



The Hamaspik Gazette

News of NYSHA
Member Agencies
and General Health

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GAZETTE SURVEY

The GAZETTE asks YOU:

HAVE YOU EVER HAD ANEMIA?

A: YES; B: NO

Respond to: survey@nysha-inc.org • 845-655-0667



HEALTH STAT

ANEMIC AMERICAN NUMBERS

No. Americans with anemia	5 million (est.)
No. yearly doctor visits for anemia	2.8 million
No. yearly ER visits for anemia	623,000

Source: U.S. Centers for Disease Control and Prevention (CDC)



HEALTH TIP

A LIFE AS STRONG AS IRON

Forget steel: With iron deficiency being the number-one cause of anemia, the more daily iron you take, the less anemia you'll get. Women ages 19-50 (the most-common anemia demographic) should get at least 18 mg of iron daily in food or supplements.

Sources: National Heart, Lung, and Blood Institute

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A SWEET RECIPE FOR HAPPINESS AT DAY HAB AND HOME COOKING--MAKE THAT BAKING--UP A STORM AT HAMASPIK OF ORANGE COUNTY'S MEN'S DAY HAB PROGRAM, STAFF AND INDIVIDUALS WHIP UP A BATCH OF FRESH CHOCOLATE-CHIP HONEY COOKIES FOR FAMILY TO EAT



THE HANDS-ON ACTIVITY AT THE DAY HAB PROGRAM IS JUST ANOTHER EXAMPLE OF THE EXPERIENTIAL CURRICULUM ON TAP ON A REGULAR BASIS, HELPING THE GENTLEMEN MAXIMIZE THEIR DAILY LIFE SKILLS AND EVEN TEACHING THEM SOME TASTY NEW ONES

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Services Provided by NYSHA MEMBER AGENCIES

OPWDD SERVICES

INDIVIDUALIZED RESIDENTIAL ALTERNATIVE (IRA)

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

INDIVIDUALIZED SUPPORT SERVICES (ISS)

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

HOME FAMILY CARE (HFC)

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

DAY HABILITATION (DH)

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

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

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

COMMUNITY HABILITATION (CH)

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

COMMUNITY PRE VOCATIONAL

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

SUPPORTED EMPLOYMENT (SEMP)

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

FAMILY SUPPORT SERVICES (FSS)

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

INTENSIVE BEHAVIORAL SERVICES (IBS)

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

RESPIRE:

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

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

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

Sundays: Respite program provided every Sunday.

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

Summer Break: Full day respite program during the summer break weeks.

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

Weekend Getaways: A weekend retreat for individuals receiving respite services.

SELF-DIRECTION

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

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

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

ARTICLE 16 CLINIC

Provides medical, diagnostic, and therapeutic services for persons with developmental disabilities. Such as: Physical therapy · occupational therapy · speech therapy · psychology · social work · psychiatry · nutrition

PARENTAL RETREATS

Providing: Getaways and retreats for parents of individuals with disabilities

EMOD, VMOD AND ASSISTIVE TECHNOLOGY

Individuals who are eligible and approved for OPWDD services who reside in non-certified home and community-based settings may qualify for AT, E-Mod, and V-Mod services funded through the OPWDD HCBS Waiver.

Assistive Technology: Any device, item, equipment, product, or system that is used to increase, maintain, or to improve an individual's functional capabilities and/or independence in performing activities of daily living (ADL).

E-Mods: Physical adaptations to an individual's home, like ramps, lifts and grab bars, needed to ensure his or her health, welfare and safety and to maximize independence and reduce need for institutionalization and/or more restrictive, costly living arrangements.

V-Mods: Physical adaptations to the individual's vehicle that are necessary to ensure the health, welfare, and safety of the individual or that enable the individual to function with greater independence.

DOH

EARLY INTERVENTION (EI)

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

Group Development Model (GDM): Provides Early Intervention services in a group-setting

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

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

Ongoing Service Coordination (OSC): Provides ongoing support for families of children enrolled in the Early Intervention Program.

NURSING HOME TRANSITION AND DIVERSION (NHTD)

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

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

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

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

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

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

TRAUMATIC BRAIN INJURY (TBI)

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

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

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

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

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

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

SOCIAL DAY PROGRAM

A comprehensive structured program providing functionally-impaired adults an array of services in a protective daytime setting. Each individual participant receives services in accordance with an Individualized Service Plan (ISP) based on a personalized assessment.

SENIOR DINING PROGRAM

Serves balanced nutritious meals to older New Yorkers up to five days a week in a variety of settings. Eligible to seniors age 60 and up, as well as to spouses younger than 60 and individuals with disabilities residing in eligible seniors' homes. Made possible by Orange county OFA/ NYS OFA.

HAMASPIK CHOICE

MLTCP:

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

HMO/INSURANCE

ABA

Behavior modification services for children with autism.

Social Group: ABA service delivered in a group setting.

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

HAMASPIK HOMECARE

LHCSA

Licensed HomeCare Services Agency.

Home Health and Personal Care Services (HHA/PCA): Our PCA/HHA assist individuals with personal care needs, activities of daily living, and light housekeeping. They are extensively trained, screened and supervised by a RN.

NHTD/TBI Home & Community Support Services (HCSS): Our HCSS Certified Aides assist those enrolled in the NHTD or TBI Medicaid Waiver Programs with oversight and supervision, in addition to personal care services.

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

HHA/PCA Training: Free PCA/HHA training and competency testing offered for those interested in a home care career.

CDPAS/CDPAP: CONSUMER DIRECTED PERSONAL AIDE SERVICES/PROGRAM

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

NYS HCR

ACCESS TO HOME

Providing home modifications for people with physical disability.

RESTORE

Providing emergency repairs for low incomes homeowners over the age of 60.

US AND NYS AGRICULTURE

CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

Provides federal reimbursements for the costs of nutritious meals and snacks which are served to eligible children and adults at participating daycare centers, after-school programs, or shelters.

NYSSED SERVICES

ACCESS VR

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

PATHWAY TO EMPLOYMENT

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

NYSHA

THE HAMASPIK GAZETTE

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

MAMTAKIM

A summer camp for individuals approved for OPWDD services.

BOE

THE HAMASPIK SCHOOL

Private chartered school for kids age 5 - 10 with developmental disabilities, taking education to heart and teaching them in a way they can learn thru an individualized plan, Including ABA, OT, PT, SPL and Multi-sensory hands-on learning.

KINDERVILLE

A summer camp for individuals approved for OPWDD services.

OMH

SIPUK, ARTICLE 31 CLINIC

Mental Health-licensed behavioral health, Article 31 Clinic, servicing all ages.

OMH/DOH

ADULT HEALTH HOME CARE MANAGEMENT SERVICES

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

CHILDREN HEALTH HOME CARE MANAGEMENT SERVICES

Intensive, comprehensive care management for children ages 0-21 with chronic condition(s) and/or mental health issues at greater risk for relapse and/or lack of care

ADULT HCBS SERVICES

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

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

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

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

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

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

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

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

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

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

CHILDREN HCBS SERVICES

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

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

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

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

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

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

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

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

● ► TRI-COUNTY CARE NEWS

With Annual Medicaid Reenrollment for Beneficiaries now Required Post-COVID, Care Managers Staying One Step Ahead

Nobody at Tri-County Care sits around waiting for problems—they prevent them in the first place.

With that in mind, Care Managers across the agency have been involved with yet another critical task in recent months: ensuring that the thousands of individuals on their caseloads (more specifically, their parents or legal guardians) renew their annual memberships in New York State's Medicaid program.

To preface: The comprehensive services and supports provided to New Yorkers with special needs by Care Coordination Organizations (CCOs) like Tri-County Care are funded by Medicaid, the state/federal healthcare program for the poor and people with disabilities. In New York State, most of those service and support expenses are covered by the New York State Medicaid program, while the remainder is covered by the federal Medicaid program.

To further explain, membership in Medicaid—at least at the New York State level—must be manually renewed by law every twelve months, counting from the month of original enrollment.

However, due to the now-thankfully-ended COVID-19 pandemic, New York State had declared a Public Health Emergency whose measures included, among other things, waiving the annual State Medicaid membership renewal requirement.

But, back to the present day and age: As of May 2023, with New York State formally lifting its public-health emergency declaration, it's back to business as usual at Tri-County Care. That means that, for their thousands of beneficiaries across over two dozen New York counties, Care Managers have now resumed regularly ensuring that beneficiaries reply to their renewal letters in timely fashion.

“We’re here to help parents,” says

one Care Manager who requested anonymity.

So, how many of those caring parents actually require assistance with completing the paperwork? “I can’t say an amount,” reports the Care Manager, “but by me, it’s two out of thirty,” with the latter number being the size of his caseload. “Our goal is that the number should be zero!”

According to the Care Manager, the scenario is not one of an avalanche of looming reenrollment dates but rather—as mentioned—a moderate flow of work spread evenly across the calendar since the Public Health Emergency was formally lifted. As individuals’ Medicaid reenrollment dates approach, based (as mentioned) on the month of original enrollment with Medicaid, Care Managers have been calling them well in advance and alerting them to expect the arrival of that renewal notice in the mail.

Once that’s arrived, the Care Manager explains, TCC members have 45 to 60 days by law in which to fill out all necessary paperwork submit their reenrollment forms.

“All current members are being reenrolled,” he concludes. “In most cases, reenrollment is resolved within a week.”

With the proactive effort underway, headache scenarios of bureaucracy, paperwork and endless red tape have been largely eliminated in the first place—allowing TCC’s usual excellence in advocacy and care management to proceed unabated.

So, how does it feel to get people with special needs secured with the Medicaid-based services and supports so vital to their lives?

