



Hamaspik Gazette

News of Hamaspik
Agencies and
General Health

JULY 2016 • ISSUE NO. 140

GAZETTE SURVEY	HEALTH FACT	HEALTH QUOTE	HEALTH TIP
<p>The GAZETTE asks YOU: HOW MANY PIECES OF CAKE DID YOU EAT THIS WEEK? Respond to: survey@hamaspik.org</p>	<p>17% OF YOUR JOB'S HEALTH PLAN BILL COVERS PRESCRIPTIONS</p> <p>30% OF YOUR JOB'S HEALTH PLAN BILL COVERS DOCTOR VISITS</p> <p>49% OF YOUR JOB'S HEALTH PLAN BILL COVERS HOSPITAL BILLS</p>	<p>"THERE'S REALLY NO WAY THAT A \$10 SANDWICH CAN INFLUENCE A DOCTOR." —UC San Francisco's Dr. Collette DeJong on drug-sales reps' food "gifts" to physicians</p>	<p>SUMMER BBQS ARE HERE! PREVENT OUTDOOR FOOD POISONING WITH FOUR SIMPLE STEPS: cook food completely, soap your hands, chill perishables, and separate raw from ready-to-eat.</p>

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PUBLIC POLICY NEWS

A SIMCHA IN TOWN

SENATOR SIMCHA FELDER (D-17TH DIST.), HERE AT A PUBLIC HEARING AT THE STATE CAPITOL, HAS CONSISTENTLY KEPT HEALTH AND DISABILITY ISSUES ATOP HIS ALBANY AGENDA. FELDER, WHO HAS CLOSE FAMILY AFFECTED BY DISABILITY, HAS LONG ASSISTED HAMASPIK AND OTHER WORTHY NON-PROFITS IN ADVOCATING FOR SPECIAL NEEDS BEHIND CLOSED DOORS AND BEFORE CAMERAS ALIKE.

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WITH THE BABY BOOMER GENERATION INCREASINGLY RETIRING AND/OR GRAPPLING WITH DISABILITY, PROGRAMS LIKE NEW YORK'S ACCESS TO HOME ARE ALL THE MORE VITAL



HAMASPIK NEWS

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PHARMACEUTICAL NEWS

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DISABILITY NEWS

En-ABLE-d! Disability Savings Accounts Open

Ohio 1st with Federal ABLE Act; Fla., Neb., Tenn. Follow; Allows \$14K Yearly Savings

People with disabilities getting Social Security benefits couldn't save much money in the bank. And people saving too much money in the bank would lose their Social Security disability benefits.

For decades, the federal rule was that you didn't qualify for Social Security disability benefits if you had more than \$2,000 in the bank. The thinking was simple: If you have that much money, use it! You don't need us.

But what about people with disabilities who are functional enough to work?

What about people with disabilities who are functional enough to work—and save some money for long-term disability expenses? And what if their

family wants to save some money for them?

Their disabilities qualified them to get Social Security benefits. Their capabilities qualified them to join the workforce. But as soon as they started making money, they'd lose their Social Security benefits.

That snafu drove people on Social Security disability benefits to deliberately stay home and not work—with the maximum-savings rule essentially forcing them into unproductivity, stagnation and even depression.

All that changed with the 2014 passage of the federal ABLE Act: a watershed bill that removed Social Security's maximum-savings rule. The bill was

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Services Provided by NYSHA AGENCIES

OPWDD

COMMUNITY HABILITATION

Providing: A personal worker to work on daily living skill goals

HOME BASED RESPITE

Providing: Relief for parents of special needs individuals

AFTER SCHOOL RESPITE

Providing: A respite program for after school hours and school vacations

DAY HAB PROGRAM

Providing: A day program for adults with special needs

SUPPLEMENTAL DAY HAB PROGRAM

Providing: an extended day program for adults with special needs

CAMP NESHOMAH

Providing: A day program for children with special needs during summer and winter school breaks

INDIVIDUAL RESIDENTIAL ALTERNATIVE (IRA)

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

INDIVIDUAL SUPPORT SERVICES

Providing: Apartments and supports for individuals who can live independently

ENVIRONMENTAL MODIFICATION

Providing: Home modifications for special needs individuals

SUPPORTED EMPLOYMENT

Providing: Support and job coaching for individuals with disabilities to be employed and to maintain employment

ENHANCED SUPPORTED EMPLOYMENT

Providing: Job developing and coaching for people with any type of disability

MEDICAID SERVICE COORDINATION

Providing: An advocate for the individual to access and coordinate available benefits

HOME FAMILY CARE

Providing: A family to care for an individual with special needs

INTERMEDIATE CARE FACILITY

Providing: A facility for individuals who are medically involved and developmentally delayed

IBS

Providing: Intensive Behavior Services

PLAN OF CARE SUPPORT SERVICES

Providing: Support for families of individuals with special needs

FAMILY SUPPORT SERVICES

Providing: Reimbursement for out of ordinary expenses for items or services not covered by Medicaid

PARENTAL RETREATS

Providing: Getaways and retreats for parents of special needs individuals

DOH

TRAUMATIC BRAIN INJURY

Providing: Service Coordination · Independent living skills training · Day programs · Rent subsidy · Medical equipment · E-Mods · Transportation · Community transmittal services · Home community support services

CHILD & ADULT CARE FOOD PROGRAM

Providing: Breakfast · Lunch · Supper · Snack

EARLY INTERVENTION

Providing: Multidisciplinary and supplemental Evaluations · Home and community based services · Center based services · Parent/ child groups · Ongoing service coordination · Physical therapy · Occupational therapy · Speech therapy · Special education · Nutrition · Social work · Family training · Vision services · Bilingual providers · Play therapy · Family counseling

CARE AT HOME

Providing: Nursing · Personal care aide · Therapy · Respite · Medical supplies · Adaptive technology · Service coordination

NURSING HOME TRANSITION AND DIVERSION WAIVER PROGRAM (NHTD)

Providing: Service Coordination · Assistive technology · Moving assistance · Community transitional services · Home community support services · E-Mods · Independent living skills · Positive behavioral interventions · Structured day program

LHCSA - HAMASPIKCARE

PERSONAL CARE & SUPPORT SERVICES

Providing: Home Health Aides · Homemakers · Personal Care Aides · Housekeepers · HCSS aides

COUNSELING SERVICES

Providing: Dietician/Nutrition counselors · Social Workers

REHABILITATION SERVICES

Providing: Physical therapy · Speech therapy · Occupational therapy · individuals

PACE-CDPAP

Providing: Personal care aides for people in need

SOCIAL AND ENVIRONMENTAL SUPPORTS

Providing: Minor maintenance for qualified

SOCIAL MODEL

Providing: A social day program for senior patients

NURSING SERVICES

Providing: Skilled observation and assessment · Care planning · paraprofessional supervision · clinical monitoring and coordination · Medication management · physician-ordered nursing intervention and skill treatments

HAMASPIK CHOICE

A Managed Long Term Care Plan (MLTCP) approved by New York State

HCR

ACCESS TO HOME

Providing: Home modifications for people with physical disabilities

RESTORE

Providing: Emergency house repairs for senior citizens

HOME REHABILITATION PROGRAM

Providing: Remodeling dilapidated homes for low income home owners

NYSED

VOCATIONAL REHABILITATION SERVICES

Providing: Employment planning · Job development · Job placement

JOB COACHING

Intensive and ongoing support for individuals with physical, mental and/ or developmental disabilities to become employed and to maintain employment

NYSHA

ARTICLE 16 CLINIC

Providing: Getaways and retreats for parents of special needs individuals · Parent

TRAINING

Providing: Physical therapy · Occupational therapy · Speech therapy · Psychology · Social work · Psychiatry · Nursing · Nutrition

CENTRAL INTAKE

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

HAMASPIK GAZETTE

Providing: A bilingual monthly newspaper informing the community of available Hamaspiik services

► HAMASPIK NEWS

Ushering in Summer Spirit, a Thrilling Trip to Hershey Park for Women’s Residence

Hamaspik of Kings County’s 38th St. Group Home Enjoys Day of Fun at Theme Park

When the school year ends and the summer begins, there are few better ways to mark the start of the new season than with a trip to an amusement park.

That was the idea among staff at the 38th St. Shvesterheim Individualized Residential Alternative (IRA), a Hamaspik of Kings County group home for young women.

And to make things even more exciting, staff announced the upcoming trip at the height of an in-house party held the night of Thursday, June 16. Not surprisingly, residents talked about it throughout the week-end, in gleeful anticipation.

Early in the morning of Sunday, June 19, the group home’s dedicated Direct Support Professionals (DSPs) lovingly supported residents through their morning wake-up routines.

But by around 9:00 a.m., with breakfast squared away, the day became anything but routine.

The residents bundled themselves into a Hamaspik van, and tireless DSPs Ruchie Herman and Ileana Tintea took the lead positions up front—a position from which, both figuratively and literally, they would help the residents have a completely thrilling day at Hershey Park.

Arriving in Pennsylvania some two hours later, the group first settled around a picnic table to “recover” from the long drive—and enjoy a well-stocked fresh lunch packed the night before by staff. Each girl had even packed their own bags for the trip, and they now withdrew their favorite foods.

By 12:00 noon, the Hamaspik group was making its way through the main entrance.

For the next three hours, the residents excitedly made their way from ride to ride, enjoying all sorts of attractions—including

the carousel, bumper cars and several roller coasters!

At 3:00 p.m., the group took a refreshing snack break from all the action, recharging their batteries and resting up for the rest of their day at the park.

Getting right back into the swing of fun things, the visitors next took in the park’s Chocolate World mini-park. Run by the Hershey Chocolate Company as it is, the park also features a chocolate-themed wonderland centered on its famous and colorful Chocolate Factory.

But while the endless range of edible samples wasn’t kosher, precluding the guests’ enjoyment, the two dedicated staff chaperones had preempted any possible letdown—by preparing chocolate goodies of their own the night before so no one would feel deprived.

At 4:00 p.m., the Hamaspik group took in the water park, riding the flumes and other water-based rides for a splash of an afternoon.

After several hours of that, as the sun came down on a wonderfully warm summer day, the young women and their staff left the park—but not without reservations. “The girls had such an exhilarating day that they did not want to leave!” 38th St. Manager Israel Indig later told the *Gazette*.

Before boarding their van for the ride back home, the residents first enjoyed a picnic dinner, also freshly prepared and packed the night before.

While it was “back to normal” the next morning and the rest of the week, the excitement of the trip lasted for days, Mr. Indig reports, as the residents repeatedly recalled and relived the thrills, the fast-moving rides, the bumper cars and more over the next week.



SWEET SALUTATIONS: THE THEME PARK’S CHARACTERS GREET HAMASPIK

● ► **DISABILITY NEWS**

Finally En-ABLE-d! Ohio SSA, Medicaid Disability Investment Accounts Now Available In Any State

<< CONTINUED FROM PAGE 01

shortly ratified by President Obama.

Now, people on Social Security disability benefits (SSI and SSDI) could get out there and work, be productive and earn a respectable income, feel good about themselves and give back to their communities—and not lose their benefits.

The ABLE Act also allows them to keep

their Medicaid benefits, too.

