and Medicaid Services' (CMS) long-standing effort to link Medicare payments to healthcare quality in the inpatient hospital setting.

Researchers at the University of Michigan at Ann Arbor reviewed data on over 15 million U.S. patients aged 65 and up who were treated at 3,238 hospitals from July 2014 to November 2016.

Both groups of hospitals were also found to have about 9 percent of patients die within 30 days of discharge—as well as a statistically equal number of repeat admissions: 14 percent.

“We showed that penalization was not associated with subsequent improvement in safety,” said lead study author Roshun Sankaran of the University of Michigan Medical School in Ann Arbor.

The study was published recently in the *British Medical Journal* (BMJ).

## AFTER NEW LAW DEEMS IT “HOSPITAL,” “CENTER” MUST TAKE MEDICARE, MEDICAID

**Las Vegas, Nevada** — Elite Medical

Center, a Las Vegas facility in the gray area between full-fledged hospital and free-standing ER, now has until 2021 to take Medicare and Medicaid.

That's because Nevada lawmakers recently passed a law that effectively designated Elite as a hospital. It requires nearly all “hospitals” in the state to contract with those healthcare programs.

Until now, Elite was neither a hospital nor an ER—and wasn't taking any public or private insurance either.

But come 2021, the center will be required to accept Medicare and Medicaid members and bill the federal programs, not absorb their care costs as they do now.

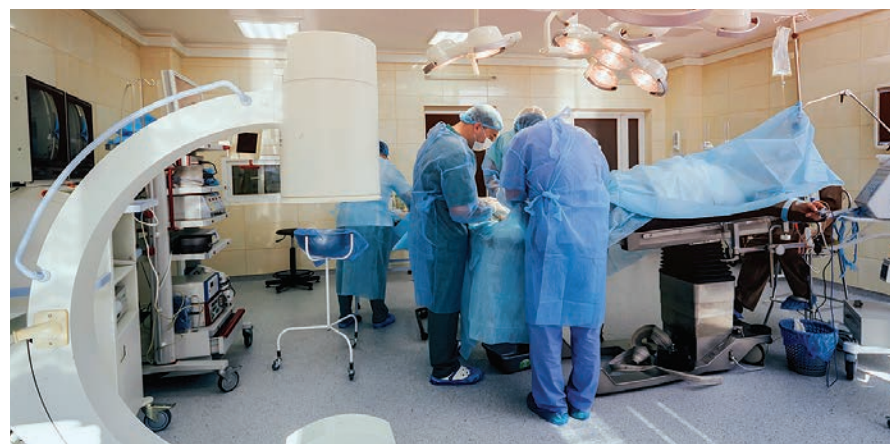
## ORTHOPEDIC SURGEONS EARNING EVEN MORE IN 2018-2019

**Dallas, Texas** — Yet another industry analysis by industry analyst Merritt Hawkins shows that one of the highest-grossing specialties in medicine—orthopedic surgery—is still taking top dollar.

According to Merritt Hawkins' 2019 *Review of Physician and Advanced Practitioner Recruiting Incentives* report, orthopedic surgeons' average annual salary is up to \$536,000 for fiscal year 2018-2019.

On the high end, orthopedic surgeon salary was \$850,000 and the low end was reported as \$350,000. Year-over-year, orthopedic surgeon salary increased 0.56 percent on average.

The report comes on the heels of reports earlier this year that orthopedic



**CUTTING-EDGE PAY:** ORTHOPEDIC SURGERY IS STILL THE HIGHEST-EARNING SPECIALTY

surgeons are the No. 3 top-earning doctors among all specialties, while also the No. 4 top income earner for hospitals.

## LESS TRAINING HOURS DON'T EQUAL LESS-TRAINED DOCTORS: STUDY

**Boston, Massachusetts** — Becoming a doctor once meant you'd have to train at a hospital for 100 hours a week, practically residing there (hence the training term *resident*)—until 2003, that is.

It was in that year that the Accreditation Council for Graduate Medical Education (ACGME) reduced those to 80 a week—a historic reform. And now, a new study finds that hospital medicine is doing just fine.

“This is probably the most hotly

debated topic in medical education among physicians,” said lead author Anupam B. Jena, M.D., of Harvard Medical School and Massachusetts General Hospital, in an announcement about the study. “Many doctors trained under the old system think that today's residents don't get enough training under the new system. You hear a lot of senior physicians looking at younger doctors coming out of training and saying, ‘They're not as prepared as we were.’”

But the study found that capping residents' work hours made no difference in patient mortality within 30 days of being hospitalized, readmissions or costs of care.