“Obviously I feel accomplished,” the aforementioned Care Manager proudly testifies. “It’s the best feeling you can have!” ★

● ► HEALTH NEWS

Medicare Now Covers Seat-Elevating Wheelchairs for Certain Users

After Years of Advocacy, Power Seat-Lifting Feature now Considered Durable Medical Equipment (DME)

Bethesda, Maryland — Power-seat elevation is a feature offered by some motorized wheelchairs, raising the height of the device’s seat to allow users better countertop and cabinet access. The adjustable-height mechanism also gives users the ability to enjoy eye-to-eye conversations with others.

For years, disability advocates and industry groups had lobbied the federal Centers for Medicare and Medicaid Services (CMS), which oversees those federal programs, to cover the costs of seat-elevating wheelchairs. Their argument had been that because the motorized devices make such a positive difference in daily quality of life, they ought to be provided to Medicare members free of charge, the same way Medicare covers standard wheelchairs under its “durable medical equipment” category, free of charge.

“For too long, many people who use a power wheelchair could not access everyday items in their homes and may have struggled to get in and out



GIVE ME A LIFT: POWER WHEELCHAIRS WITH RISING SEATS WERE LONG ADVOCATED FOR BY DISABILITY GROUPS; AFTER YEARS, MEDICARE NOW APPROVES THEM FOR QUALIFYING USERS

of their device,” CMS Administrator Chiquita Brooks-LaSure said in a statement about the decision. “This

landmark Medicare decision to cover seat elevation is a major milestone.”

The approval gained momentum

recently, when CMS released a proposed National Coverage Determination (NCD) decision that would, cover power seat elevation on certain wheelchairs. The followed 30-day comment period was filled with supportive feedback, largely driven by the Independence Through Enhancement of Medicare and Medicaid (ITEM) Coalition industry group, and others.

The final approval was issued by CMS this past late spring.

The approval means that CMS determined that power seat elevation is “reasonable and necessary.” However, the approval only covers people using a Group 3 power wheelchair, which is geared only for people with severe disabilities. ★

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Happening in Health Today

MORE EVIDENCE FOR CURABILITY OF SICKLE CELL DISEASE WITH GENE THERAPY

Cleveland, Ohio — Great news out of Cleveland recently for people with sickle-cell anemia—except for the fact that it's actually not news at all.

The news is that two children with sickle-cell anemia were treated with a gene-editing procedure at the legendary Cleveland Clinic, one of America's overall top hospitals. The treatment apparently not only treats but effectively cures the condition. Approximately 100,000 U.S. residents, mostly of African heritage, currently have the condition, and about one in every 365 black children in the U.S. is born with sickle cell disease.

However, as reported at the time by the *Gazette*, researchers at Necker Children's Hospital in Paris, France cured a teenager of sickle cell anemia in early 2017 by reprogramming the faulty genes behind the disease so that they would produce normal-shaped red blood cells.

GENETICALLY-MODIFIED SKIN CELLS MAY REDUCE LUNG-TISSUE INFLAMMATION

Columbus, Ohio — With Covid-19 being a respiratory disease, considerable research continues on learning exactly what it does to the body, and how, and how to treat and even prevent its most life-threatening symptoms.

Among those efforts are learning how to reduce inflammation and tissue damage in the lungs; said symptoms were among the top reasons for Covid hospitalizations during the pandemic.

Now, working with lab mice, scientists at The Ohio State University have turned genetically-modified skin cells into carriers of anti-inflammatory proteins. The so-called *therapeutic nanocarriers* then allow certain cells in the lungs to produce those proteins themselves—reducing lung inflammation and

LONG SPACE FLIGHTS COULD TAKE TOLL ON ASTRONAUTS' BRAINS



ZERO GRAVITY, NOT ZERO HEALTH EFFECTS: BRAINS SWELL IN SPACE, FINDS STUDY

Gainesville, Florida — New research on the impact of prolonged space travel on the brain finds that astronauts spending six months or more in space should now stretch their time between trips to three years.

University of Florida (Gainesville) researchers first examined the brain scans of 30 astronauts with NASA taken before and after space missions. They found that the more time astronauts spent in space, the larger their brain ventricles became

(up until six months, after which they stopped expanding). The study also found it takes about three years between flights for the ventricles to fully recover.

The ventricles are cavities in the brain filled with *cerebrospinal fluid*, which offer the brain protection, nourishment and waste removal. In space's zero-gravity environment, cerebrospinal fluid shifts upward—pushing the brain higher within the skull and causing ventricles to expand. ★

possibly treating or even preventing acute respiratory distress syndrome (ARDS), one of the most frequent causes of respiratory failure that leads to putting patients on ventilators.

ELIMINATING EXTRA CHROMOSOMES IN CANCER CELLS PREVENT TUMOR GROWTH

New Haven, Connecticut — Turns out that almost all cancer cells have a “secret weapon” they use to form tumors and otherwise grow. Take

that “weapon” away from them, and they're stopped dead in their tracks.

That's basically the concept discovered recently by Yale University researchers, who found that cancer cells with extra chromosomes depend on those chromosomes for tumor growth.

According to the study, published recently in *Science*, selectively targeting extra chromosomes may offer a new route for treating cancer.

Human cells typically have 23 pairs of chromosomes; extra chromosomes are an anomaly known as *aneuploidy*.

Nearly all cancers are aneuploid. While the aneuploidy of cancer cells was known to science for decades, the news here is that removing the aneuploidy—using the CRISPR gene-editing tool—removes their ability to form tumors.

TINY DISSOLVING CARDIAC DEVICE TO MONITOR, TREAT HEART DISEASE

Evanston, Illinois — Northwestern University researchers have created a soft, flexible, dissolvable, and transparent heart implant the size of a postage stamp that can monitor the heart and send info to doctors in real-time. It even delivers small bursts of electricity to correct abnormal heartbeats.

Of the roughly 700,000 people in the U.S. who die annually of heart disease, about 233,000 are due to post-event complications in following weeks or months, not actual heart attacks or cardiac arrests.

Many of those complications involve medicine's inability to directly target small problem areas in or on the heart without invasive and infection-prone surgery and/or relatively bulky devices. The new device, which is flushed away by the body after a short time, aims to resolve much of those problems, eliminating as it would invasive heart surgery and device extraction surgery.

RESEARCHERS DEVELOP MICROSCOPIC “BIO-ELECTRONIC” BRAIN-READING IMPLANT

New York, New York — It's called “bio-electronic” because it's made out of organic materials and it sends, receives and detects electrical signals. Roughly resembling a pole, it's 100 times smaller than a human hair.

But the device, developed by researchers at Columbia University, is essentially a “bug” to be implanted in the brains of epilepsy patients to monitor and even correct errant electrical signals at a microscopic level. It's also powered by the brain's natural electrical signals, eliminating need for its own power source.

The device, technically a transistor (electricity controller/switch), is known as a vIGT. It was fabricated in a Columbia “cleanroom,” where air and surfaces are particle-free. Researchers are next planning to test it on volunteer operating-room patients, with an eye towards monitoring and treating brain waves caused by neurological disorders. ★

בס"ד

☎️ Caller @ 7:30 PM

“

No one knows my secret. People think we run a smooth ship.

If only they knew. I am sure no one in my קהילה is experiencing as much hopelessness and pain as I do. No one will understand me.

WHERE DO I BEGIN?



**INTEGRATED
HEALTH
IS THE ANSWER.**

A dedicated Care-Manager will help you navigate the murky waters and connect you with the right resources.

FREE FOR ELIGIBLE MEDICAID MEMBERS.



INTRODUCING



**INTEGRATED
HEALTH**

A Hamaspik initiative.
Available to mainstream Medicaid members, 21+ years, with chronic medical or behavioral conditions.

MEDICAL BEHAVIORAL PSYCHIATRIC ADDICTIONS

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

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

● ► HAMASPIK NEWS

Shaarei Binah Bakes Challah

Hands-on Kitchen Project Lets Young Men go Home with Something Delish for Families' Shabbos Tables



ALL HANDS ON DECK: THE GENTLEMEN GET THE DOUGH ROLLING IN MAKING FRESH CHALLAH



BREAD OF THEIR OWN BRAID: STUDENTS WATCH THE BASIC THREE-STRAND DEMONSTRATED

Every week, the young men at Hamaspik of Rockland County's Shaarei Binah program, a yeshivah day program for very high-functioning boys in the community, participate in a food project for a Shabbos treat.

While most recently the young men made challah, it's not limited to that, says devoted and energetic Manager Mr. Chezky Szabovitz. Rather, each week it'll be a different food item on the "Shabbos menu," he explains: cupcakes, cookies, muffins, dips and the like. "Every week, another boy gets to choose" what the Shaarei Binah students will be bringing home that week's Friday, he goes on. "We're doing this for over a year," he adds. "We try not to do the same tomato dip every week." And in fact, they don't.

Speaking of the challah the gentlemen most recently made, that Shabbos classic is produced from start to finish by Shaarei Binah—no pre-made anything here! "We do the dough by hand," proudly recounts Mr. Szabovitz—"like a matzah bakery. It gives each of them a part of the activity."

Matzah bakery-like, then, each Shaarei Binah student has his own job on the challah-making "assembly line." But first, tables are set up in the main dining room/activity room at Shaarei Binah and covered in disposable plastic tablecloths. The gentlemen don disposable plastic gloves and aprons and then take their places around the tables.

An assembly line of sorts is formed as the gentlemen are given any of the following tasks: One measures and pours out the flour into a large mixing bowl, another adds the water to that,



FRESH OUT OF THE OVEN: A SAMPLE OF THE GENTLEMEN'S HANDIWORK READY TO GO HOME



BAKED WITH PRIDE: SHAYA SHOWS OFF

and a third mixes those elementary ingredients.