The ABLE (Achieving a Better Life Experience) Act, however, requires states to set up their own ABLE programs.

Some states, like Florida (whose ABLE account program launched this July 1), only offer ABLE accounts for Florida residents.

Others, though, like Ohio, are now offering them to any U.S. citizen nationwide.

In plain English, that means that a person living in New York whose disability is on the Social Security Administration (SSA)'s official list of qualifying disabilities for Social Security can now simply go to StableAccount.com, the State of Ohio's official ABLE account website, and get started.

STATE 1ST WITH FEDERAL ABLE ACT; FLA., NEB., TENN. FOLLOW; ALLOWS \$14K YEARLY SAVINGS

And for families whose loved ones have disabilities, the news—and the life-changing financial freedom that it brings—couldn't be better. ★

● ► **DISABILITY NEWS**

After Viral Outrage Erupts, New Business Drops “Special Ed’s” Branding

California Brewery Slammed as Insensitive to People with Disabilities, Families

Call it the winner of the “How Not to Brand Your Business Contest!”

But Galt, California entrepreneur Ed Mason learned the hard way that jokes at the expense of disabilities—even those conceived in all innocence and with no malice—come with a price.

Mason's planned craft brewery and beer-making storefront was supposed to be called Special Ed's. The planned brewery even had beer-bottle labels ready to go reading, “tard tested, ‘tard approved”.

So-called craft breweries are small breweries that make and sell their own beers locally, usually using old-fashioned home-brewing methods. The industry is known for lightheartedness, irreverence and whimsical beer names like “Hoppy Ending Pale Ale.”

Apparently Mr. Mason didn't take into account the sensibilities, affected or genuine, of today's instantly-connected electronic world.

Word of the brewery's branding plans went viral on Monday, June 13, with an overwhelmingly negative reaction—including calls for boycotts. The company's online profile page was removed by the very next day.

And in the early morning hours of Wednesday, June 15, two rocks shattered the storefront window of what was supposed to become Special Ed's.

Following the incident, Mason said he was planning to change the name.

At the store, the Sacramento Bee report-

ed, Mason had already whited out the words “Special Ed's” both on the banner hanging inside the window and on a city alcohol license posted in the window to the right of the entrance.

“I think we can turn this around,” he said. “So many people have accused me of apologizing just to save face. That's nowhere near the truth. I'm just trying to do the right thing.” ★



SMASHING SUCCESS? ED MASON'S BOARDED-UP WINDOW. HIS BUSINESS IS NOW NAMED RIVER ROCK BREWERY

What is an ABLE account?

An ABLE account is an investment savings account. Money you put into it is invested, not put in the bank.

The ABLE accounts are modeled after the 529 investment savings accounts that are designed specifically for college costs—tuition, books and all other college expenses.

Similarly, ABLE accounts are 529 investment savings accounts specifically for disability costs—therapy, durable medical equipment, training, transportation, home accessibility remodeling and all other disability expenses.

The new accounts are tax-exempt—meaning, you do not pay federal income tax on whatever you earn in interest.

While each state has slightly different rules, the basics are the same: People with disabilities getting monthly SSD benefits checks can set up their own ABLE investment accounts and save up to \$14,000 a year.

Here are several other important rules:

- You may not be eligible for an ABLE account if your age of onset of disability is after age 26.
- An ABLE investment account works like a regular bank account, but the money may only be used for qualified disability expenses. Each state has its own list of definitions of “qualified disability expenses.” Some examples are: education, housing, transportation, health, and assistive technology.
- Each state has its own rules on how often you can withdraw money. In

Ohio, for example, ABLE account holders are issued ATM cards pre-loaded with account money that can be used anywhere that takes MasterCard. (But they don't withdraw directly from the account when used.)

● Using ABLE money on non-qualified expenses could get you in trouble! Continued eligibility for Social Security or Medicaid could be lost.

● Only one ABLE account per person nationwide, meaning that you can't set up one in Ohio, another in Florida and a third in Nebraska.

● You must open the account with a minimum opening deposit of amounts that may vary by state. For example, Ohio requires a \$50 minimum opening deposit.

● You cannot save a total of more than \$14,000 a year.

● You cannot save a total of more than \$100,000—if you do, your Social Security benefits are suspended (not canceled) until your total drops back down to \$100,000 or less.

● There may be monthly fees to keep your ABLE account active. For example, Ohio charges \$2.50 a month for residents and \$5.00 a month for non-residents.

● There may be asset-based fees too. For example, Ohio charges residents a fee that runs from 0.19 percent and 0.34 percent of their savings, and non-residents a fee that runs between 0.45 percent and 0.60 percent, depending on which investment options you choose. ★

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● ► HAMASPIK NEWS

Reflecting Healing of Old, Hamaspiik Invokes Modern Miracle of Integration

Shavuos Holiday Marked with Community Participation—and a Few Flowers

Of all the Jewish holidays celebrated by the communities serviced by Hamaspiik, only one historically comprises the theme (among several others) of disability inclusion and integration.

Shavuos (shah-voo-ohs) marks the giving of the Torah at Mt. Sinai some 3,300 years ago—a supernatural event which, according to tradition, included the miraculous healing of all individuals from any and all disabilities.

Today's notion that everyone has a place at the table is reflected in the Shavuos notion that everyone had a place at the mountain. And that inclusion is especially resonant at Shavuos—a holiday whose meaning of spiritual mission also means a spiritual mission accessible to all.

SHADES OF SHAVUOS

A longstanding custom is to accentuate synagogue décor with flora come Shavuos, evoking the rainbow of foliage that sprung to life on Mt. Sinai in the run-up to the Giving of the Torah.

Same thing with the home.

Be it kaleidoscopic flowers or rustic leaves and branches, live vegetation brings the holiday to life—and all the more so across Hamaspiik, where flower pots were the norm on dinner-table tops and window sills before and during the three-day observance.

(The two-day Shavuos fell this year on Sunday and Monday—but with the Saturday Sabbath immediately preceding Shavuos, the result was three consecutive days of holiday spirit.)

From rich reds, greens, blues and yellows to nuanced purples, oranges, pinks and whites, the hues and shades of the botanical world painted every Hamaspiik residence every color of the spectrum.

But to bring that rainbow into the home, you first have to go to the “paint store”—the botanical gardens, nurseries and florists all across New York. It was to those locations that Hamaspiik caregivers streamed with their charges before Shavuos to snap up fresh flowers and such.

Lovely lilacs, ornate orchids, and redolently resplendent roses dramatized the décor across Hamaspiik of Kings County's South 9th Shvesterheim IRA.

Flowery colors were likewise on display at the Forshay IRA, Hamaspiik of Rockland County's first group residence for people with special needs, with rich red rosebuds and pleasantly purple planters livening up the living and dining rooms.

Horticulture at the Concord Briderheim

also kept things simple—and simply colorful—with rustic live branches cut off a tree decorating dining-room corners and flower pots occupying the central table.

While the holiday highlight at Concord was setting up the foliage, the natural touches were only part of the bigger picture of warm meals and quality time spent with fellow residents at home and community members out at synagogue.

SERVINGS OF HOLIDAY SPIRIT

A longtime Direct Support Professional (DSP) at the Dinev Inzerheim Intermediate Care Facility (ICF) described the standard flowers filling the residence with a fresh air—and the spirit of the holiday filling Dinev's atmosphere.

Against the backdrop of the beautiful buds, the residents sang the numerous Shavuos songs they had learned in their outside community schools in the weeks running up to the holiday, with some even following along out of the song booklets provided to each.

They also enjoyed the ample dairy food items on hand.

Per millennia of custom, a daily meal is eaten on the first day of the holiday, to remember the dairy-only diet to which the ancient Jews were temporarily restricted at the Giving of the Torah. The result is an abundance of cheesecakes and other dairy products come Shavuos time.

At Hamaspiik of Kings County's 38th St. Shvesterheim, while some residents went to their own families' homes for Shavuos, some deliberately chose to remain because they didn't want to miss the Yom Tov spirit at Hamaspiik—which, besides the holiday spirit itself, also consisted of plenty of cheesecake, blintzes and flowers.

At Hamaspiik of Rockland County's Arcadian Briderheim IRA, staff report that, thanks to the lovely weather gracing greater New York during its two days (save for a bit of rain), residents maximized the opportunity to enjoy their backyard porch and the perfect outdoor temperature.

At the Grandview Briderheim IRA, the boys enjoyed the balmy atmospherics to spend time on their backyard swings. Naturally, like most able-bodied individuals across Hamaspiik's residences, several Grandview residents also attended their local synagogue for the focal point of the holiday: the reading of the Torah portion recounting the Giving of the Torah, a critical selection seen not as history but as a spiritual and very real reliving of that historical event.

Hamaspiik of Orange County's Bakertown Shvesterheim “Step-Down” IRA, so named for the step down in supervision required by its high-functioning residents, lived up to

its name in a perhaps-novel way—what with the young women baking their cheesecakes and other dairy goodies before Shavuos.

Shavuos may not be the first thing that comes to mind when one thinks “Jewish holiday.”

But Shavuos is no less significant than any other Jewish holiday—especially since it celebrates the Torah, the morality manual and ethical foundation not just of Jewish society but of all Western civilization.

And it's also flowery. Literally. ★



FLOWERS ARE ON THE TABLE AT THE ARCADIAN BRIDERHEIM



A SHAVUOS REPAST AWAITS RESIDENTS AT THE CONCORD IRA



CONCORD'S "BOYS" GATHER FRESH FOLIAGE FOR SHAVUOS-THEMED DECOR

● ► HAMASPIK NEWS

Sen. Felder Secures “Access to Home” Program Funding for Hamaspik of Kings County

Agency to Provide Critical Home Upgrades to Brooklyn Seniors with Disabilities

It may have been Friday, April 15, 2016: Tax Day for Americans and a week to Pass-over for Jewish Brooklynites. But at the offices of State Sen. Simcha Felder (D-17th Dist.), things other than holiday preparations were cooking.

It was on that day that the good offices of the Senator, long a partner and supporter of Hamaspik and other worthy disability non-profits, completed an official New York State Senate initiative form.

The form was among the first steps in requesting taxpayer funding for Hamaspik of Kings County’s Access to Home program. Access to Home provides seniors with disabilities with critical home renovations that allow them to enter, exit and move about with customary ease.

Access to Home, as its name indicates, fits qualifying seniors’ homes with wheelchair ramps, widened doors, and restroom accommodations like walk-in tubs and showers and/or grab bars.

It was quite some time ago that Hamaspik of Kings County successfully spent a five-figure allotment of Access to Home funding on Brooklyn seniors who needed it most.

Though that funding run was completed years ago, the need never diminished. Calls came.

And over time, Hamaspik of Kings County Executive Director Joel Freund, Director of Development Naftali “Tully” Tessler and their staff never gave up efforts to secure new funding—working with allies both in elected offices and positions within New York State’s several human-services agencies.

Most recently, “those allies” included, again, State Sen. Simcha Felder.

Via the initiative form, Sen. Felder’s office requested \$65,000 in funding from the state’s fiscal-year 2016-2017 budget to reactivate Hamaspik’s dormant Access to Home program.

If all went well, Hamaspik would be working with the New York State Office of Children and Family Services (OCFS) to bring the vital program once again to the Brooklyn communities it serves.