Researchers compared outcomes of patients treated by post-2003 doctors to those treated by pre-2003 doctors—

finding no differences in patient mortality, readmissions or costs of care.

## NEW HOSPITAL TECHNOLOGY TREND: 3D LIVE DOCTOR LOCATION

**New York, New York** — In the past, “Paging Dr. Smith... Paging Dr. Smith...” was synonymous with the contemporary hospital experience—what with physicians being summoned via hospital PA systems to go to specific locations, and usually very quickly, because lives were on the line. But to rapidly summon specific caregivers to specific locations, hospitals are now turning to the latest technology: 3D locator systems.

The technology is based on the phones that everyone is assumed to have nowadays. Using radio waves, the technology can tell exactly where any specific surgeon or nurse carrying a phone is located—vital information in today's ever-expanding multi-building hospital complexes.

Old systems rely on the doctor having to respond because his or her location within a hospital is not known, recently wrote 3D hospital location technology leader Manlio Allegra—but being able to pinpoint a doctor's location with high accuracy can mean the difference between life and death in an emergency.



**GOOD FOR PEOPLE IN NEED, BAD FOR PROFIT:** NOW “HOSPITAL” UNDER LAW, ELITE MEDICAL MUST TAKE MEDICARE/MEDICAID IN 2021







# The Senior Care Gazette

News from  
the World of  
Hamaspik  
HomeCare and  
Senior Health

## State Comptroller Thomas DiNapoli Headlines Grand Opening of Hamaspik HomeCare's New Brooklyn Offices

*Gala Attended by State, City Leaders; Reflects Growing Need, Support*



FROM THE TOP: COMPT. DINAPOLI



NEW ERA: PUBLIC SERVANTS AND HAMASPIK LEADERS LOOK ON AS THE COMPTROLLER CEREMONIALLY OPENS THE NEW OFFICES



VISION: MR. WERTHEIMER



STEWARDSHIP: MR. KATZ



REPRESENTATION: LEG. WIEDER

It was a different kind of red tape that New York State Comptroller Thomas DiNapoli found himself cutting—joining fellow public servants in inaugurating Hamaspik HomeCare's newest Brooklyn headquarters.

Hamaspik HomeCare Executive Director Asher Katz informally started the event with a walkthrough for Hamaspik founder and NYSHA Executive Director Meyer Wertheimer, along with Hershel Wertheimer, Moses Wertheimer and Joel Freund, the respective Executive Directors of Hamaspik in Kings, Orange and Rockland Counties.

Upon his arrival, Comptroller DiNapoli was likewise given a personal tour, along with fellow public servants and community leaders.

In attendance were: State Sen. Simcha Felder; State Assemb. Simcha Eichenstein; NYC Council Members Brad Lander and Kalman Yeger; and Rockland County Legislator Aron Wieder, who also emceed. Also present

were Jake Adler, Special Advisor to Comptroller DiNapoli; Pinny Ringel of the Mayor's Office; Pinny Hikind of NYC Comptroller Scott Stringer's Office; District Leaders Doug Schneider and David Schwartz; Yidel Perlstein and Barry Spitzer of Community Board 12; prominent community leaders and organizations; and various healthcare partners.

The crowd gathered for a ceremonial ribbon cutting, with Comptroller DiNapoli honored with the first cut. With a sizable crowd on hand, a loud cheer went up as the ribbon went down—and with spirits buoyed, guests headed inside for a breakfast event.

First to be introduced at the podium was NYSHA leader Wertheimer, who hailed all of Hamaspik's efforts across Kings County—including the robust and rapid growth of Hamaspik HomeCare, whose staff, and numbers of people served, are rapidly increasing.

Asher Katz thanked the entire

Hamaspik HomeCare team for its hard work and expressed a vision of even greater growth.

Guest of Honor DiNapoli was then introduced—but was first joined by the group of officials and activists, who together presented him with a plaque honoring his exemplary public service.

Mr. DiNapoli shared personal words of positive support for the Hamaspik family of agencies and all its accomplishments.

The state's chief financial officer since 2007, Mr. DiNapoli prioritized audits and resulting savings in a late 2010 interview with the *Gazette*—and, nearly a decade later, still shares Hamaspik HomeCare's value of cost-effectiveness and Hamaspik's original mission of disability services.

Assemblyman (and former DiNapoli staffer) Eichenstein spoke next, touching on his long relationship with Hamaspik and pledging ongoing support.