With fresh dough prepared, each student then rolls and braids their own fresh lump of dough into a rudimentary challah, then adding the egg glazing and topping it off with sesame or poppy seeds, or even a mix of both.

The boys prepare a variety of challis, according to the Manager. They'll usually produce at least one large challah—you know, the one composed of three or even four braids—as well as a smaller one using the same braiding technique, and a few *biklach*, the small rounded challis made of single strands of dough basically tied in knots.

What the gentlemen gain from this Shabbos-food preparation activity is that "they get a *ta'am* of Shabbos," says Mr. Szabovitz. "They are brining something home to their family to enjoy on Shabbos. Their families look

forward to it!"

The ongoing culinary project, like other such take-home food projects all across Hamaspik, is especially significant in light of the place that homemade food has in the mainstream of the communities that the Shaarei Binah boys call home.

Given that the mission of Hamaspik is to render its supported individuals as mainstream as possible, and more importantly, to *feel* as mainstream as possible, the Shaarei Binah Shabbos-food program is a vital part of its regular programming. The concept is that just as sons are part of the Shabbos meal—and the making of the food for the Shabbos meal—so too are the individuals also part of their families' Shabbos meals, including making of and contributing to their families' Shabbos meals.

At such an average Shabbos table,

with family surrounding it and practically every square inch of the table covered with fresh food, banter rollicks and the aroma is irresistible as family and friends are all eating, talking and laughing together. Who wouldn't want to be part of that? But when the food that you made—meaning, the young man who attends Shaarei Binah who made the challah that everyone is now eating—is part of that scene, that young man feels like he is totally an accepted and important part of the family scene.

And what is more mainstream than that? In the middle of several concurrent conversations, somebody cuts in with, "Wow, this challah is sooooo good!" The commenter then turns to the Shaarei Binah student and, with a huge smile, asks, "Did you make this?" Just imagine how good that makes our young man feel! ★

Driven by You



When we saw you needed a hand, we arranged the services you needed to get through it. When you had a question, we found answers. And when you're going through challenging times, we're right there with you.

Yours, truly.

Boro Park: 4102 14th Avenue
Williamsburg: 44 Lee Avenue
Five Towns: 76 Columbia Avenue
718-387-8400 // HamaspikKings.org



HAMASPIK
CENTER FOR HUMAN SERVICES
המספיק
מרכז עזרה לצרכי העיבור



Where Relaxation Takes Flight



AVIAN THERAPY: THE WANNAMAKER BRIDERHEIM, NOW ALSO HOME TO TWO PET BIRDS



THE LANGUAGE OF UNWINDING: AN INDIVIDUAL (L) TAKES IN THE HOME'S UNOFFICIAL MASCOTS, A DUO (R) WHOSE UNOFFICIAL DUTIES INCLUDE CREATING A CALM ATMOSPHERE

Adventuring Together

Hamaspik of Kings County Gave Families an Epic Chol Hamoed Adventure

Bright colors. Upbeat music. Rides and arcades and clowns. And dozens of staff members in orange vests sporting megawatt smiles, ready to greet the crowds.

It's the Chol Hamoed trip at Hamaspik — and this Succos, that long-awaited event took place in the Adventureland amusement park, where every moment lived up to the theme "Adventuring Together."

Ninety buses pulled up on Chol Hamoed morning, coming from Boro Park, Williamsburg, Crown Heights, and Five Towns. Parents and children streamed eagerly through the gates, helped along by themed signage. They scanned their tickets and received wristbands along with a thick wad of "Hamaspik dollars" to use as credits for arcades and games throughout the park.

Adventureland had something for everyone — many, many things for everyone. Rides of all kinds, costumed characters roaming the grounds, games

and arcades. And, of course, there was the special Hamaspik additions of entertainment and a succah, alongside a huge array of refreshments at the food station.

The shows included a fantastic concert with the Yiddish Nachas kids choir, accompanied by Avrumi Berko and a six-piece band, as well as singers Shea Berko and Joey Newcomb. There was also a thrilling science show with Yochanan Ghoori.

Thousands of families experienced *simchas Yom Tov* with complete peace of mind: the park had been customized for the needs of the Hamaspik clientele, there was security, help desks, and lost-and-found stations at strategic points throughout the park, food and a succah provided - and everything was on the house.

As the families left the park, they received a gift bursting with goodies and games, a final reminder of how much Hamaspik wants to bring them excitement and enjoyment. ★

On Wings of Relaxation at Wannamaker

Pair of Parakeets Promote Therapeutic Atmosphere at Hamaspik Rockland Men's Group Home

Everyone knows that pets are remarkably therapeutic, and science has shown that in numerous studies over the last several decades.

But Hamaspik of Rockland County's Wannamaker Briderheim Individualized Residential Alternative (IRA) group home needs no science: it has Joel Rottenstein.

Mr. Rottenstein, one of the home's several highly-trained Direct Support Professionals (DSPs), recalls growing up amid a veritable menagerie of winged pets, including the long-living African Grey parrot and the legendarily-colorful Brazilian macaw. However, he notes, said birds are also "like having another child in the house" what with their maintenance and care demands—while parakeets, on the other hand, are notably lower-maintenance. (The DSP cares for them daily, maintaining their health and environment.)

Thus, two lively parakeets—one

blue-hued and the other white—now lend their chirpy presence to the home's living/dining room area, and to the residence's atmosphere as a whole.

Resident Yossi in particular enjoys and benefits from their presence, reports Mr. Rottenstein. The gentleman will spend considerable time observing them, their presence and constant movement and sound having a therapeutic calming effect on him.

In fact, the proactive DSP notes, the birds are generally quiet and low-key when no one is in their immediate presence. When individuals and/or staff enter their area, however, the birds begin chirping more—suggesting at least some level of social awareness.

In fact, half-seriously declares Mr. Rottenstein, if the two birds could comment about life at Wannamaker, here's what they'd say: "It's nice to live in this cozy environment! There's so much care and devotion towards the residents by staff!" And in fact there is. ★

● ► HAMASPIK NEWS | HAPPENINGS AROUND HAMASPIK

Individuals at Hamaspik Orange Men's Day Hab Begin Study of New Volume of Mishnah

Moshe Hersh Berkowitz is one of several highly trained Direct Support Professionals (DSPs) working at Hamaspik of Orange County's Men's Day Hab program for several years now.

Like his counterparts and superiors alike, he is there because he's really good at what he does—he doesn't just show up and do his job; he puts his heart and soul into it every day. And it shows.

Under the tutelage and support of Day Hab Manager Yidel Kleinman, Mr. Berkowitz is carving out a niche for himself.

With the key to Day Hab being to always push and maximize each individual's boundaries, that's all the more true for "high-function" individuals who are capable of far more typical behaviors. It is with a group of latter individuals that Moshe Hersh

Berkowitz, DSP works with.

On a regular basis, Mr. Berkowitz can be found in one of the Day Hab program's activity rooms, seated at the head of a large table while his charges are seated around him. On the table (pun intended) will be an array of any number of common religious texts, all of which Mr. Berkowitz has studied with his "boys" over the years.

With years of experience teaching the Day Hab's most capable young men, then, Mr. Berkowitz proved once again that you can't judge the book by its cover: He and his boys recently started studying no less than the Talmudic volume on Shabbos (the Jewish Sabbath)—and that's after finishing the Talmud's first volume late last spring, complete with diplomas and family celebration too! ★

Sweet! Hamaspik of Orange County Men's Day Hab Bake Honey Choco-Chip Cookies

Budding Bakers of Day Program Roll out the Dough, the Take the Goodies Home for Shabbos Treats for Extended Family

"What's cooking at Hamaspik of Orange County Men's Day Hab?"

The question would better be phrased as, "What's baking?"

That's because the gentlemen of the Day Habilitation (Day Hab) Program, long under the proficient stewardship of Yidel Kleinman, has now baked up a good few batches of cookies. But not just any chocolate-chip-honey-flavored cookies. These came straight from the Hamaspik cookbook that the agency had sent home to community members a few months ago, itself containing recipes mastered by the Day Hab.

So, with recipe selected—"We try to find easy, simple and quick-baking ones"—says longtime staffer Mendel Klein, the "boys" baked cookies.

To make things even more individualized, the Day Hab used individual Betty Crocker clamshell ceramic hotplates on which to bake the cookies. First, the gentlemen got almost literally rolling in dough. That,

well, doughy substance was first mixed, kneaded and otherwise prepared by the gentlemen, as helpful staff provided all the necessary utensils and ingredients set out neatly on work tables covered in plastic tablecloths.

The gentlemen soon had bowls full of dough, from which they then rolled roughly spherical shapes. Those were then placed on paper sheets and next rolling-pinned into roughly circular disks.

Following that, assisted by staff, individuals carefully dropped the doughy disks onto the pre-heated hotplates and closed their lids. The cookies were ready in practically no time.

How does this fit into the Day Hab's mission? "For Shabbos, we bake a lot of times," Mendel Klein says—helping the individuals put something on their Shabbos tables.

What did they like most about it? Say Mr. Klein: "They liked baking them and then eating them!" ★

Tackling a New Tractate



CLASSTIME: MR. BERKOWITZ INSTRUCTS



DEBATE: STUDENTS AND TEACHER CLASH



DISCUSSION: STUDENTS TALK WITH STAFF

Recipe for Happiness



MIX: INGREDIENTS ARE BLENDED BY HAND



SHAPE: BATTER IS FORMED INTO PATTIES



BAKE AND PACK: FRESHLY-PRODUCED GOODIES STRAIGHT OUT OF THE DAY HAB OVEN (L); ZIPLOC BAGS LABELED LOVINGLY BY HAMASPIK FOR PARENTS AND FAMILY TO ENJOY (R)



The Autism Update

News and developments from the world of research and advocacy

DONALD TRIPLETT, AUTISM'S 'PATIENT ZERO,' DIES AT 89

Forest, Mississippi — It was in the early 1940s that a well-heeled Southern American family brought their then-non-verbal son to immigrant psychiatrist Dr. Leo Kanner for diagnosis and treatment.