The state’s Bureau of Contract Management officially received the form on May 2—and on May 16, OCFS Acting Commis-

sioner Sheila Poole sent a signed letter to Mr. Freund informing Hamaspik that “the New York State Legislature has established a Legislative Grant Award in the 2016-2017 State Budget for your Agency.”

The full requested amount had been approved. Hamaspik’s Access to Home was back.

Director of Development Tessler lost no time e-mailing all necessary documentation with the OCFS, shortly receiving verbal approval from state-agency officials that “everything looks good,” as he later put it. The original documents were then “snail-mailed” off.

According to the Director of Development, the renewed Access to Home program should be fully operational by the start of August, with publicity—and resulting requests—bringing in the first home-renovation projects for seniors in need just as the summer peaks.

Meyer Wertheimer, Hamaspik founder and Hamaspik of Kings County Board President, expressed thanks to Felder for the public servant’s efforts. “Senator Felder has always been there to help us provide as many supports as possible to as many people in need as possible,” he said, “and always with the same genuine heart and passion.”

For the hundreds if not thousands of New York City’s wisest citizens that have benefited from it, Access to Home has made all the difference in being able to get in and out of the front door—or being relegated to the despair of shut-in status.

Just a few years ago, Hamaspik of Kings County was hard at work bringing Access to Home to those seniors in need—restoring crumbling outdoor front staircases, installing stair lifts, and otherwise empowering seniors with access to their own homes.

Thanks to Sen. Felder and the OFCS, Hamaspik of Kings County will be hard at work at it again. ★

● ► PHARMACEUTICAL NEWS

London-based European Medicines Agency (EMA), and Maybe Industry, Threatened by Brexit

Headlines all over the world were screaming on June 23 with the news that Great Britain had voted to leave the European Union (EU)—one of the biggest stories in decades.

Stories described at length how the planned secession would affect Britain, the EU and the world in any number of areas.

How “Brexit,” or the British EU exit, would affect public health and policy in Great Britain and beyond is thus a subject in its own right.

In the meantime, though, Brexit looms large for the European Medicines Agency (EMA), the EU’s pharma regulator, whose headquarters is in London. According to at least one report, the EMA may have to leave London as a direct result of the Brexit vote.

The same report also suggested that U.K. pharmaceutical business leaders were largely opposed to Brexit.

However, a market analyst mentioned in the same report also said that most major drugmakers, which would include the Britain-based pharma giant GlaxoSmithKline, earn less than three percent of total revenue from U.K. sales.

The director general of the British Generic Manufacturers Association and the British Biosimilars Association, Warwick Smith, raised the possibility that Britain would continue to work with the EMA.

A single European marketing authority is beneficial, in his opinion, for both his industry and the country’s National Health System (NHS).

According to Mr. Smith, the EMA helps reduce complexity and cost for drugmakers. “The UK generic and biosimilar medicines industry,” he said in a statement, “urges the government to do everything possible to maintain this European marketing authorization system in the forthcoming negotiations with the European Union.”

Other concerns raised by industry ex-

perts include whether British health and pharma companies will have to add British patents and trademarks to their existing EU patents and trademarks—or even whether such companies may lose their patent and trademark protections before they can obtain British patent and trademark protections.

But whatever ultimately changes, there is time to prepare: By official rules, once the U.K. officially notifies the European Council of its intention to leave, it has two years before the Brexit would actually go into effect.

As for the EMA, which moved into its London building just two years ago, officials in Italy, Sweden and Denmark have all already expressed interest in taking over as host country. ★



**HAMASPIK 24 HOUR
EMERGENCY HOTLINE**

877.928.9000

● ► **HAMASPIK NEWS**

Hundreds of Parents of Special-needs Children Get Boost at Hamaspiik's Annual Support Weekend

Some 250 couples, proud parents of families affected by disability, enjoyed sharing a joint Shabbos together this past June 24-26 weekend at the Sheraton Crown Plaza Hotel in Stamford, Connecticut.

Guests came away with joy, invigoration, direction and faith from the Hamaspiik-hosted annual event. It was a Shabbos of inspiration that fortified the parents, all heroes in their own right, with the strength to carry on daily with caring physically and spiritually for their loved ones—and themselves.

Anticipation of the inspirational weekend began months ago, with the announcement of the event's date, and that Hamaspiik's beloved Mr. and Mrs. Chaim Mendel and Brenda Katina would be spearheading it once more, extending their 15-year track record of experience and excellence in Shabbaton and event coordination.

As the date approached, Hamaspiik's teams of Medicaid Service Coordinators (MSCs) got busy informing their beneficiaries' parents of the upcoming reservation date—and all other related event details.

Mr. and Mrs. Katina simultaneously secured an event site, guest speakers, catering and the hundreds of additional details large and small that go into coordinating such an event.

Before you knew it, the long-awaited Friday was here.

Parents had long arranged for babysitters for their precious children, had their bags packed, and were now en route to a weekend of rejuvenation and happiness that would carry them forward for the next 12 months.

LAYING THE GROUNDWORK

Stamford's lovely and leafy suburban setting was the perfect background for the heroes of the upcoming weekend drama: The devoted parents who tirelessly give of themselves day in, day out for their children with special needs.

Guests arriving at the hotel were greeted warmly by Mrs. Katina and her Hamaspiik assistants in the lobby, each receiving a welcome package including the weekend's official schedule.

World-class guest speakers like the Chuster Rebbe (Rabbi Meshulem Ginsburg) and Rabbi Fischel Schachter; noted educators like Rabbi Yisrael Fuchs of Baltimore's Talmudical Academy yeshivah; inspirational orator Rabbi Shaul Y. Rabinowitz of Kiryas Joel; Rabbi Moshe Paneth of Lakewood, New Jersey's Satmar Chasidic community; Rabbis Asher Z. Sussman and Saadya Grama of Lakewood's Keren HaTorah yeshivah; Kiryas Joel's Rabbi Hershel Friedman; Rabbi Michel Pfefferkorn and others were listed.

Also, Cantor Wolf Landau and the Zemiros Choir were scheduled to help lead

the regular prayer services throughout the weekend.

OPENING CEREMONIES

After a pre-Shabbos buffer, unpacking and settling in, and perhaps a little nap, guests converged on a ballroom-turned-shul for the Mincha and Kabbalas Shabbos services. Leading the services was the Chuster Rebbe himself, delivering an invigoratingly appropriate spiritual introduction to the Shabbos that lay ahead.

Mr. Katina spoke after Mincha, setting the atmosphere and tone of inspiration that would follow from all the speakers throughout Shabbos. First thanking Hamaspiik staff from founder Meyer Wertheimer on down, Mr. Katina hailed the assembled parent body for the monumental merit they collectively earn for their 24/7 involvement with their precious children—an involvement no stranger could appreciate.

He then introduced Rabbi Shachter, a beloved guest at previous Hamaspiik Shabbatons and the Chairman of this year's Shabbaton.

Opening with various inspirational nuggets and balancing content and humor, Rabbi Shechter connected with listeners' hearts as he commented on the theme of the week's Torah reading.

Grand Rabbi Ginsburg, the Chuster Reb-

be, next took the floor, delivering fiery words that easily could have qualified as "Sermon of the Year." Rabbi Ginsburg dwelt on the spiritually rich and personal relationship with G-d that comes with caring for a child with disabilities—with every challenge and every "pain" another chance to draw even closer.

Rabbi Ginsberg also invoked the great inspiration that said parents lend one another, brother to brother and sister to sister, at such Hamaspiik Shabbatons.

By the time the Rebbe concluded, the air was practically aflame with an atmosphere of unity—the perfect mood with which to formally usher in the Shabbos Queen.

The unexpected appearance of beloved community entertainer Mr. Velvel Goldstein, better known by his waggishly nonsensical "Chatzatzker Rebbe" stage persona, was all the more heightening. Mr. Goldstein, who, unbeknownst to guests, had been on the premises all along, brightened up the room as he made his way down the aisle.

Sometimes the best things happen unplanned—like the spontaneous dancing that burst forth in the middle of services, at the height of a happy tune, and carried on for several long and enjoyable minutes. One upbeat melody led into another, and when it was over, the rest of the services were a complete different experience.

CONTINUED ON PAGE 15 >>



POSITIVE PRESENTATIONS (L-R): GUEST READING MATERIAL, THE PANEL DISCUSSION, A LITTLE LIVE MUSIC



GREETING GUESTS (L-R): A STAFFER DISTRIBUTES WELCOME BAGS, A SAMPLING OF SNACKS, THE ZEMIROS CHOIR

► HAMASPIK NEWS

Politically Active Hamaspiik Resident, State Sen. David Carlucci (D-38th Dist.) Meet Again

Speeding neighborhood cars, turn-out-friendlier statewide election dates, and even gun-control laws all have one thing in common, if you ask State Sen. David Carlucci: They're all issues brought up at a personal meeting between the public servant and a proud member of his constituency, Mr. Eliezer "Lazer" Friedrich.

Lazer has long been an active follower of politics local and national—with an impressive record of grassroots political activism, to boot.

He's written to, and has received letters from, public servants from the U.S. President on down. And local politicians in the Rockland County he calls home have long known Lazer to pay personal visits from time to time.

This time, it was State Sen. David Carlucci's turn.

On Tuesday, May 31, Sen. Carlucci made good on his agreement to greet Mr. Friedrich at his New City regional offices, with the Senator personally ushering Lazer into his meeting room.

Lazer, who resides at Hamaspiik of Rockland County's Forshay Briderheim Individualized Residential Alternative (IRA) group home, had plenty to talk about.

For close to one hour, citizen and representative discussed a number of contemporary concerns.

Mr. Friedrich opened the meeting with

a request for publicly-funded private-school security in Rockland that would be equivalent to that enjoyed by private schools in New York City.

An insightful request followed, with Lazer asking about the possibility of combining federal and state election dates in New York—a change that would not only be more cost-effi-

cient but which would, in his opinion, significantly increase voter turnout.

The Senator was "amazed" by the practical suggestion, recalls Hamaspiik's Yaakov Grunwald, Lazer's Medicaid Service Coordinator (MSC) who arranged Lazer's request for the meeting. Mr. Grunwald, supporting Lazer in attending as well, reports a lively back-and-



MR. DEMOCRACY IN ACTION: LAZER AND SEN. CARLUCCI CATCH UP

forth on the issue.

Mr. Friedrich next mentioned legislation being spearheaded by State Sen. Jeff Klein (D-34th Dist.) that would impose tougher gun regulations across the Empire State. Sen. Carlucci admitted earnestly pledged to discuss it with Sen. Klein—a textbook example of American civics at work.

Turning his attention to issues back home, Lazer petitioned his State Senator to lower the speed limit along Forshay Rd., whose Number 48 address is the young man's home.

With that road being the primary traffic corridor in and out of the residential area, transplanted city birds have long been seen zipping along the double-yellow straightaway at speeds well in excess of the local 30-mile-an-hour limit, Mr. Friedrich noted.

Could you do something about it? The Senator said he'd try.