New York City Council Member

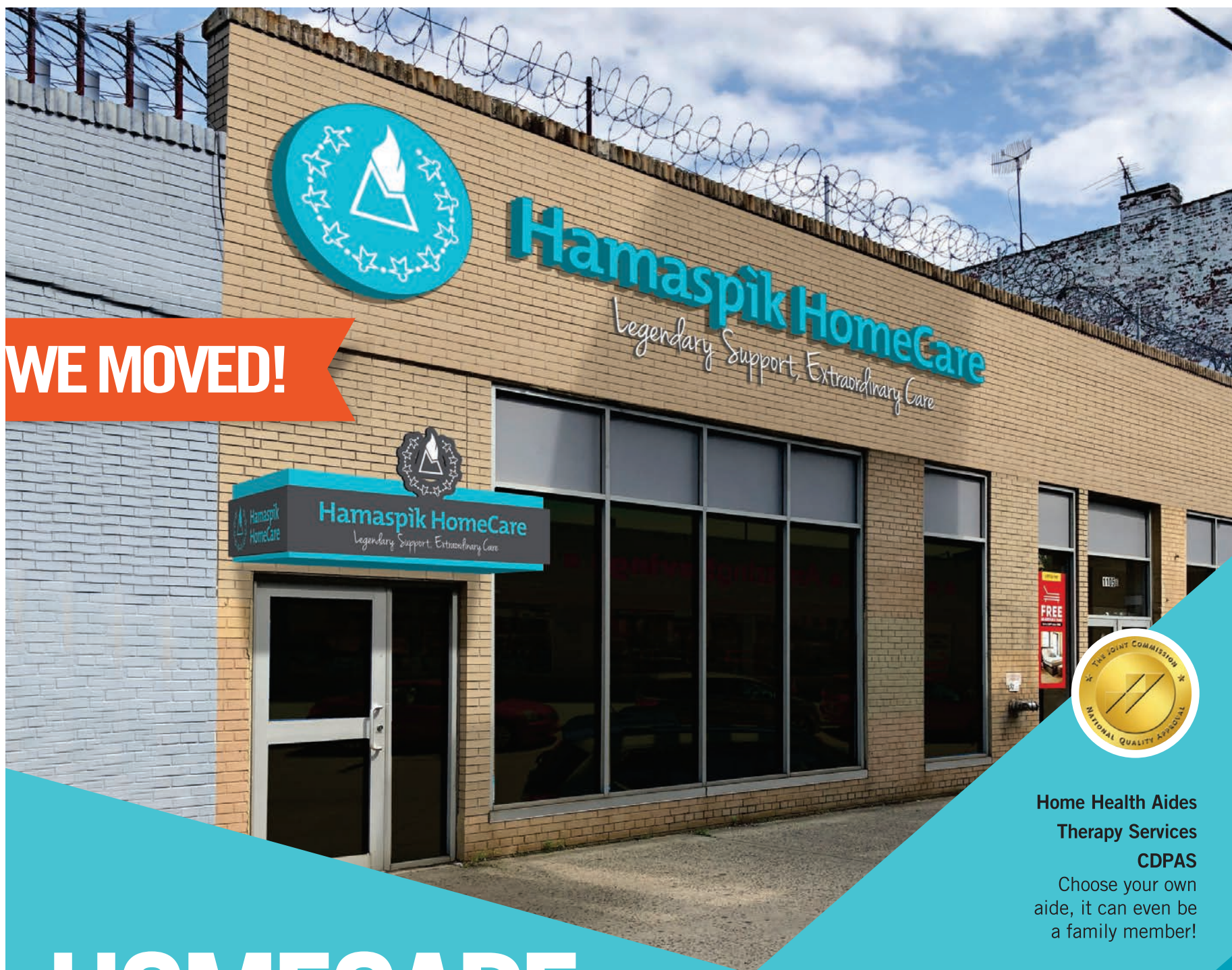
Yeger was introduced by the event's organizer, Hamaspik HomeCare's very own Director of Quality Assurance, Mrs. Esther Henny Jaroslawicz. He proudly reported being Hamaspik's guest four times since taking office in Jan. 2018—and expressed looking forward to more.

Hamaspik HomeCare COO Mordechai Wolhendler opened with "Good morning!" in seven languages, reflecting his agency's multicultural competence—and noted the agency's mission focus despite explosive growth.

Following a Hamaspik HomeCare video, agency HR Coordinator Ashley Cadet introduced caregiver Christina Marshall—presenting her with a well-earned gift.

With Legislator Wieder's closing remarks, the crowd dispersed—taking with them renewed motivation to work for the public good, from Albany and City Hall to a brand-new community services center in the heart of Brooklyn. ★





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