Among other tests, Dr. Kanner observed that the young boy did not respond or react to light pinpricks with a needle. Dr. Kanner went on to coin the phrase “autism,” a reference to the self-sealed nature of the condition, and describe “case 1” in a landmark 1943 paper.

This summer, that boy—long since identified as Donald Triplett—passed away in his hometown of Forest, Mississippi. He had been modern medicine's first person to ever be diagnosed with autism.

Mr. Triplett, who never married, nonetheless grew into a high-functioning adult who graduated college, loved golf and travel, and worked at the Bank of Forest for 65 years—where, the CEO said, “if you gave him two three-digit

numbers, he could multiply them faster than ... a calculator.”

ONE U.S. MILITARY, ONE UNIVERSAL POLICY FOR SERVICE-MEMBER FAMILIES AFFECTED BY DISABILITY

Washington, D.C. — If you were a career U.S. Marine with a child with a disability, the Marines had one set of services policies—but if you were a Sailor or Airman, the U.S. Navy or Air Force, respectively, had different sets of policies.

With new changes to the Exceptional Family Member Program (EFMP), those days are no more.

Thanks to universal standards recently applied across the entire military by the U.S. Dept. of Defense (DOD)'s Office of Special Needs, military families with special needs now can enjoy the same benefit policies regardless of branch.

According to the DOD, families enrolled in EFMP will see intra-military standardization in: enrollment and disenrollment; services availability

criteria; assigned personal Family Support staffer; respite care eligibility and services; and ability to request additional services.

ANTISENSE THERAPY RESTORES FRAGILE X PROTEIN PRODUCTION IN HUMAN CELLS

Worcester, Massachusetts — Seems that the day when genes with “typos” can be corrected by other genes is not that far off—at least in the case of genetic disease Fragile X.

That's the gist of some of the latest news involving *antisense therapy*, a relatively new school of genetic medicine.

To preface: DNA is the genetic information inside all cells of the body that tells them how to grow and work; RNA is a copy of that information that tells the body's proteins what to do. Antisense therapy blocks targeted RNA from creating specific proteins to help treat certain cancers and other diagnoses.

Now, an antisense therapy developed at UMass Chan Medical School and Rush University Medical Center restores

production of the protein FMRP in cell samples taken from patients with fragile X syndrome. Faulty FMRP is the cause of fragile X, which causes intellectual disability.

ONE DECADE LATER, CHANGES TO OFFICIAL DEFINITION OF AUTISM STILL DEBATED

Washington, D.C. — Debate in the autism community erupted when the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5)—the American Psychiatric Association (APA)'s authoritative guide on mental health—was released in 2013.

Today, says a recent report in *Spectrum News*, that debate continues.

Much of the original debate revolved around the APA's decision to drop the formal diagnoses of Asperger syndrome and pervasive developmental disorder—not otherwise specified (PDD-NOS), incorporating them into what is now called autism spectrum disorder (ASD).

“But even as old debates die out, the past few years have seen a new one spring up: whether the term ‘profound autism’ is a useful way to differentiate some members of the spectrum,” *Spectrum* reports. “That has parts of the autism community again eyeing the DSM-5, hoping for a revision and additional clarity for clinicians.”

MICROBIOME-AUTISM CONNECTION CLARIFIED BY NEW RESEARCH

New York, New York — Despite ever-increasing genetic, cellular and microbial data, the biological roots of autism continue to perplex researchers. But recently, in a study published in *Nature Neuroscience*, research funded by the influential Simons Foundation's Autism Research Initiative (SFARI) has homed in on a new and promising area of focus: the *microbiome*, or the roughly two pounds of total average body weight consisting of harmless “good” bacteria in the digestive tract.

The research identified a microbial signature that distinguishes autistic from neurotypical individuals across many studies—finding autism-specific metabolic pathways associated with particular human gut microbes. Importantly, these pathways were also seen elsewhere in autistic individuals, from brain-associated gene expression profiles to diets.

But how the microbiome precisely plays a role in autism remains unclear. ★

SENSORY-ADAPTED DENTAL OFFICES BETTER FOR PATIENTS WITH AUTISM, FINDS STUDY



MAINSTREAMING SPECIAL-NEEDS DENTISTRY: YOUNG PATIENTS WITH AUTISM DID BETTER IN SENSORY-FRIENDLY OFFICES, FINDS STUDY

Los Angeles, California — In a comparison study of two groups of children with autism, those seen by dentists in sensory-friendly environments were measurably less stressed and more relaxed than those seen by dentists in sensory-friendly environments in regular environments.

The study, led by researchers

at the University of Southern California (USC), split 162 children ages six to 12 with diagnosed autism into two groups. The study was carried out at a major hospital's dental clinic.

Each child was treated to one regular cleaning and one sensory-friendly cleaning six months later (or the reverse). The sensory-

friendly cleaning was defined as no fluorescent overhead lights, curtained windows, slow-moving ceiling projections, calm music, and a shoulder-to-ankle weighted pressure wrap.

Scientific measurements of physiological and behavioral stress were lower in the sensory-friendly groups. ★

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A Birthday Party Table fit for a Rebbe, a Trumpeter, and Dovid Himself

At Hamaspik of Rockland County Men's Day Hab Program, Individuals Celebrate Their Birthdays at Parties Perfectly Tailored to their Preferences and Personalities

The individuals who populate the Day Hab programs at Hamaspik of Rockland County—and Kings and Orange County, for that matter—all hail from a diverse kaleidoscope of backgrounds.

As nuanced as the Orthodox Jewish community is, the Hamaspik beneficiary body is arguably even more nuanced. Yet Hamaspik still caters painstakingly, and proudly so, to the nooks and crannies of each denomination from which its beneficiaries hail.

A showcase example of that is the phenomenon of birthday parties at Hamaspik of Rockland County's Men's Day Habilitation (Day Hab) program.

With a good few dozen adults of all ages regularly attending the Day Hab, longtime Manager Pinchos Knopfler and his dedicated crew of Direct Support Professionals (DSPs) have several birthdays a month on their hands to positively contend with.

A birthday anywhere in the mainstream is cause enough for celebration. Regardless of age,



HOLDING FORTH COURT: A REBBE FOR A DAY, PINCHOS PRESIDES OVER HIS BIRTHDAY PARTY

background, life story or culture of origin, if there's one institution that is universal across all days and ages, countries or beliefs, it's the custom of celebrating the anniversary of one's birth.

So with that being accepted in the mainstream, you can be sure that at

Hamaspik of Rockland County's Day Hab, every birthday involves more than just a cake and a party. It's sensitivity and inclusion at its finest, and the attention to detail is what makes all the difference.

The Rebbe

When it came time for Pinchos to mark his birthday at Day Hab with a party, Manager Pinchos Knopfler set out not just a table but a Tish.

Yiddish for "Table," the word "Tish" refers to the age-old Chasidic custom of the spiritual leader known as a Rebbe seated at the head of a table, surrounded by his Chasidim, as he shares words of Torah, leads the singing of traditional songs, and distributes various foodstuffs to symbolize the distribution of spiritual energies and blessings to the faithful.

So with Pinchos "fering tish," or leading a Tish event of his own on his birthday, he gladly assumed the role of proud and caring Rebbe, relating to his Day Hab peers as a loving Rebbe would to his Chasidim at a genuine Tish.

Only here, it was Pinchos giving out the sweetest of birthday blessings to his compatriots, in the form of a large bowl of round fresh honey cookies before him, which he proceeded to hand to each of his friends as they came up to him single-file at the head table.

The trumpeter

Years ago at Hamaspik of Rockland County's Men's Day Hab program, one of its Direct Support Professionals (DSPs) was also an accomplished trumpeter—who also loved to horn in on the daily proceedings in the most amusing and whimsical of ways.



PLAYING THE PART: DISTRIBUTING COOKIES

Fast-forward a good decade, and those crackling, ebullient notes of good cheer are still lingering in the air at the Men's Day Hab facility at 78 South Main St. in Monsey—where the building is still fronted by the same parking lot, but still filled with the same vibe.

That's because, in a closet on the second floor of the bustling Day Hab building, a veritable band lies stored. In that storage space, one can find no less than a guitar, a saxophone, a flute and, naturally, a trumpet.

Elsewhere in the Day Hab complex can be found Avigdor.

The young man, one of the Day Hab program's most recent arrivals, has been attending Manager Pinchos Knopfler's suite of daily offerings for the past year-and-a-half.

Mr. Avigdor, if we may respectfully call him that, also loves music. Specifically, the trumpet.

And so, on one fine day that also happened to be his birthday (replete with the requisite, usual and customary grand birthday bash that Mr. Knopfler typically throws for all of his deserving celebrants), young Avigdor blew it—seriously, emphatically, unapologetically and freewheelingly.

The trumpet, that is.

Broken out of its usual hideaway in that aforementioned closet, and then in turn extracted from its somber carrying case, the trumpet soon found itself in the hands of an enthusiastic Avigdor, where it in turn found itself on a collision course with the young man's lips.

With music from popular young Jewish community artist Benny

CONTINUED ON PAGE 13 >>

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● ► HAMASPIK NEWS

Birthday Party

<< CONTINUED FROM PAGE 12

Friedman blasting on the Day Hab's PA system, Avigdor horned in on the sonic action, belting out a few ripping notes that made his, and their, presence felt across the dining room. Never mind that they weren't exactly the audio picture of synchronicity—chalk it up to improvisational riffing. They worked.