The meeting, arranged weeks in advance by Mr. Grunwald in coordination with Carlucci aide Catherine Oteri, ended with the Senator personally escorting Lazer to the door—moving furniture aside to ensure his wheelchair's clear passage, and expressing an interest in personally visiting 48 Forshay Rd. sometime in the future.

"He thanked Lazer again for coming," says Mr. Grunwald of their parting at the front door. "He was very grateful, and asked Lazer more than once to send in any concerns and to please come again."

Considering that Sen. Carlucci personally greeted Mr. Friedrich as a familiar regular right from the start, you can be sure that the Hamaspiik resident and the public servant haven't seen the last of each other just yet. ★

► BIOTECHNOLOGY NEWS

U.S. Governors, Foreign Firms, Thousands of CEOs at World's Top Annual Biotech Event

2016 BIO International Conference Draws 'Who's Who' in Industry, Innovation, Politics

Over 5,000 global industry CEOs, startups, elected officials, investors and medical professionals met in San Francisco this past June 7-9 for the world's biggest annual biotechnology convention.

The event, hosted each year by the Washington-based Biotechnology Innovation Organization (BIO), draws the biggest marquee names in the industry, and plenty of foreign interest.

The event's dozens of sessions covered everything from bioethics to brain health, clinical trials to commercialization, infections to intellectual property and rare diseases to

regulatory science.

Sessions also included trainings for executives, one-third of which come from outside the U.S.

With biotechnology a vital part of their state economies, a number of elected officials were on hand this year to cheerlead and hawk their hometown corporations. Some 20 governors have attended since 2011; Virginia's Terry McAuliffe got this year's Governor of the Year award.

But biotech powerhouse New Jersey, at five Assembly Members and one Lieutenant Governor, boasts the most public officials at-

tending at present and past events. Indeed, the Garden State was touted at BIO 2016 as a national leader in bioscience innovation, jobs and life quality.

New Jersey's record is followed by the three elected reps from startup-heavy Massachusetts.

Career biotechnology business authorities Craig Shimasaki, Ph.D. and Yali Freedman, Ph.D., and, yes, former House Speaker Newt Gingrich, were also on hand for book-signing sessions.

A "Fireside Chat" with FDA Commissioner Robert Califf, M.D. fleshed out public-policy offerings—along with a curious keynote panel event on who will be the next U.S. President.

But the event's most colorful feature was its exhibit booths, with thousands of vendors, startups, corporations and non-profits vying ever-creatively to outdo others in snagging attention.

As business cards were exchanged and new relationships forged all across the floor, an endless array of branded promotional items changed hands, too, from foam footballs to USB keychains.

A side effect of the federal Physician Pay-

ments Sunshine Act, whose resulting national database tracks all gifts of value from drug companies to doctors, were Big Pharma's trinket-free booths.

DOZENS OF SESSIONS COVERED EVERYTHING FROM BIOETHICS TO BRAIN HEALTH, CLINICAL TRIALS TO COMMERCIALIZATION

Because there's no way to be certain who is and isn't a doctor, most drug companies avoid the little gifts altogether at industry events. Instead, BIO 2016-goers could enjoy frozen yogurt at Merck's booth, espresso at the Johnson & Johnson stand, and consumer products Advil and Chapstick at the Pfizer display.

And if you were a doctor from Minnesota, then, no, sorry—state law barred you from enjoying cookies and coffee at Amgen's booth.

The three-day confab, perhaps not surprisingly, was primarily sponsored by such Big Pharma corporations as Bristol-Meyers Squibb, Johnson and Johnson, Lilly, Merck, Pfizer and Sanofi. ★

In the Know

ALL ABOUT... EXECUTIVE FUNCTION DISORDER (EFD)

Hamaspik thanks its very own Alan Blau, Ph.D., Agency Psychologist, for critically reviewing this article.

So let's say someone has a problem in life.

Conventional wisdom, and common sense, both say that the person uses willpower to do something about it.

The person decides to solve the problem. The person asks or reads about solutions. The person then uses his or her new skills to solve the problem. The problem is solved and the person moves on.

But where the power of will and skill ends, and where a problem not solvable by will or skill begins, is no small debate in modern mental health.

Take a bright, talented but chronically-disorganized young man: he's a poor planner, he's frequently late, and his desk and room are pretty much always a mess.

One school of thought—we might call it the old-fashioned way—would say that our young man simply needs discipline. A full regimen of life skills training, from daily scheduling to personal long-term goals, is often all he'll need. That discipline may come from the resolve, determination and focus we know as willpower—from the inside. And many people have positively and permanently changed their lives that way.

It may also come from being subjected to the rigorous, consistent and inflexible rules of serving in the military—from the outside. And many people have also positively and permanently changed their lives that way.

But the other, newer, school of thought says that there is simply something wrong with the young man's brain—that no matter how much discipline he wills upon himself from the inside, or gets imposed upon himself by military training from the outside, he just doesn't change.

This school of thought says that biochemical problems in the physical brain are the cause of the young man's chronic disorganization—and that he needs medication. This school of thought is also the driving force between much of modern mental health prescribing drugs for other things.

And each school of thought has its own way of treating our young man's diagnosis of executive function disorder (EFD)—the subject of our article. (Often, though, they may be combined.) But because each approach warrants an article in its own right, we'll stick for now—at least for treatment—to the strictly old-fashioned way of approaching EFD.

DEFINITION >>

So what exactly is executive function disorder? It almost sounds contrived, or like some joke about business executives being unable to function.

But executive function refers to the cognitive skills, the set of mental skills that help people get things done. If the brain is an airport, then executive function is the control tower of the airport.

Executive function supervises and controls the brain's cognitive skills—the basics of normal daily life. These skills include:

- Managing time
- Paying attention
- Planning and organizing

- Switching focus as necessary
- Remembering details
- Doing or saying the right thing based on experience
- Not doing or saying the wrong thing based on experience

According to another definition, executive function consists of six specific steps:

1. Analyzing a task
2. Planning how to address the task
3. Organizing the steps needed to carry out the task
4. Developing timelines for completing the task
5. Adjusting or shifting the steps, if needed, to complete the task
6. Completing the task in a timely way

SYMPTOMS >>

When executive function isn't working as it should, for whatever reason, personal behavior is less controlled. This can affect the ability to work or go to school, do things independently, and/or maintain relationships.

For children, EFD is typically noticed regarding school—particularly with completing homework, paying attention in class, keeping the backpack organized and the like.

Problems with executive function can run in families. You may notice them when your child starts going to school. They can hurt the ability to start and finish schoolwork.

“WHERE THE POWER OF WILL AND SKILL ENDS, AND WHERE A PROBLEM NOT SOLVABLE BY WILL OR SKILL BEGINS, IS NO SMALL DEBATE”

Warning signs that a child may have EFD include trouble with planning projects, estimating how much time a project will take to complete, telling stories (verbally or in writing), memorizing, starting activities or tasks, and remembering. Here's a real-life example of EFD and school:

A 6th Grade teacher assigns the class a book to read. She writes the due date for the book report on the board. Now, each student must be able to do the following:

1. Figure out where to get the book.
2. Figure out how long it will take read it.
3. If the teacher has a specific book-report format, the student will have to keep it in mind as he reads the book and takes notes. He needs enough time to write a rough draft, get help from teachers or parents, if needed, and write a final draft by the due date.

If a student has typical executive function skills, the work will get done on time. If he or she has EFD, it won't.

Children and adults with EFD have problems organizing materials and setting schedules. They misplace papers, reports, and other

school materials. They might have similar problems keeping track of their personal items or keeping their bedroom organized. No matter how hard they try, they fall short.

CAUSE >>

People with ADHD, depression, or learning disabilities often have weaknesses in executive function, while some people are just born with weak executive function.

In other cases, brain injuries—particularly to the frontal lobe in the front of the brain, can harm the ability to stay on task or otherwise result in EFD. Brain damage from Alzheimer's disease or strokes may also cause EFD.

Current brain research suggests that executive functions are widely distributed across the brain, not concentrated in one area, though a few areas have been isolated as primary contributors. But it remains unclear which of several brain areas are directly related to EFD. Because goal and task information is stored in both short-term and long-term memory, executive processes are closely integrated with memory retrieval capabilities for overall cognitive control. Healthy executive function requires effective storage and retrieval of this information.

As it turns out, though, executive function disorder is something many people are born with—but, thanks to healthy parenting and/or schooling, are sufficiently “soaked” in the skills needed for healthy executive functioning that the condition ceases to exist by the time they reach adulthood.

In other words, EFD is like the inability to walk or talk at birth: it's just something that healthy people grow out of with years of healthy development, care and education.

DIAGNOSIS >>

There's no single test to identify problems associated with EFD. Instead, experts rely on different tests to measure specific skills. Problems seen on these tests can't predict how well adults or children will do in real life. Sometimes, watching them and trying different things are better ways to improve weak executive function. Some of these tests include:

[Attention and Immediate Memory \(Auditory\)](#)

This test presents short passages with three follow-up questions to determine a student's ability to pay attention to details and remember what she hears.

[Attention and Immediate Memory \(Auditory and Visual\)](#)

This test presents illustrations and short vignettes. Students answer questions about what they've heard and seen in the illustrations and vignettes. There are three questions for each vignette; two require attention to detail and one presents a problem to be solved.

[Working Memory and Flexible Thinking](#)

These two executive functions are tested by asking the student to listen to a short passage

and answer two “thinking” questions.

Shifting

Being able to shift one’s thinking quickly and accurately is an important executive function as it allows one to be adaptive to life’s changing demands. The items in this subtest have two parts; first, the examiner names four items



IF A STUDENT HAS TYPICAL EXECUTIVE FUNCTION SKILLS, THE WORK WILL GET DONE ON TIME. IF HE OR SHE HAS EFD, IT WON’T.



in a category and identifies the category. The student is then asked to name a member of a similar but different category.

TREATMENT >>

The key to treating EFD is to understand that it is a treatable condition—and that with consistent long-term treatment, it can be effectively eliminated.

Treatment for EFD consists primarily of games and other activities that work the brain like a muscle—building up strength in areas of weakness. These activities vary by patient age group.

Activities for infants (6 to 18 months)

These activities encourage infants to focus attention, use working memory, and practice basic self-control skills—and supportive, responsive interactions with adults are the foundation for the healthy development of these skills:

- Lap games like Peek-a-Boo help working memory and self-control.
- Rhyming games with expected surprise endings like Pat-a-Cake help manage stimulation.
- Hiding games like covering a toy, or toys, challenge working memory.
- Mimicking games that have adults copying kids (or vice versa) help with working memory, attention, and self-control.
- Simple roleplaying games like kids helping adults with sweeping or collecting toys help with working memory, self-control, and selective attention.
- Simply talking to an infant is a great way to build attention, working memory, and self-control. Conversations in any language besides English are also helpful—bilingual kids are known to have better executive function skills.

Activities for toddlers (18 to 36 months)

- Physically active games involving throwing, catching, walking, singing (i.e. “The Hokey Pokey”) balancing, repetition/mimicking, and

so on help with attention, learning new skills, working memory, and self-control.

- Conversation and storytelling games like “narrating” a child’s play (“I see David holding a ball!”), especially narrating a child’s feelings (“I see David feels happy!”) helps with working language/action association, working memory, and emotional regulation.
- Matching/sorting games like simple puzzles and shape-sorting boxes help with understanding rules, self-control, selective attention, and working memory.
- Imaginary play (like “cooking” and then “eating” “food”) helps with self-control.

Activities for toddlers (3 to 5 years old)

- Higher-level imaginary role play for older toddlers primarily helps with self-regulation and inhibition, as well as selective attention, working memory, planning, social problem-solving and oral language. Example: “Going to the doctor”—playing the “sick” patient (sad and scared), the doctor (calm and reassuring) and the parent (worried and caring)—helps kids inhibit impulses or actions that don’t fit the role.
- Storytelling—making up their own stories, drawing story books and/or acting out their stories, especially bilingually—helps kids’ working memory, organization, selective attention, and self-control.
- Helping cook in the kitchen helps with self-control (waiting for instructions) working memory (keeping complex directions in mind), and selective attention (measuring and counting).
- Movement songs and games, especially ones that get harder and more complex, help with inhibition and self-control, selective attention and working memory. These include Musical Chairs, or songs that feature orders or lists of words or letters.
- Increasingly complicated puzzles help with visual working memory and planning skills.
- “Opposite matching” games (like marking or picking the opposite of the called item—tall man for “short man!”; day for “night!”) help with inhibition and self-control.

Activities for 5- to 7-year-olds

- Card and board games which require kids to remember locations of specific cards are great for working memory. Such games include Uno, Memory, Go Fish or Old Maid, which involve matching pairs and locations of images.
- Strategy board games like Battleship, checkers, Chinese checkers, Parcheesi, Sorry! and others help with working memory, self-control, selective attention and flexibility.
- Word/song games, especially alphabetized ones, that repeat and add on to earlier sections (either through words or motions) help with working memory.
- Puzzles and brain teasers like mazes, and simple word finds and crosswords, help with selective attention, working memory and cognitive flexibility.
- Logic and reasoning games like the classic Mastermind help with working memory and cognitive flexibility.
- Guessing games like 20 Questions help with

working memory and flexible thinking.

- Rhythm games, like clapping or stepping/dancing in specific (and progressively harder) patterns, help with working memory, self-control and cognitive flexibility.
- Physical activities and games like Simon Says, Freeze Tag, Red Light, Green Light or Duck, Duck, Goose, or more intense athletic games like dodgeball or tetherball help with cognitive flexibility, selective attention, self-control and working memory.
- Physical activities that combine mindfulness and movement, like various exercise or martial-arts disciplines, also help children develop their ability to focus attention and control actions.

Activities for 7- to 12-year-olds

- Card and board games that require players to track specific cards or pieces, especially at high speeds, are great for working memory, cognitive flexibility and selective attention, like chess.
- Physical activities, games and sports help develop kids’ ability to keep complicated rules and strategies in mind, make quick decisions and respond flexibly to play. The many variations of jump rope help with selective attention and working memory, and soccer is especially beneficial to all areas of executive function.
- Learning to play a musical instrument, or just following rhythm patterns with clapping or drumming, helps with selective attention, self-control, cognitive flexibility and working memory, and there is some evidence that the increased two-handed coordination of musical performance supports better executive function.
- All of the above is also true for singing and dancing, whether in groups or solo.
- Brain teasers, crosswords, Sudoku and other puzzles, as well as three-dimensional puzzle toys like Rubik’s Cube, help with working memory, cognitive flexibility and selective attention

Activities for teens

For teens and their increasingly complex young lives, self-regulation—in terms of goal-finding and goal-setting, planning, multitasking and self-monitoring—is the most important of the executive functions. Here are several increasingly challenging activities that foster continual improvement of executive function skills:

- Sports, which help with selective attention, self-monitoring and quick decision-making.
- Musical instruments/singing, which challenges working memory, selective attention, cognitive flexibility, and self-control—and the more complex, the better.
- Strategy games like chess, and logic puzzles, build working memory and selective attention.
- Stage performance, which draws heavily on selective attention and working memory.

Teens are also expected to have good study skills—to be increasingly independent and organized in their school work, both in and out of the classroom. Here are some things that can help teens who have EFD with their school study skills:

- Break projects down to manageable pieces.

- Identify reasonable plans (with timelines) for completing each piece. Explicitly identify each step. Recognize and celebrate the completion of each step.

- Use memory supports for organizing tasks. Acronyms can be powerful tools for remembering information. Develop the habit of writing things down.
- Self-monitor while studying or doing homework. Use a timer to beep every 20/30 minutes as a reminder to check if you’re paying attention and understanding the material—and to specify the problem (e.g. certain words or directions not understood) and its solution.
- Be aware of critical times for focused attention.
- Find ways to reduce distractions (e.g., turn off electronics, find a quiet room).
- Keep a calendar of project deadlines and steps along the way.
- Isolate the specific problem (missing info, sub-par skills, poor time management) behind assignments that were not completed well—and use their specific solution next time.

Activities for adults

Here are some EFD management tips from the National Center for Learning Disabilities:

- Take a step-by-step approach to work.
- Rely on visual organizational aids.
- Use tools like time organizers, computers, or watches with alarms.
- Make schedules and look at them several times a day.
- Ask for written and oral instructions whenever possible.
- Plan for transition times and shifts in activities.

To improve time management:

- Create checklists and estimate how long each task will take.
- Break long assignments into chunks, and assign time frames for completing each one.
- Use calendars to keep track of long-term assignments, due dates, chores, and activities.
- Write the due date on the top of each assignment.

To better manage space and keep things from getting lost:

- Have separate work areas with complete sets of supplies for different activities.
- Organize the work space.
- Minimize clutter.
- Schedule a weekly time to clean and organize the work space.

To improve work habits:

- Make a checklist for getting through assignments. For example, a student’s checklist could include such items as: get out pencil and paper; put name on paper; put due date on paper; read directions; etc.
- Meet with a teacher or supervisor on a regular basis to review work and troubleshoot problems.

PROGNOSIS >>

While people with EFD are not born with its component skills that provide critical supports for learning and development, people are born with the potential to develop them through interactions and practice. ★

Public Health And Policy News

OPWDD HAILS ADA'S 26TH YEAR WITH SOCIAL MEDIA CAMPAIGN

A July-long independence-themed social media campaign, launched on July 4, is being run by the New York State Office for People With Developmental Disabilities (OPWDD).

"As we celebrate our nation's independence... we also celebrate individual independence for people with developmental disabilities whose rights were greatly enhanced with the enactment of the landmark Americans with Disabilities Act (ADA) on July 26, 1990," said OPWDD Acting Commissioner Kerry A. Delaney.

The OPWDD's "Celebrate Your Independence" social media campaign calls upon people with disabilities to share photos and/or phrases that sum up the things they can now do thanks to the ADA via popular social media platforms.

WITH SIMPLER FDA FORM, MORE ACCESS TO EXPERIMENTAL DRUGS

Doctors whose patients have incurable illnesses will now have easier and quicker access to experimental drugs, thanks to a newly simplified FDA "compassionate use" form.

Under the FDA's so-called compassionate use policy, experimental drugs can be used by doctors for non-intended uses that are not approved by the FDA. But compassionate use can only be invoked where doctors have exhausted all other treatment options.

Until now, physicians had to fill out a 26-question application form. The new form has only 11.

However, doctors still must first get authorization from drugs makers, and the FDA can't force them to grant permission. What's more, drug makers might reject requests for fear of lawsuits due to side effects, or because their experts disagree with patients' doctors.

Experts note that most failed requests end with rejections from drug makers, not the FDA. However, where drug makers approve compassionate-use requests, 99 percent of applications to the FDA in the past six years were approved. Records also indicate that only 14 out of 1,430 applications were rejected in fiscal-year 2015.

POOR LUNG FUNCTION STILL PLAGUING 9/11 RESPONDERS: STUDY

An ongoing study of 10,000 New York City firefighters and other "Ground Zero" first responders finds that they still suffer

poor lung function 15 years after the 2001 terror attack.

The study found that over 90 percent of responders developed acute coughs in the days and months following 9/11, and that over 50 percent developed persistent respiratory symptoms.

The study is especially scientific because New York City firefighters have their lungs tested regularly. Researchers were able to use that data to compare their lungs before and after 9/11. The research is the longest study of lung function ever undertaken in rescue/recovery workers following a major environmental disaster.

The study also found that quitting smoking dramatically improved responders' lung health.

The study by Montefiore Medical Center and Albert Einstein College of Medicine was published recently in the medical journal *CHEST*.

SMOKERS QUIT UP TO 30 TIMES

Mark Twain is said to have said, "Quitting smoking is easy! I've quit one thousand times."

But now, a data review of 1,277 adult lifetime smokers by the University of Toronto's school of public health says that most smokers actually try close to 30 times before finally

SUMMER KIDS' SAFETY TIPS

1. Check those back seats! A car with closed windows parked in direct sunlight can heat up to 170 degrees in 15 minutes. NEVER leave a child in a car—even for a minute!
2. Watch that water! Swimming is a family sport—even if you're not getting in. Kids MUST have parents or adults there—and playing with them, not reading or on the phone.
3. Learn CPR! It's easy, it is free in many places, and it could easily save a life.

ly succeeding.

Conventional wisdom says it takes five to seven attempts for most smokers to quit.

The study defines "quit attempt" as going without a cigarette for an entire year—meaning that, for many smokers, trying to quit close to 30 times means taking close to 30 years to really quit.

The study was published in *BMJ Open*.

REPORT: 2017 MEDICAL COSTS

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STABLE

A new report by healthcare consultancy PwC says that Year 2017 will see the same amount of growth in medical costs as that of Year 2016—6.5 percent, to be exact.

According to PwC, while medical costs have grown since 2007, the rates of growth have actually dropped since 2007. In plain English, annual medical costs have grown less than each previous year since 2007.

For example, while 2007 saw an 11.9-percent growth in costs of medical care, 2008 only saw a 9.8-percent growth.

That number has kept dropping each year to 2014's 6.5-percent rate, where annual growth in costs of medical care has essentially flat-lined since.

The report also says that “price, not utilization, is the force behind historical medical cost trend”—meaning that it's the growing cost of care, not a growing number of people using a growing amount of doctors, tests, procedures and so on, that's making healthcare costlier.

The report also breaks down employer health costs: Roughly half, according to PwC, are from hospital inpatient (30 percent) and outpatient (19 percent), while doctor visits account for about 30 percent, and prescription drugs another 17 percent.

OPIOID PRESCRIPTION PAINKILLERS OVER-SUPPLIED, UNDER-MANAGED, SHARED

A study of over 1,000 adults by the Johns Hopkins Bloomberg School of Public Health finds that the public prescribing and management of opioid painkillers is poorly managed.

The study found, for example, that over half—six out of ten—of adults on opioid painkillers like OxyContin or Vicodin were given too many pills in their prescriptions, keeping them for “future use.” Close to half said that they were not properly instructed on how to dispose of these extras.

Over one in five study participants also admitted to sharing excess pills with family and friends, primarily to help them manage pain.

Researchers say that these patterns are contributing to the nation's ongoing epidemic of prescription painkiller abuse. According to the CDC, fatalities from prescription opioids more than tripled between 1999 and 2014.

The findings appear in the June 13 issue of *JAMA Internal Medicine*.