Sometimes, for a blast of music therapy, especially at a birthday party, all you need to do at Day Hab is get a certain classic horn out of the closet.

Dovid, in person

Dovid has been a regular at Hamaspik of Rockland County's Men's Day Hab for well over a decade now. Of course, it goes without saying that all of the individuals who regularly attend Day Hab are beloved—just pop in on any day and spend a few minutes hanging around to collect the vibe, and you'll feel it. Love, concern and caring are veritably in the air—and longtime Manager Pinchos Knopfler and crew, some of whom have been with Hamaspik for years as Mr. Knopfler has, all but guarantee that.

But when Dovid had to be out and away from Day Hab for various reasons, his absence certainly created a void, and one felt not just by fellow "Day Habbers" but also by the Direct Support Professionals (DSPs) who support Dovid and his fellow Day Hab regulars. And when that absence extended itself for a

period of quite a few weeks, the entire Day Hab brotherhood was rightfully concerned.

So, you can only imagine how excited everyone was when not only was the day of Dovid's return a celebration of Dovid's return, but also a celebration of Dovid's birthday itself.

"First, it was exciting because he had been out for a while," begins Manager Knopfler, speaking to the *Gazette* on why this particular party was different. "There was excitement in the air to have him back."

"We were waiting for him for a while," he continues—then heartily adding, "We almost couldn't bear it without him!"

The party unfolded in classic Hamaspik fashion with "Day Habbers" sitting at both tables to Dovid's right and left, as well as individuals and staff taking up seats at the "head table," from which they would shortly share words of praise and support for their beloved Dovid, a veritable sight for sore eyes who indeed had been genuinely missed for far too many weeks. The "boys" were visibly delighted to have him back—and even more thrilled to be celebrating not just his return but also his birthday too.

The party ended with a feeling of gratitude in the air to God for restoring a much-loved member of the Day Hab back to his dotting friends and support staff in good health—and on his very birthday, no less. As Mr. Knopfler put it, "Hashem is good to us!" ★



BLOWING IT BIG TIME: AS AVIGDOR SOUNDS OFF, A FELLOW DAY HAB REGULAR LENDS VOCALS



THERE'S NO PLACE LIKE HOME: AS DOVID LISTENS, DAY HAB STAFF MEMBER SINGS HIS PRAISES

● ► HEALTH NEWS

“Hearing” the Sound of Silence

Volunteer Perception Experiments Yield Fascinating Results

Baltimore, Maryland — Can you hear silence?

Taking a scientific look at the question, a group of researchers at Johns Hopkins University recently concluded that, yes, silence is also a “sound.”

You heard—er, read—that right. “Silence, whatever it is, is not a sound—it’s the absence of sound,” explained said lead researcher Rui Zhe Goh, a Johns Hopkins University graduate student in philosophy and psychology. And while absence of sound—logically and scientifically speaking—is not a sound, as in, physical vibrations of molecules that are detected by the human eardrum and cochlea, silence has now been shown to be perceived by the brain just like sound. As Goh put it, “Surprisingly,



NOW HEAR THIS: RESEARCH AT JOHNS HOPKINS (ABOVE) FINDS THE EAR CAN DETECT SILENCE

what our work suggests is that nothing is also something you can hear.”

Researchers first had volunteers

listen to one long sound, then two short sounds. Each equaled half the long sound, with both equaling the exact

length of the long sound. But volunteers perceived the long sound as longer than the two short sounds.

Researchers then repeated the same experiment—but replaced the lengths of sounds with lengths of silences. Volunteers perceived one long silence as longer than two equally-long short silences.

Speaking to news outlet *Science Daily*, Chaz Firestone, an Assistant Professor of Psychological and Brain Sciences who directs the Johns Hopkins Perception & Mind Laboratory, said, “Philosophers have long debated whether silence is something we can literally perceive, but there hasn’t been a scientific study aimed directly at this question. Our approach was to ask whether our brains treat silences the way they treat sounds. If you can get the same illusions with silences as you get with sounds, then that may be evidence that we literally hear silence after all.”

The research was published in *Proceedings of the National Academy of Sciences*. ★

Public Health and Policy News

SURGERY-LIVESTREAMING SURGEON PERMANENTLY LOSES LICENSE

Cincinnati, Ohio — Live-streaming your surgical prowess on an actual patient in the operating room might be a great way to educate interested viewers, whether fellow professionals or lay people.

But, as an Ohio plastic surgeon found out the hard way, livestreaming a surgical procedure on a popular public platform—as opposed to a closed broadcast for invitees only—is also a great way to permanently lose your medical license.

After a thorough review of the case of Dr. Katharine Roxanne “Dr. Roxy” Grawe, the Cincinnati-based Ohio Medical Board elected to revoke her right to practice for good. The Board’s decision was based both on concerns regarding the livestreams, as well as several reports of patient complications. Dr. Grawe had initially had her license suspended in late 2022. Despite completing remedial education courses, the surgeon had continued to produce and broadcast live videos of medical procedures of some patients.

REPORT FINDS MINIMAL SUCCESS IN DECADE OF VALUE-BASED PAYMENTS

Washington, D.C. — Perhaps since its inception, modern medicine—whether privately-insured, Medicaid/Medicare, or cash-paying patients—has been based on “fee-for-service”: The doctor does *this* and the patient pays *that*.

But in the last decade or so, various providers—mostly privately-run Medicare or Medicaid-associated plans—have been phasing in *value-based payment* (VBP) models, in which caregivers are paid *more* for *better* patient results and *less* for *worse* patient results.

Now, public-policy journal *Health Affairs* reviewed the successes and failures of VBP models from 2011 to 2021.

Among other things, their report finds that shifts to, and impacts from, VBP models have been small.

The verdict? “Overall evidence on cost and quality outcomes of the diverse reforms to date is mixed.”

NEW GENE THERAPY FOR ADULTS WITH SEVERE HEMOPHILIA A APPROVED BY FDA

Silver Spring, Maryland — “Hereditary hemophilia A is a potentially serious bleeding disorder. Severe cases of hemophilia A can cause life-threatening health issues,” said FDA official Peter Marks, M.D., Ph.D. in explaining his agency’s approval of Roctavian. The approval “represents

an important advance in providing treatment options... treatment with gene therapy may reduce the need for ongoing routine therapy,” he concluded.

Roctavian is an *adeno-associated virus vector-based* gene therapy for the treatment of adults with severe hemophilia A.

Hemophilia A is a rare genetic bleeding disorder that occurs due to a mutation on the gene which produces factor VIII (FVIII), a protein that enables blood to clot. The disorder primarily affects males.

The deficiency in FVIII causes affected individuals to have uncontrolled bleeding and bleed longer than people without the condition.

NEARLY 40 PERCENT OF SENIORS AGE 85-PLUS GETTING CARE AT HOME FROM FRIENDS, FAMILY

Atlanta, Georgia — The older that U.S. citizens get, the likelier they are to be receiving care at home from family members or friends.

That’s according to recently-released data from the National Health Interview Survey (NHIS), an annual query of the American public conducted by the federal government since 1957.

According the NHIS’s 2021 data, the percentage of adults ages 18 and over who received care at home from a friend or family member during the past 12 months is highest for those who are oldest.

The survey found that 39.8 percent of those ages 85 or more reported such care visits.

The survey also found that in Year 2021, 19.4 percent of those ages 75 to 84 reported such visits, as did 10.5 percent of Americans ages 45 to 64.

The NHIS is an ongoing project of the National Center for Health Statistics, itself a division of the CDC.

“TOBACCO-FREE” LAWS ASSOCIATED WITH HEALTHIEST LONG-TERM LOCATIONS



SIGN OF HEALTH: LESS PUBLIC SMOKING IS BETTER FOR PUBLIC HEALTH, FINDS STUDY

Tokyo, Japan — It would only seem commonsensical. But now, a data review out of Tokyo, Japan’s Hitotsubashi University found that localities with anti-smoking laws also had lower risk of overall cardiovascular disease.

According to the meta-analysis (study of existing studies) published in *JAMA Network Open*, smoke-free legislation was also associated with an increase in healthier birth outcomes, better heart health and better respiratory health.

Researchers also noted that anti-smoking laws may not only affect individual smoking habits but also affect the exposure to second-hand smoke by the greater population at large.

The meta-analysis reviewed 144 existing studies. It found that smoke-free legislation policies was the most common population-level intervention. It also found consistent associations between smoke-free legislation and improved health outcomes.

WHITE HOUSE NOW SCRUTINIZING MEDICAL FINANCING PRODUCTS

Washington, D.C. — When three federal offices issue a public Request for Information (RFI) about a specific industry, you can be sure that regulations of some sort will relatively soon be forthcoming on that industry.

In that context, it is telling that the federal Consumer Financial Protection Bureau (CFPB), the U.S. Department of Health and Human Services (HHS), and the U.S. Treasury recently issued a Request for Information regarding *medical credit cards*.

Medical credit cards are offered to patients to ostensibly help them cover out-of-pocket health care expenses. They are frequently marketed to patients through caregivers.

The RFI is ostensibly to help government policymakers better understand medical credit card market. In recent years, CFPB research has found that medical credit cards are likely harming patients who may not fully understand the financial risks. ★



STOPPING THE BLEEDING, GENETICALLY: THE FDA HAS NOW APPROVED ROCTAVIAN, A NEW GENE-BASED THERAPY FOR PEOPLE WITH SEVERE CASES OF BLEEDING DISORDER HEMOPHILIA A

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In the Know

ALL ABOUT... CELLULITIS

Sources: Johns Hopkins Medicine, American Academy of Dermatology (AAD)



It sort of sounds like something that has to do with cellphones—like, perhaps some kind of condition one gets from excessive usage of a cell phone. (And yes, there is such a thing, in fact.)