CULINARY KICKBACK?

A study of interactions between Big Pharma sales reps and physicians finds that doctors given as little as one sandwich or restaurant lunch prescribed brand-name drugs more than equivalents.

The study scrutinized public data on leading drugs in four categories: AstraZeneca's cholesterol-lowering Crestor; Allergan's Bystolic for heart rhythm disorders; Daiichi Sankyo's Benicar for high blood pressure; and

Pristiq, an antidepressant by Pfizer.

All four have equally effective alternatives, in the form of generic versions of competing drugs. For example, Lipitor, another anti-cholesterol drug, has a generic that works just as well.

The study found that relatively few doctors who prescribed those specific drugs had gotten food “payments” from sales reps—but found that those who did prescribed those drugs more often.

Specifically, doctors getting free lunches prescribed Crestor at nearly twice the rate as “hungry” doctors. Doctors fed by Bystolic's makers prescribed that drug five times more than those not.

Doctors given food by Benicar reps prescribed that drug 4.5 times more than its generic equal, while those “treated” by Pristiq reps prescribed that drug 3.4 times more than its generic equal.

The small meals paid for by drug companies cost less than \$20 on average.

The study drew on data required to be made public since 2013, in part, by the Affordable Care Act (ACA), as well as by the 2002 adoption of a voluntary code by the Pharmaceutical Research and Manufacturers of America (PhRMA) that governs member dealings with doctors.

While that code states that companies shouldn't provide event tickets or vacation trips to any non-employee professional, it does allow for providing simple meals to doctors. As such, sales reps are known to regularly bring free food to doctors' offices.

However, “There's really no way that a \$10 bagel sandwich can influence a doctor in a gift way,” said researcher Dr. Colette DeJong of UC San Francisco. “We think it represents more reciprocity, the time spent with the drug rep and the fact that the doctor is listening to this ten-minute pitch.”

Fellow researcher Dr. R. Adams Dudley concurred. “I don't think there is a doctor out there who thinks, ‘I can be bought for a slice of pizza,’” Dr. Dudley told *The New York Times*.

Additionally, the study “cherry-picks physician prescribing data ... to advance a false narrative,” PhRMA spokesperson Holly Campbell wrote in an email to the *Times*.

The study is also questionable because researchers acknowledge that they couldn't figure out if the drugs were prescribed before or after doctors got food and drink paid for by drugmakers.

The study was published June 20 in *JAMA Internal Medicine*.

OBAMACARE, IRS TO ENROLL MORE YOUNG PEOPLE NEXT YEAR

It may be four months until the next open-enrollment period for the Affordable Care Act (ACA)'s marketplace” healthcare plans—but the U.S. Dept. of Health and Human Services (HHS), which governs the plans, is already gearing up to enroll more young people than ever—and, ultimately, control and even bring down plan prices.

Modern healthcare has long been plagued with increased usage by older and healthier people and decreased usage by younger, healthier people. The resulting increased prices and decreasing customer base is known in the industry as the death spiral.

With an eye toward stabilizing and even lowering prices, the HHS announced on June 21 that it would be working with the IRS to target young people who reported no healthcare coverage in their 2015 tax returns. Among the ACA's most controversial innovations is the individual mandate, which legally requires U.S. taxpayers to report healthcare coverage or pay an IRS fine.

In the run-up to the coming Nov. 1, 2016-Jan. 31, 2017 open-enrollment period, both federal agencies will be contacting individuals who paid a penalty or claimed an exemption in 2015.

In 2014, according to the HHS, 7.9 million people paid the penalty for not having coverage, with about 45 percent being under the age of 35. “Young adults are over-represented among those who paid the fee,” the agency said in a news release.

The agency will also begin to more aggressively target 26-year-olds whose insurance through their parents—another Obamacare innovation—is ending.

On the other hand, about 28 percent of people who signed up for marketplace coverage last year were between 18 and 34, but HHS wants to increase that share as moving healthier/younger people into the exchanges will help keep premiums low. ★

► HAMASPIK NEWS

Upstate Hamaspik Group-home Resident Enjoys Two-day Brooklyn Summer Stay

Hamaspik of Rockland County's Concord IRA Supports Individual in Vacation Choice

On June 20 and 21st, a resident of Hamaspik of Rockland County's Concord Briderheim IRA kicked off his summer season by spending two days in the storied borough of Brooklyn.

Shepsi L., a mature gentleman who uses a wheelchair, has lived at Concord since its opening. With the helpful support of Concord Manager Mrs. Shaindel Goldberger and capable staff, Shepsi lives the fullest possible life.

And with summer in full swing, Mrs. Goldberger and her Direct Support Professional (DSP) team have been supporting residents in enjoying what many of the rest of us enjoy come summer: vacations!

On the morning of Monday, June 20, then, with all his necessary travel requirements diligently packed by staff the night before, Shepsi was driven to his first destination of choice: Lower Manhattan's September 11 memorial site, along with DSP Jacob Weisz.

From there, the gentleman headed over to the Borough Park neighborhood of Brooklyn, home to a huge Jewish community (and presence of Hamaspik and HamaspikCare)

and the renowned 13th Avenue shopping corridor.

Shepsi first settled into his lodgings at the Avenue Plaza, a small neighborhood hotel.



HARBORING FREEDOM: AGAINST THE ELLIS ISLAND BACKGROUND, SHEPSI ENJOYS THE STATEN ISLAND FERRY

By early afternoon, directing attentive support staff, the gentleman was making the most of his two days in Brooklyn. Shepsi headed off to the Williamsburg neighborhood to lend his personal participation at a family

occasion, the wedding of a beloved niece. Shepsi remained there for several hours.

The next morning, after a good night's sleep at the Avenue Plaza, Shepsi enjoyed a healthy breakfast on site.

For the day's plans, Shepsi enjoyed a relaxed lunch outing with his staff at a local pizza restaurant, spending quality time with caregivers again.

Following lunch, Shepsi and Mr. Weisz returned to his “home base” lodgings, and then headed over to the Circle Line boat ride in Manhattan. On the vessel, Shepsi spent several hours enraptured by the state-of-the-art, sparkling and unique New York City skyline and its fascinating buildings.

Late that afternoon, as the sun set over the picturesque brownstones, apartment buildings and shuttered storefronts of Brooklyn in their neat square rows, a van pulled away from the Avenue Plaza, carrying a tired but satisfied Concord Briderheim resident.

It was the end of his vacation—but, as is the case all across Hamaspik, the beginning of a summer sure to be filled with stimulating and choice-driven activity. ★

The Autism Update

News and developments from the world of research and advocacy

CORRELATION BETWEEN ‘SOCIAL GENE’ ACTIVITY, SOCIAL SKILLS

Oxytocin, a hormone critical to human socializing and bonding, especially in families, is produced by the gene OXT. People with more oxytocin are more social, talkative, loving and attuned to others’ emotions.

In genetic tests on 120 volunteers, genetic researchers at the University of Georgia have now found a correlation between OXT’s production of oxytocin and volunteers’ social skills.

The scientists were specifically studying *methylation*, a process that suppresses gene activity. They found that volunteers with more methylation of the OXT gene, and hence less oxytocin, had less social skills—and more social anxiety.

Using brain scans, researchers also found that volunteers with more OXT methylation had less activity, and less gray matter, in brain areas associated with social-cognitive processing.

Researchers also found that people with more OXT methylation were less able to correctly describe the emotions on people’s faces in videos and pictures.

While the study does not prove a cause-and-effect link between OXT methylation, the resulting less oxytocin, and poor social skills, “All of our tests indicate that the OXT gene plays an important role in social behavior and brain function,” said researcher Brian W. Haas, a UGA psychology professor.

The findings are another piece in the puzzle of autism research; people with autism spectrum disorder (ASD) typically have difficulty reading the social and emotional cues on people’s faces.

The study was published June 20 in the *Proceedings of the National Academy of Sciences*.

INPUT SOUGHT BY FEDERAL AUTISM PANEL

The Interagency Autism Coordinating Committee (IACC), a federal autism advisory panel, is now soliciting public feedback and comments as it prepares for the first time in years to update the government’s priorities in addressing the developmental disorder.

The IACC panel, comprised of federal officials and members of the autism community, is tasked to create and annually update the government’s autism research, services and policy priorities.

In a notice published June in the Federal Register, the IACC said it wants comments from people with autism, family members, service providers and advocates as it gears up for its 2016 update.

Comments should be related to the

IACC’s seven primary topics: screening and diagnosis, underlying biology of autism, risk factors, treatments and interventions, services, lifespan issues and surveillance and infrastructure.

Originally authorized by the Combating Autism Act of 2006, the IACC has been slow to reboot since it was reauthorized under the Autism CARES Act of 2014. The last update to the panel’s strategic plan occurred in 2013.

Comments will be accepted through July 29.

EPILEPSY TIED TO HIGHER RISK OF AUTISM

In a Swedish study published recently in *Neurology*, patients with epilepsy may be at higher risk of developing autism spectrum disorder (ASD), particularly if their disease was diagnosed in childhood.

The large population-based study found

that patients with epilepsy had a ten-fold increased risk of future ASD. That risk was especially high in those diagnosed with epilepsy in childhood.

The study consisted of 85,201 individuals with epilepsy and 425,760 controls. Ultimately 1,381 (1.6%) were diagnosed with ASD over a median of 5.5 years, while 700 (0.2%) controls were diagnosed with ASD over a median of 6.1 years.

“BRAIN TRAINING” COMPANY FINED BY FTC

Colorado-based LearningRx, a “brain training” company that claimed its programs could improve autism and other brain-related diagnoses, agreed in federal court to pay a \$200,000 fine to settle federal charges of making false claims.

The Federal Trade Commission (FTC)’s Bureau of Consumer Protection had initially secured a judgement of \$4 million against

LearningRx in Colorado’s U.S. District Court.

According to the FTC, Learning Rx advertised the medically false claims that the programs offered at their 80-plus franchise locations nationwide were clinically proven to improve autism, attention deficit hyperactivity disorder (ADHD), Alzheimer’s disease, stroke and other conditions.

The FTC said that those claims were promoted in print and radio ads, direct mail pieces and online ads targeted toward consumers searching for “autism cure” and “Asperger cure”.

Under the settlement, LearningRx also agreed to stop making several false and unsubstantiated claims about their programs.

“Companies that say they can significantly improve serious health conditions or how your brain functions in everyday situations need to back up those claims with sound science,” said Bureau of Consumer Protection director Jessica Rich. ★

► DISABILITY NEWS

OPWDD Announces Three-location “Centers of Excellence” Project

Effort to Address Autism, Other Disabilities, Define More Effective Supports

New York State parents of children with autism and other intellectual disabilities will have a strong new resource at their disposal, if a new project goes as planned at the OPWDD.

In a public letter dated June 1, Commissioner Kerry A. Delaney of the New York State Office for People With Developmental Disabilities (OPWDD), Hamaspiik’s long-time primary public-sector partner, announced the Centers of Excellence.

The Centers of Excellence is a new partnership between the OPWDD and The Center for Discovery (TCFD), Developmental Disabilities Institute (DDI), and Upstate Cerebral Palsy (Upstate CP). The three are well-regarded disability services non-profits.