But the “cell” in cellulitis, in fact, refers to the inflamed cellular tissue that defines cellulitis. While technically, any cellular tissue that gets infected by bacteria and then inflamed is considered cellulitis, the phrase usually and commonly refers to bacterial infections of the skin. In short, cellulitis is a common and potentially serious infection caused by bacteria.

So now, let’s get under the skin—deep definition to really explain exactly what this uncomfortable and, if left untreated, dangerous condition is. (This writer once had it, and let’s just say it’s no fun.)

DEFINITION

Cellulitis is an infection, caused by bacteria, of the deeper layers of the skin and the tissue underneath the skin. In adults, it usually affects the arms and legs. In children, it tends to affect the face or neck. It can also develop around the eyes, mouth or even on the belly. However, it can show up anywhere on the skin.

It’s estimated that 14.5 million cases of cellulitis are diagnosed in the United States each year.

Cellulitis usually occurs after some type of injury to the skin that causes a break, including trauma or surgery. When the skin breaks, bacteria can enter and cause the infection known as cellulitis. However, skin that has not been injured or damaged in any way can also sometimes contract a cellulitis infection, too.

CAUSE

The typical cause of cellulitis is when bacteria enter a wound or area where there is a break in the skin. The most common bacteria that quite literally get under the skin to cause cellulitis are:

- Group A β -hemolytic streptococcus (strep)
- Streptococcus pneumoniae (strep)
- Staphylococcus aureus (staph)
- Methicillin-resistant staphylococcus aureus (MRSA)

While staph and strep bacteria are commonly found on the skin of healthy people, as well as in the mucous membranes of the mouth and nose in healthy people, they do not cause any infection because the skin isn’t broken. Thus, the bacteria can’t get in and proliferate. However, when there is a break in the skin—usually due to a cut, scratch, scrape, abrasion, or other minor injury—the bacteria gain access.

Cracks in the skin offer another way for bacteria to enter. People with eczema, athlete’s foot, or very dry skin often have deep cracks in the skin. Bacteria can access the body through such cracks. However, not everyone who has a skin injury or deep cracks will get cellulitis. The immune system works hard to destroy any invading harmful bacteria.

Other causes may include human or animal bites, or injuries that happen in water.

Risk factors

People who are middle-aged or older, overweight or obese, or diabetic (especially if the diabetes is poorly controlled), are at increased risk because these variables decrease the

body’s ability to fight an infection.

The following additional factors can increase risk of contracting cellulitis because they either make it easier for bacteria to get inside your body or harder for the body to fight the bacteria:

- Atopic dermatitis (eczema)
- Cellulitis (previous cases)
- Chemotherapy (undergoing)
- Corticosteroids (taking)
- Diabetes (poorly controlled)
- Kidney disease (long-term)
- Liver disease (long-term)
- Lymphedema
- Medicine taken to prevent rejecting a transplanted organ
- Poor circulation and a related condition like stasis dermatitis or a leg ulcer
- Surgery (recent)

Athlete’s foot

Athlete’s foot in particular can cause tiny cracks in the skin, which then puts the athlete at greater risk for cellulitis. In fact, research shows that besides athletes, the following people tend to have more skin injuries and thus a greater risk of getting cellulitis:

- Children
- Military personnel on active duty
- Prisoners
- Long-term care facility residents

SYMPTOMS

With cellulitis, as is the case with many bodily infections, a patient may feel ill before he or she notices signs on the skin. Some people have a fever, chills, or fatigue. These are all signs of an infection. The first sign of cellulitis is usually red and swollen skin. When the infected area is touched or pressed, it often feels warm, tender and painful. It may be difficult to tell where the redness ends and normal-looking skin begins.

While each cellulitis patient may experience symptoms differently, common symptoms include:

- Fever
- Headache
- Chills/cold sweats
- Weakness, fatigue or drowsiness

“

CELLULITIS USUALLY OCCURS AFTER SOME TYPE OF INJURY TO THE SKIN THAT CAUSES A BREAK, INCLUDING TRAUMA OR SURGERY. WHEN THE SKIN BREAKS, BACTERIA CAN ENTER.

”

- Trouble concentrating
- Nausea
- Redness of the skin
- Swelling of the skin
- Hardening of the skin
- Tenderness
- Warm skin
- Pain, sometimes intense
- Bruising
- Blisters
- Red streaks from the original site of the cellulitis
- Rapid heart rate
- Low blood pressure

Some cases of cellulitis are an emergency. Always talk with your healthcare provider immediately if you notice any of the following symptoms:

- A very large area of red, inflamed skin
- Fever
- Numbness, tingling, or other changes in a hand, arm, leg, foot or other affected area
- Skin appearing black
- If the area that is red and swollen is around the eye(s) or behind the ear(s)
- If you have diabetes or have a weakened immune system and develop cellulitis

The symptoms of cellulitis may look like other skin conditions. For example, according to the American Academy of Dermatology (AAD), cellulitis often develops in just one leg—meaning that redness and swelling in both legs will typically mean that the patient has another condition, like stasis dermatitis or contact dermatitis. Always talk with your healthcare provider for a diagnosis.

DIAGNOSIS AND TREATMENT

There currently is no official specific medical test used to diagnose cellulitis. A diagnosis of cellulitis is usually based on a medical history and physical exam.

Blood and skin samples may be taken to confirm the diagnosis and the type of bacteria that is present. A bacterial culture can identify the organism causing the condition and indicate the most effective antibiotic. (In plain-English experience, this writer's case of cellulitis was diagnosed in the emergency room of a local hospital, where an experienced nurse noted the fever and boldly-discolored red area on one leg and immediately and correctly suspected cellulitis.)

If you think you have cellulitis, get medical care immediately.

Caught early and treated, cellulitis usually clears completely without causing any long-term problems, with most people recovering fully without any complications. With cellulitis, as is the case with many other infections, the sooner it's detected, the less severe the case with less infection spread, less

symptoms—and the shorter the time required for the antibiotics to clear out the infection, meaning, a shorter recovery time.

If a wound begins to swell, turn red, feel warm, get swollen, become hard, and/or become painful, or the redness/warmth begins to spread from the wound, you should see your healthcare professional right away.

Without treatment, the infection can spread quickly. The bacteria may travel to lymph nodes and into the bloodstream. This can lead to a blood infection or permanently damage lymph vessels, which are part of your



WITH CELLULITIS, AS IS THE CASE WITH MANY INFECTIONS, A PATIENT MAY FEEL ILL BEFORE NOTICING SIGNS ON THE SKIN. SOME PEOPLE HAVE A FEVER, CHILLS, OR FATIGUE.



immune system. Other complications can also develop.

First, the doctor or other medical professional that the patient sees will consider the patient's age, overall health and severity of the condition to determine the appropriate treatment.

Based on the physical exam, the healthcare provider may treat the patient in the hospital, depending on the severity of the cellulitis. In the hospital, one may get antibiotics and fluids through an intravenous (IV) catheter.

Anyways, treatment may include:

- Antibiotics: these can be oral, intramuscular (injection), or intravenous (IV)
- Cool, wet dressings on the infection site
- Keeping the area dry and clean
- Surgery (for advanced, complex cases)
- If the arm or leg is affected, elevating the arm or leg may help
- Rest
- Time to heal (usually seven to 14 days)
- Topical antibiotics
- Pain medicine as needed

After starting treatment for cellulitis, improvement should be noticeable in 24 to 48 hours. If not, see a doctor again immediately. Severe cellulitis, particularly infections in the skin of the face, may require treatment in a hospital, where the patient may stay for about one week.

Wound care is an especially

important part of treating cellulitis. Covering the skin will help it heal. Where special wound coverings or dressings will be required, the doctor or nurse will demonstrate how to apply and change them as regularly as required.

Complications

Cellulitis complications can be very serious. These can include tissue damage and tissue death (gangrene). The infection, if left untreated, can also spread to the blood, bones, lymph system, heart, or nervous system. These infections can lead to

amputation, shock, or even death.

PREVENTION AND PROGNOSIS

As mentioned, since cellulitis occurs when bacteria that normally and harmlessly lives on the skin (or even in the mouth and nose) gains access to a deeper skin layer, the way to prevent cellulitis is simply to prevent any breaks in the skin that could give that bacteria access to those layers.

That means being vigilant about preventing and/or treating cuts, scrapes or any other form of break in the skin.

In other words, if you keep your body's fences and gates well maintained, intruders cannot get in to wreak havoc.

So, here is what you can do to help prevent cellulitis:

- Use good personal hygiene
- Wash hands often
- Apply lotion—especially antibiotic ointment—to dry, cracked skin
- Use gloves when cuts and scrapes may happen
- Wear protective footwear

If skin breaks happen, keep the area clean and use an over-the-counter antibiotic ointment. Watch for signs of infection.

If you have diabetes, visually check your feet for signs of skin breaks or infection. Also, don't cut out warts or calluses and don't cut toenails too short.

Preventing recurring cases

Once a person has had cellulitis, he or she has a higher risk of getting it again.

Even after successful treatment, some people get cellulitis repeatedly—in fact, for most such individuals, the cellulitis develops in the same place every time. However, the following can help decrease risk of getting cellulitis again:

Avoid injuring skin

Skin injuries include cuts, scrapes, burns, sunburns, frostbite, stings from bees and other insects, and abrasions. Being careful when doing any activity, including working out, gardening, or cooking can help avoid such skin injuries.

Treat injuries immediately

If the skin is injured, immediately wash the wound with soap and water, apply an antibiotic ointment, cover the wound with a bandage, and clean and change the bandage every day (or as often as your doctor recommends) until the wound heals.