“In order to better address the complex needs that many children present, we have worked with several of our partners to initiate a coordinated effort to develop new treatments and strategies,” wrote the Commissioner, “that will better support children with complex needs to live in the most integrated settings and identify best practices for intervention and new therapies.”

The “innovative” project will “address the needs of children with autism and other intellectual disabilities and define more effective supports for children and their fam-

ilies,” Delaney wrote.

According to the letter, the three separate Centers of Excellence “will benefit from the collective intelligence and insights of each member organization and, in turn, work with New York State agencies and other providers.”

Working together, the three project participants will develop an interactive care

information database for eventual sharing with and use by federal, state, and local agencies.

The project is being funded by the federal Balancing Incentive Program (BIP) through the OPWDD, in coordination with the New York State Education Department (NYSED) and the New York State Department of Health (DOH). ★

Job Opportunities

Looking for **frum heimish female who can work with special needs women** for the cdpap program. Preferably afternoon hours.

If applicable they should please call 845-503-0811

Looking for a worker for a **very high-functioning individual** for a few hours **in the afternoon twice a week**. Please call 845-503-0229.



Status Report

Happening In Hospitals Today

ALBANY SEEKS REVAMP OF STATE SAFETY NET HOSPITAL REIMBURSEMENT

A bill seeking to redefine New York State's safety net hospitals and ensure that those serving the poorest patients get a fair share of Medicaid funding has overwhelmingly passed the state Legislature.

Fifteen state Senators sponsored and co-sponsored legislation that makes straightforward changes to the supplemental reimbursement rate adjustments paid to safety net hospitals and places stricter re-

quired the measure, with NYC Health & Hospitals—the largest healthcare provider for these populations in the city—noting this will promote fairer distribution of Medicaid funds.

Democratic Sen. Kevin Parker, one of the 14 co-sponsors of Republican Sen. Kemp Hannon's bill, said the proposal would be funded through next year's budget cycle. According to Sen. Parker, the bill reflects the shift in medical delivery from large hospitals to primary care and outpatient services.

"We have, to this point, not done an adequate job from the state perspective of managing that transition," he said. "This bill is intended to help that process, particularly in the low-income communities that are hit hardest by this change."

NORTHEAST PROVIDERS FORM REGIONAL GPO

An alliance of health systems in the Northeast is forming its own regional group purchasing organization (GPO) to better manage procurement and sourcing of supplies.

AllSpire Health Partners, a group of seven health systems spanning New Jersey, New York, Maryland and Pennsylvania, announced at June's end that it would be forming AllSpire Health GPO. Members are hoping to better aggregate their purchasing volumes, streamline negotiations and find opportunities for efficiency among their networks.

Initial members of the new GPO include the Hackensack University Health Network, the Atlantic Health System, and Meridian Health, all of North Jersey; and the Lehigh Valley Health Network, WellSpan Health, Reading (Pa.) Health System, and Lancaster General Health, all of Pennsylvania.

The organization has signed an exclusive deal with HealthTrust, a national GPO based in Brentwood, Tennessee. Each member will likewise become a member of HealthTrust. That GPO, itself majority-owned by Hospital Corporation of America, has a strict, compliance-driven model: customers are required to use the GPO's contracts for 80 percent of their purchases on most products.

The new AllSpire GPO will be headquar-

tered in Pennsylvania's Lehigh Valley region and is expected to be operational in the third quarter.

The formation of regional and niche GPOs has become an attractive strategy for health systems looking to work with area providers to find better pricing and local sourcing.

The Greater New York Health Association's GPO, affiliated with Charlotte, N.C.-based Premier, is one of the biggest regional GPOs in the country.

JOINT COMMISSION UNVEILS NEW ANTIMICROBIAL STANDARD

Hospital-acquired infections (HAIs) have long been a thorn in the side of modern hospital-based healthcare, with widespread use of antibiotics giving rise to increasingly resistant bacteria. Thousands of U.S. patients die each year due to infections by bacteria and other microbes.

Responding to the still-growing problem, The Joint Commission, the U.S. hospital and healthcare industry's leading accreditor, unveiled new standards on June 29 for combating microbes in healthcare settings.

The new so-called Medication Management Standard addresses antimicrobial stewardship for hospitals, critical access hospitals and nursing care centers effective Jan. 1, 2017.

From that point on, Joint Commission-approved facilities will also be graded on such elements of performance (EPs) as making antimicrobial stewardship an organizational priority, developing an antimicrobial stewardship program, educating staff involved with administering and monitoring antimicrobial practices, and educating patients on appropriate use of antibiotics.

HOSPITALS MORE PROACTIVE ABOUT BILLS AS ABILITY TO PAY DROPS

According to a June 28 report by the credit rating firm TransUnion, patients' ability to pay medical bills is declining as out-of-pocket costs under high-deductible health plans are rising.

According to TransUnion, consumers

had \$1,720 in revolving credit to cover every \$100 in medical costs in the first quarter of 2016—down from \$2,250 in revolving credit to cover those costs in the first quarter of 2015.

The report also said that nearly eight in ten patients owed over \$1,000 in the first quarter, while 51 percent owed more than \$1,000. Meanwhile, patients experienced a 13 percent increase in both deductible and out-of-pocket maximum costs between 2014 and 2015, with the average annual deductible totaling \$1,278 and the average annual out-of-pocket costs totaling \$3,470.

With the increase in out-of-pocket costs under high-deductible plans, a growing number of hospitals are now working aggressively with patients before procedures or before they leave the hospital to work out payment.

One large health system, Ascension Health, is waiving deductibles for patients enrolled in health plans through the Affordable Care Act exchanges who have incomes below 250 percent of the federal poverty level. It did so because it found that many Ascension patients were drowning in debt related to their high plan deductibles, which was hurting their credit scores.

But some providers have taken a more hard-nosed collection approach, filing numerous debt collection lawsuits against patients.

Healthcare affordability under high-deductible plans has become a political issue in the presidential election. Presumptive Democratic nominee Hillary Clinton has proposed requiring health plans to cover three sick visits to a doctor a year without applying the deductible; giving insured people a \$5,000 per family refundable tax credit for out-of-pocket costs exceeding 5 percent of income; and barring providers and insurers from charging patients out-of-network bills for services received in an in-network hospital.

Donald Trump, the presumptive Republican nominee, has released a seven-point health policy agenda emphasizing market mechanisms to reduce overall healthcare costs, though it doesn't directly address out-of-pocket costs.

At the same time, however, consumers have received some protection from having medical debts count against their credit scores. Last year, TransUnion and the two other major credit-reporting companies, Equifax and Experian, signed a settlement agreement with New York Attorney General Eric Schneiderman requiring that medical debt not be reported until after a 180-day waiting period. That allows time for any insurance payments to be applied and for consumers to have enough time to work through any disputes and pay up.

The federal Consumer Financial Protection Bureau reported in 2014 that 43 million Americans have blemishes on their credit reports because of overdue medical bills, and that medical debts comprise more than half of collection items on credit reports. ★

“

43 MILLION AMERICANS HAVE BLEMISHES ON THEIR CREDIT REPORTS BECAUSE OF OVERDUE MEDICAL BILLS, AND MEDICAL DEBTS COMPRISE MORE THAN HALF OF COLLECTION ITEMS ON CREDIT REPORTS.

”

quirements for those hospitals that receive a bigger slice of the funding pie.

The bill passed both chambers of the New York state legislature by large margins, and is now being reviewed by counsel's office before heading to the desk of Gov. Andrew Cuomo.

According to the legislation, 50 percent of patients at an enhanced safety net hospital must be on Medicaid or medically uninsured. Also, 40 percent of inpatient discharges at each must be covered by Medicaid—and no more than 25 percent of discharged patients can be commercially insured. The bill also requires such hospitals to either be a public health system or federally designated as a critical access or sole community hospital.

Several unions and hospitals support-

Happening In health Today

MOST ANTIDEPRESSANTS DON'T HELP YOUTH: STUDY

For children and teens already taking antidepressant medications, parents should not stop those medications if a doctor says they must have them—the relapse of symptoms could be serious.

But for parents considering those medications for the first time, a recent report gives them something to think about.

According to a new study in *The Lancet*, the vast majority of antidepressants given to kids and teens are ineffective and potentially dangerous. Drugs analyzed in the study, including Zoloft, Paxil, Celexa, and Cymbalta, showed no benefit over placebo for that age group.

Of 14 regularly prescribed drugs, only one, Prozac, proved effective enough to justify giving to children and teens, the researchers found—and if drugs are given at all, Prozac should be the drug of choice, the study concluded.

“No one should be on any other antidepressant, and I think it’s doubtful that people should be on Prozac, as well,” wrote Dr. Jon Jureidini, a child psychiatrist at the Robinson Research Institute at the University of Adelaide, in a commentary. “The case for Prozac is quite weak.”

“What we’re up against is the marketing enterprise of the pharmaceutical industry combined with wishful thinking on the part of doctors and parents that there might be a good, simple solution for adolescent distress,” he said. “It’s something we need to take very seriously, but we don’t need to make it into a medical condition when it most times isn’t.”

Talk therapy, including cognitive behavioral therapy, has been shown to be effective for depression in young people, and regular exercise and adequate sleep also help, Jureidini also wrote. The vast majority of kids don’t need medication for depression, he added.

The new paper, a so-called *meta-analysis*, looked at 34 previously conducted studies. Those studies included more than 5,200 children and teens who took one of 14 antidepressants or a placebo for an average of eight weeks.

The study did not consider long-term use of the drugs because there hasn’t been enough previous research to analyze. Indeed, though several of the studies claimed to include patients as young as six, researchers said there exists virtually no scientific data on children younger than nine.

STUDY DISCOVERS BLAST TBI BRAIN DAMAGE

Blast TBI involves waves of compressed air moving faster than the speed of sound, creating intense pressure in the brain of anyone within range. *Impact TBI* simply involves the head hitting an object.

People with blast TBI often develop post-traumatic stress disorder (PTSD), headache, sleep disturbance, and memory problems—but, unlike impact TBI patients, few physical brain abnormalities show up in their brain scans.

But now, research by the Uniformed Services University of the Health Sciences found distinct damage patterns in the brains of deceased U.S. soldiers who had suffered blast traumatic brain injuries (TBIs) as opposed to impact TBIs.

The study found so-called astroglial scarring in parts of the brain crucial for cognitive function, memory, sleep, and other important functions.

Comparison examination of the brains of deceased men who had suffered impact TBI, or no brain injuries, showed none of the same astroglial scarring. The findings may explain blast TBI symptoms despite brain scans turning up largely normal.

The study was published recently in *Lancet Neurology*.

NEW CANCER DRUG PERFORMS IN LARGER SECOND TRIAL

Ibrance, a drug that treats certain cases of a common form of women’s cancer, was approved last year by the FDA after a Phase II clinical trial. That study of 165 women had one group take existing cancer drug Femara and a placebo, and the other group take Femara and Ibrance. The two-drug group had a median rate of progression-free survival double that of the placebo group.

The follow-up Phase III trial involved tracking 666 participants in 17 countries over two years. Those participants were similarly split into drug and placebo groups, with the group taking Ibrance again showing twice the median survival rate of the placebo group.