Take regular low-dose antibiotics

For repeated cases of cellulitis (three-four times in one year) even after reducing risk, research shows that low-dose antibiotics can help.

In cases where cellulitis occurred in one arm and you need a blood test, have blood drawn from the other arm that had not gotten infected.

Preventing lymphedema

Lymphedema, or excessive fluid buildup that causes swelling, usually in an arm or leg, is the medical condition that most increases risk of recurring cellulitis.

While there is no cure for lymphedema, it can be treated with exercise, compression bandages, elevation, and drainage.

Treat infections promptly

Other infections like athlete's foot or impetigo can lead to cellulitis, so you want to treat it as soon as you notice signs.

Dry, itchy skin between the toes can mean athlete's foot. Sores, red and swollen skin, or blisters can be a sign of an infection.

Health management

Managing any and all existing conditions can greatly reduce risk of cellulitis, whether first-time or recurring. So work with your doctor to manage any diabetes, eczema, leg ulcers, or peripheral artery disease (PAD).

Additionally, if you are overweight or obese, research shows that losing weight reduces risk of recurring cellulitis.

Bottom line? Keep your skin healthy and intact—and you'll greatly reduce your chances of getting cellulitis. ★

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Hamaspik's NHTD/TBI department keeps the elderly safe and supported in the comfort of their homes

Bringing Care Home Part I

Mrs. Shalva Sashitzky R.N. is the dedicated director of Hamaspik's NHTD/TBI department, as well as one of the IRA nurses. She's passionate about providing services that enable the elderly to receive high-quality at-home care.

Bring It Home

At first, it was manageable.

Mrs. Waldman, the elderly matriarch of a large family, had been living alone ever since her husband passed away several years before.

She loved her home in the heart of the community, close to her children and grandchildren, just a short walk from the shul where she enjoyed davening each Shabbos and right around the corner from her favorite stores.

As the years passed, though, her children began to worry... a forgotten appointment, an empty pot left on a fire, and then — most worrying — a phone call from an acquaintance who'd found their mother, confused, on the sidewalk a few blocks from home.

"Alzheimer's," the doctor said.

One of the lesser-known but invaluable departments in Hamaspik is its devoted NHTD/TBI department.

"NHTD gives people the ability to live their golden years with peace of mind in the community," says Mr. Cheskel Fisher, director of residential services.

"Now that the 'baby boomers' generation are reaching this stage of life, and the need for these services is greatly increasing, I'm grateful to be a part of this program and support Mrs. Shalva Sashitzky, NHTD supervisor, along with her amazing team.

"Our goal is that we should be able to help our elders live in peace in their own homes surrounded by their families, *ad me'ah v'esrim shanah.*"

Mrs. Shalva Sashitzky, supervisor of Hamaspik's NHTD/TBI department, shares the guiding principles

of the department: "Our goal is to provide a better quality of life for those who need nursing-home-level care due to dementia or brain injury, ensuring they receive the care, support, and assistance they need to remain at home and be a part of their community."

"Mommy has to stay at home," was the unanimous consensus of the children — themselves all busy parents and grandparents. "Baruch Hashem, we have plenty of family living here. We'll divide the responsibilities and make it work."

And for a year or so, they really did. Every day, another daughter or daughter-in-law took care of Mommy, while the grandchildren took monthly shifts sleeping over. Shabbos was a rotation, too; a different family cooked the food and moved in each week.

Bracha, the oldest daughter, took care of the doctor's

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Bringing Care Home

NHTD/TBI empowers independence

appointments and prescriptions, and Meir, one of the sons, was on top of the financials and paperwork.

But as Mrs. Waldman's condition deteriorated, things got complicated.

The services that the department provides come under two different Medicaid waivers: NHTD (Nursing Home Transition/Diversion), and TBI (Traumatic Brain Injury). While standard Medicaid insurance is limited, Medicaid waivers allow for many more services to be covered by insurance. OPWDD is one such waiver; NHTD and TBI are others.

NHTD offers nursing-home-level care at home for eligible patients. It's only available for people with a cognitive, recessive impairment (such as Alzheimer's) that makes it unsafe for them to ever be left alone.

The core goal of the program is to "transition" nursing home residents to at-home care, or to prevent people from being placed in nursing home, by putting infrastructure in place to allow them to stay at home.

"Most elderly people with regular insurance are eligible for an aide to help with basic needs," Mrs. Sashitzky says. "But the insurance calculates how many hours they think are necessary to get help with physical activities, and they won't give further hours.

"If a patient needs full-time supervision (due to cognitive, recessive impairment, not for medical reasons), but the family wants to keep them at home — and of course, they themselves prefer to be cared for in their home environment — the NHTD/TBI program offers them an opportunity to make that happen."

Other times, regular insurance will see the necessity of full-time care — but they'll offer a live-in caregiver, which comes with strict rules: the caregiver must sleep eight hours a night, five hours uninterrupted, and with a maximum of one wakeup.

For many elderly patients, this isn't feasible — they may wake up and not go back to sleep, or wake up repeatedly and need help each time.

That's another situation in which a family might reach out to the NHTD department. With the NHTD waiver, clients can become eligible for two twelve-hour shifts (where the aide is always awake and available) rather than one live-in caretaker (who needs to be able to sleep).

First it was the nights. The grandchildren sleeping over were dedicated and caring, but they had no idea what to do when their grandmother began waking regularly at nights, wanting to go out, confused about the time of day or who they were.

It wasn't sustainable anymore, and so the Waldman children began looking into other options.

Miri, the second-oldest daughter,

offered to work on getting an aide paid for by insurance. She spent hours trying to get through to Medicaid, and more hours trying to get the right paperwork together. She called and asked and waited on hold, giving up entire days to organize the care that her mother needed.

The wheels moved slowly — too slowly. Mrs. Waldman was approved for an aide, but only for specific hours. The nights were still a problem, and it was only getting worse. Miri redoubled her efforts, but to no avail. The bureaucratic red tape involved in getting a full-time aide seemed impossible to overcome.

Eventually, it simply became too much for her. She had a family to care for, a job, she was making a chasunah in a few weeks. "I just can't do this anymore," she told her siblings.

Was the only choice putting their mother — their vibrant, energetic, loving mother — in a nursing home for the rest of her life?

"This department helps other demographics as well. The TBI waiver provides the same services as NHTD, but caters specifically to clients with brain injuries.

Under this rubric, the department partners with several younger individuals dealing with tragic situations, such as children enduring brain damage or adults who have suffered a stroke.

These patients require nursing-home-level care,

too, and with the TBI waiver they can get an at-home aide, a service coordinator, home modifications, and more.

"The city realized that there were elderly people in nursing homes who were costing the state a fortune, while they were happy to stay home if they received the same level of care," Mrs. Sashitzky explains. "So they created these waivers to help with full-time care and make the housing more accessible.

"This led to the environmental modification grant that's obtainable via these programs: \$50,000 over two years to do adaptations to the home, making it more accessible to the client.

"This could include putting in a special bathroom with handles or wheelchair-accessible shower, widening doorways, installing a ramp or stairlift inside the house... whatever it takes to enable the client to stay at home.

"That being said, it's difficult to actually get into the program, with the five- to six-month enrollment process. When a family turns to us at their wits' end, they usually can't wait several months. Sadly, the elderly parent may pass on in the interim as well."

However, when a client is accepted to the program, and is able to make use of the services, the results are life-changing for the client and their family.

Something had to be done, but what?

It was Yossi, the youngest Waldman, who found

CONTINUED ON PAGE 20 >>

"A typical day might show us resolving a Medicaid problem for one client, tracking down missing supplies for someone else, and answering questions for a family..."



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Bringing Care Home

NHTD/TBI empowers independence

<< CONTINUED FROM PAGE 19

out about the NHTD waiver, and the possibility of getting full-time care, home modifications, and other benefits through the program.

If their mother would be approved for the program, the family realized, everything would change — and she would be able to continue living at home, surrounded by her family, friends, and familiar environment.

But the enrollment process was incredibly long and complex. Could they do it?

Coordinating Services, Changing Lives

The NHTD/TBI department is made up of Mrs. Sashitzky — who supervises the department and does intake — and a team of dedicated service coordinators. Each client is assigned a service coordinator to manage their care and ensure they receive the services they need.

“Many times, the families are so consumed by the care they’re providing for their loved one, that they simply can’t take care of the paperwork,” Mrs. Sashitzky says.

“The forms are extremely tedious — there’s paperwork required for equipment, benefits, home modifications... everything. You could spend hours and hours on the phone to get help with SSI or food stamps.

“The family of the client don’t have time for this, they’re overwhelmed.

“Medicaid might not pick up the phone for four hours straight. That’s where service coordinators come in — we’ll help with every part of the process and take the load off their shoulders.”

“Call Hamaspiik,” someone advised the Waldmans, hearing that they were hoping to get their mother into the NHTD/TBI program, but had no idea how. “They have a department solely dedicated to this. They’ll help you with everything.”

Everything? That sounded too good to be true to the weary siblings who had been through so much in the past year.

But when Miri reached out to Hamaspiik, she discovered that the agency offered everything she’d been told it did — plus more.

The service coordinator she was assigned was there to take care of everything — from the paperwork to the phone calls (yes, even the six-hour waits on hold with Medicaid!). More than that, her genuine warmth and caring brought tears to Miri’s eyes.

Finally, someone understood what she and her family had been going through as they tried desperately to keep their mother safe, healthy, and happy in her own home.

Finally, someone was stepping in to help out, so that

AGING IN PLACE: THE BENEFITS

“Aging in place has been proven to be the best option for the patient’s quality of life,” says Mrs. Sashitzky.