Ibrance, a so-called *CDK-4/6 inhibitor*, is first in its class to be approved in the U.S. It is meant for older women with advanced HER2-positive cancers and no previous endocrine therapy.

The trial results were reported at the most recent annual meeting of the American Society of Clinical Oncology.

NEW GENE-EDITING METHOD APPROVED FOR HUMAN TESTS

On June 21, an NIH genetics ethics panel approved a planned experiment by the University of Pennsylvania to use the CRISPR technique to “edit” T cells to better target and fight cancer cells.

The CRISPR gene-editing technique, done on lab mice, has never been done before on humans.

If approved by the FDA and participating cancer centers, the experiment would enroll 15 patients in a Phase I trial at three sites nationwide to first test if the editing technique would even work. If successful, it would then be used to attempt a new treatment for three forms of cancer.

The genetic editing of T cells, the immune system’s defender against viruses and other foreign invaders, has already been used in recent years to create T cells configured to target and kill specific cancer cells by treating them like invaders, to some level of success.

STUDY: HIGH-TROPONIN HEARTS DONATION-SAFE

A higher level of troponin, a protein, in the bloodstream usually indicates heart muscle damage; the “troponin test” is typically done in ERs to confirm heart attacks.

But troponin testing is also done to rate the health and usability of a potential donor heart. Many transplant centers would reject hearts whose donors show raised troponin levels.

However, the first large-scale study of troponin as a biomarker for donor hearts has now found no difference in patient survival or typical post-transplant complications when donors have more troponin.

The review of data on over 10,000 heart recipients found no association between high troponin levels in donors and primary graft failure or cardiac allograft vasculopathy in patients. Those two conditions are common post-transplant complications.

Last year, 2,804 heart transplants were performed in the U.S., while over 4,100 people a year need a heart transplant—and only one in three donor hearts is currently judged acceptable.

Widespread use of those donor hearts would provide 70 or 80 more available hearts a year, according to the study, published June 21 in the journal *Circulation: Heart Failure*.

VACCINES FOR LYME DISEASE?

In a small study published June 22 in *Clinical Vaccine Immunology*, scientists injected mice with two weakened strains of *Borrelia burgdorferi*, a bacterium that causes Lyme disease.

The scientists found that the mice vaccinated with both strains were later protected against infection by full-strength strains. Scientists later injected them with live Lyme bacteria, or had them bitten by infectious ticks, with no appearance of Lyme symptoms.

If left untreated, Lyme disease can cause significant and long-term illness, which may continue after antibiotic therapy has been given and live bacteria are no longer detectable.

The increasing incidence and geographic spread of Lyme disease is renewing interest in vaccination of at-risk populations, the researchers said. ★



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●► HAMASPIK NEWS

Hundreds of Parents of Special-needs Children Get Boost at Hamaspik's Annual Support Weekend

<< CONTINUED FROM PAGE 6

The Friday night meal, during which guests sat around large tables like the one big family that they are, was rendered even more nourishing with the guest address of Rabbi Shachter.

Rabbi Shachter's talk served as an introduction to the powerful talk next delivered by Rabbi Sussman, who used his time to magnificently lay out the four facets of personal self-worth.

Later in the meal, Rabbi Moshe Paneth of Lakewood took the floor to expound upon the Torah portion of the week and its message of inspiration.

Guests were seen shmoozing and connecting to the wee hours of the morning, with some retiring for (what was left of) the night at half-past-three.

As late as it was, zemiros old and new were inspirationally led by Cantor Landau and the Zemiros Choir, with heartfelt and

uplifting liturgy buoying one and all.

It wasn't much later that the earliest risers were seen up and about, each engaged in early-morning spiritual studies of their personal preferences. An hour or so later, the morning Shachris prayers formally began, with Cantor Landau taking the podium to take congregants to soaring spiritual plateaus rife with personal meaning.

ALL FOR ONE AND ONE FOR ALL

For the assembled fathers of children with special needs, the height of the entire Shabbaton, as it has been year after year, was the informal pow-pow before lunch.

For a good hour or two, the men unloaded their deepest and most painful personal burdens, honestly sharing their greatest difficulties in special-needs parenting—and getting back a wealth of hope and strength in the form of positive and practicable suggestions, tips and experience from the collective wisdom of the others.

The free-flowing session was facilitated by Rabbis Friedman and Fuchs.

Subjects covered by the session were wide-ranging. One father talked about the community's support for a Baltimore special-needs organization, another two shared about prayer, and yet others about embracing their children as the gifts that they are.

Over the lunch that followed, Rabbi Grama talked about what it truly means to be a parent—for typical children in general and children with special needs in particular.

Rabbi Rabinowitz spoke next, speaking movingly about faith and prayer, both philosophically and practically, giving his listeners inspiration to carry forth throughout the year.

GRAND KEYNOTE

After a long afternoon break, guests enjoyed an afternoon study session with Rabbi Paneth in *Ethics of the Fathers*, a classic religious work traditionally studied come summer.

The keynote address of the entire Shabbaton came next, with the venerable Chuster Rebbe himself drawing upon his noted oratory skills to expound upon several key themes for the crowd—leaving members of the rapt audience touched and inspired, with smiles and more than a few tears seen across the room.

In summary, Grand Rabbi Ginsburg touched upon the topics of happiness, strength, and inner peace as they pertain to special-needs parenting. Rabbi Ginsburg also covered overcoming trials and never giving up on dreams, or on prayer, leaving the audience spellbound for quite some time after the speech ended.

TAKING IT ALL HOME

The “Melaveh Malkeh” post-Shabbos meal started about one hour after the Day of Rest ended—but went on until close to dawn.

Its highlight was its panel discussion, a feature returning for the second consecutive year. With four guest speakers fronting the room from behind a table, parents sent up questions on actual daily scenarios encountered in the regular course of special-needs parenting.

The four panelists responded to the anonymous written questions, each with their own take and perspective, shedding fresh light and providing most-welcome clarity and direction.

The panel session was followed by another Shabbaton favorite: Live music.

Sunday morning opened with the customary Shacharis morning prayer services followed by breakfast, with the weekend's atmosphere of unity and inspiration lingering over both.

Guests went home chock-full of reinvigoration for themselves and their families—carrying in their hearts something that can't be expressed, but sure to emerge in the hundreds of interactions with their special children now certain to be different, and in the best of ways. ★



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Senior Care Gazette

News from
the World of
HamaspikCare
and Senior
Health

State DOH Confirms: All Household Members Valid CDPAS Aides for Immediate Family

CRITICAL RULE CLARIFIED AFTER MONTHS OF WORK BY STATE SEN. FELDER, HAMASPIKCARE

After months of positive and proactive communication between the New York State Department of Health (DOH), the offices of State Sen. Simcha Felder and HamaspikCare, it's official: Any household member of a person getting DOH-approved CDPAS services can serve as an aide.

That now means that members of the "sandwich generation"—people with their own homes and families who are also caring for their own parents—can serve as personal aides to their own parents with home-care needs, even if those parents are living with

them in their home. It also means that they can serve as aides to grandparents, siblings or any family member under the same roof.

Under the Consumer Directed Personal Aide Service (CDPAS), a New York State Medicaid program, seniors needing help around the house can be provided with a personal aide.

Personal aides are readily available for qualifying seniors through community home-care agencies like HamaspikCare.

While CDPAS rules allow for children and other relatives to serve as aides for their be-

loved parents or grandparents, they couldn't do that if they lived with their parents or grandparents.

That is, until now.

A joint effort by Sen. Felder and staff and HamaspikCare Downstate Regional Director Mordechai Wolhendler resulted in a late-June clarification from the DOH: Immediate relatives living in the same home as CDPAS beneficiaries may be personal aides for those beneficiaries.

The clarification is effective immediately, Wolhendler tells the *Gazette*—adding a re-

minder that personal aides must always be at least 18 years of age.

The clarification is the second improvement to a still-responsive state program.

In April of this year, in another breakthrough also championed by Sen. Felder, the DOH allowed for parents to serve as CDPAS aides to their own adult children with special needs who live with them at home—as long as said children with disabilities are age 21 or older.

That successful effort was a response to numerous parents faced with the choice of caring for their children with disabilities at home and not going to work, or going out to work and leaving their adult children at home alone with no help (or outside help).

For more information, please contact HamaspikCare at 718-408-6700 (Brooklyn), 845-503-0700 (Hudson Valley), or intake@hamaspikcare.org. ★

CAN MAJOR LIFESTYLE MODIFICATIONS MEND ALZHEIMER'S MEMORY LOSS?

METABOLIC ENHANCEMENT FOR NEURODEGENERATION (MEND) STUDY RAISES QUESTIONS

A program developed by a UCLA neurology researcher claims to stop and even reverse the memory problems associated with Alzheimer's, the neurodegenerative brain disease.

In a small study on the Metabolic Enhancement for Neurodegeneration (MEND) program, UCLA's Dr. Dale Breseden claims that its ten participants with early Alzheimer's presented "unprecedented" improvement in cognitive function.

But the MEND treatment protocol involves so many factors it may be difficult to determine which ones are effective.

The MEND treatment is essentially a 36-point therapeutic program that addresses the patient's diet, sleep, exercise, intake of certain medicines and vitamins and brain stimulation. Each of the ten patients recruited for the study was given a MEND program custom-tailored for him or her.

According to the researchers, the custom programs are most effective because

Alzheimer's is a "custom" disease that affects each patient differently. They say that combining lifestyle and dietary changes with use of the latest medicines is by far the best way to treat Alzheimer's.

But the complex lifestyle changes of the custom MEND approach, which include elimination of processed foods, regular exercise, yoga and medication to reduce stress, melatonin to extend sleep, supplements such as fish oil, vitamins D3 and B12, and hormone replacement therapy, would make it hard for most people to access financially and logistically.

The study, published June 12 in *Aging*, also didn't have a control group using a placebo treatment for comparison purposes. It also remains unknown how long its observed improvements will be maintained.

Bottom line? To date, nothing has been proven to prevent Alzheimer's. Medications are available but they are expensive, may delay progression marginally, and have side effects. ★

Home healthcare industry facing another Medicare cut

In late June, the federal Centers for Medicare and Medicaid Services (CMS) announced a planned 1% cut, totaling \$180 million, to the reimbursement rates to be paid to Medicare home healthcare providers in 2017.

Under an Affordable Care Act (ACA) mandate, CMS has trimmed Medicare reimbursement rates to home healthcare providers over the past three years to compensate for overpayments for home health services dating back to 2000. Payments were cut by \$260 million in 2016, \$60 million in 2015 and \$200 million in 2014.

Agencies in some areas of the country, such as New York and Oregon, are having a particularly tough time, according to William Dombi, vice president of the National Association for Home Care & Hospice.

New York Medicare-certified providers have been operating at a loss on Medicare payments for several years in a row, said Roger Noyes, a spokesman for the Home Care Association of New York State.

According to Noyes, 60 percent of New York agencies have reported reducing staff or cutting other costs to function, and half have used a line of credit or borrowed money for operating expenses over the last two years. Some have even had to close, while others have cut staffing or are looking at consolidating.

According to the CMS, about 11,400 home health agencies nationwide currently care for Medicare beneficiaries, down from 11,781 in 2014. ★



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