Unfortunately, in a nursing home the elderly often deteriorate. They feel like this is it, they’re never coming out.

At home, they have their own recliner, grandchildren running in and out, they can be taken to shul and to simchahs... We work to help them stay part of the community. It’s a different life.

Aging in place offers numerous benefits. It allows for greater independence as seniors get to experience life on their own terms within the comfort of their familiar homes. This control over their personal lives leads to higher levels of happiness, fulfillment, and overall well-being.

Additionally, staying at home provides a healthier and safer living environment compared to communal settings, where germs can spread easily, posing risks to health.

Moreover, remaining in a familiar environment surrounded by warm memories brings greater comfort and emotional value to seniors, contributing to a higher quality of life.

Finally, a major advantage of aging in place is the ease of staying close to family and friends. This social connection is crucial for older adults’ well-being, providing them with a local support network they can rely on for help and companionship. The presence of loved ones and social interaction has been linked to various health benefits, such as increased longevity and greater happiness.

“The job of our department is not just to get them insurance,” Mrs. Sashitzky says. “It’s to offer a quality of life way beyond what they would get if they were placed in nursing home care.”

they would not have to place her in a nursing home.

Finally, there was hope.

Service coordination is a busy role — especially since each client needs to receive an in-person visit once a month. The NHTD/TBI team spends several days a month visiting clients and their families, and other days working on paperwork, phone calls, and emails on behalf of clients.

“There’s a lot of ‘putting out little fires’ involved in the job,” Mrs. Elisheva Gerber, service coordinator, says. “If a client’s insurance needs renewal, we need to pull the paperwork together so they continue getting services or food stamps. If someone’s already fallen off Medicaid for whatever reason, we have to put everything else on hold for a week to sort it out.”

“A typical day might show us resolving a Medicaid problem for one client, tracking down missing supplies for someone else, and answering questions for a family trying to enroll a parent in the program,” Mrs. Pessie Rosen, service coordinator, says.

“Onboarding is a major job — it can take several months — but once we get a family the hours it’s so

gratifying. Now we know that they’re going to be able to leave the nursing home — or remain at home — and still have the one-on-one care they need.”

Monthly visits, twice-yearly team meetings, and annual paperwork are some of the regular tasks of the service coordinators.

“When the city reviews the yearly paperwork, we all hold our breaths waiting to hear if the client is still approved for services,” Mrs. Rosen says. “Since policies are constantly changing, we’re so relieved when a client receives approval for another year of quality care at home.”

It wasn’t simple.

The process took many months, and during that time, the Waldman siblings made Herculean efforts to keep on going, take long overnight shifts in turns, and support each other in keeping their mother safe at home.

Her happiness in the small pleasures she had left — her rocking chair, her grandchildren, a walk down 13th Avenue — made the efforts worth it.

And the knowledge that Hamaspiik’s service coordinator was on the case, working tirelessly to get the necessary approvals and enroll their mother in the program, helped them to keep going.

More paperwork, more forms, more phone calls, months going by — and finally, finally, the approvals came through.

Mrs. Waldman was officially enrolled in the NHTD waiver program. Help, at last, was on the way.

The service coordinators help their clients with anything and everything related to their ability to manage at home for longer.

“We were onboarding a client who desperately needed somewhere to live — he’d been living in a shabby basement,” says Mrs. Suri Katz, service coordinator.

“I took him to several apartments, trying to help him find something more comfortable, and eventually we got him a beautiful apartment on Ocean Parkway with the rent subsidized.”

Mrs. Sashitzky emphasizes that Hamaspiik’s NHTD/TBI department is the *only program* in New York City with *frum* service coordinators! This makes it the ideal choice for *frum* families looking to get nursing-home-level care at home.

And the care and compassion truly come through.

“We recently received a call from a client who is generally very uncommunicative — he never wants us to visit or call,” she says. “But then, after some time receiving services from Hamaspiik, he called to personally thank his service coordinator for her help!

“Her genuine care and devotion touched him.”

TO BE CONTINUED



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Status Report

Happening In Hospitals Today

DIGITAL HEALTHCARE COMPANIES CONTINUE POACHING HOSPITAL LEADERS

Chicago, Illinois — Seems like more and more of the smart leadership in the hospital industry is holding a finger to their industry's ever-shifting winds—and shifting along with it.

That's the gist of a brief new report by *Becker's*, noting that several CEOs of leading hospital and healthcare systems across the country have all but jumped ship from their traditional roles, taking helms instead atop a number of newfangled digital health companies.

According to the FDA, "digital health includes categories such as mobile health, health IT, wearable devices, telehealth and telemedicine, and personalized medicine."

As examples, *Becker's* cites Rose Higgins, BSN, RN, a former nurse at the Pittsburgh-based UPMC who is now CEO of Dr. Evidence, a medical intelligence platform for life sciences companies. Perhaps the highest-profile example is Dr. John Noseworthy, former CEO of the Mayo Clinic and now executive chair of virtual care consortium Caire.

ACTUAL DOCTORS MAKE BETTER HOSPITAL CEOS, OPINES HOSPITAL DOCTOR

Columbia, Missouri — Someone who started off on the assembly line and worked his way up to the top is going to be a far-better carmaker CEO than a trained and experienced business pro.

At least that's the case made in a recent editorial by University of Missouri School of Medicine resident Dr. Rafid Rahman, writing for industry outlet *MedPage Today*.

"Physicians... are key in making assessments of a patient's health situation and then making the most efficient, effective plan to optimize the individual's health. This is analogous to what CEOs do for hospital systems," Dr. Rahman writes. "Yet, only a small percentage of hospitals are run by

physicians. For the health of our patients, this needs to change."

Dr. Rahman cites a 2011 study associating higher-ranked quality of hospitals with physician CEOs—but also notes that most medical schools today don't teach the business side of medicine; he argues that, to produce the ideal hospital CEO, they should.

"HOSPITAL OF THE FUTURE" OPENING IN COLORADO

Colorado Springs, Colorado — Centura, a Colorado-based 25-facility hospital group, is opening its newest center in Colorado Springs—billing it as its first "hospital of the future."

St. Francis Interquest Hospital, now completing construction, will boast "smart" patient rooms, whole-hospital telehealth, and real-time locating capabilities for equipment, patients, and caregivers.

Patients newly arriving in their hospital rooms will see the names and photos of members of their clinical team on a large screen. They'll also be given electronic tablets empowering them with control of their environments—including adjustment of room temperature, lighting and shading, as well as ability to order meals or request spiritual care or other support services.

The hospital will also deploy real-time patient tracking technology, allowing surgeons, for example, to

know where their patients are at any given moment.

MIDWEST HOSPITAL SETS NATIONAL RECORD FOR HEART TRANSPLANTS IN CHILDREN

St. Louis, Missouri — While pediatric heart transplant was first attempted in 1967, modern history's first successful heart transplant for a child was successfully completed by Texas Children's Hospital in 1984.

A 2007 report in *The Journal of Thoracic and Cardiovascular Surgery* states that "Since 1982, more than 6000 pediatric heart transplants have been performed, with consistent improvement in survival."

Those figures have only since improved. According to a 2022 report in health-news outlet *Medscape*, "In 2021, 488 of the 3817 heart transplants performed in the United States (13%) were in patients up to 17 years of age."

Most recently, the Missouri-based St. Louis Children's and Washington University Heart Center recently completed its 600th pediatric heart transplant, making it the first pediatric transplant center to achieve that record in the United States.

IN RECORD-BREAKING DEAL, KAISER PERMANENTE ACQUIRES GEISINGER

Oakland, California — One might call it "West Coast meets East Coast"—

but here, in a hospital-industry context.

Oakland, Calif.-based hospital chain Kaiser Permanente has now purchased the East Coast's Geisinger Health System, arguably the Kaiser of Pennsylvania—forming a new system that will have over \$100 billion in annual revenue.

Founded in 1945, Kaiser boasts 39 hospitals and over 700 medical offices across eight states. Kaiser also employs some 300,000 workers, including over 87,000 doctors and nurses.

For its part, Geisinger, founded in 1915, today presides over 11 hospitals and clinics across 45 Pennsylvania counties, providing medical care to some three million patients a year.

But the major deal may test whether state and federal antitrust authorities accept the notion that that it won't hurt



BUY-BUY, GEISINGER: CALIF.-BASED KAISER BUYS PENN.-BASED MAJOR HOSPITAL SYSTEM

consumers or thwart competition.

FIVE MANHATTAN HOSPITALS MAKE HEALTHGRADES' TOP U.S. CORONARY LIST

Denver, Colorado — Healthcare ranking company Healthgrades recently announced the recipients of its 2023 Specialty Excellence Awards for Coronary Intervention. That ranking goes to hospitals across the U.S. that, according to Healthgrades, "deliver superior patient outcomes in coronary intervention procedures, including angioplasty with a stent."

On the list of 170 top U.S. hospitals for coronary intervention, separated by state, are 22 hospitals in New York. Of those, five are leading Manhattan medical powerhouses: Lenox Hill, Mount Sinai, Mount Sinai Beth Israel, NYU Langone Health's Tisch Hospital, and the NewYork-Presbyterian/Weill Cornell Medical Center.

New York neighbors Connecticut and New Jersey also made the list, with Hartford Hospital being the Constitution State's sole winner and New Jersey's Hackensack University Medical Center being one of that state's seven. ★



THE FUTURE IS NOW: THE COLO.-BASED CENTURA HOSPITAL GROUP IS NOW OPENING THIS HIGH-TECH BRAND-NEW HOSPITAL IN COLORADO SPRINGS, FEATURING "SMART" EVERYTHING



The Senior Care Gazette

News from
the World of
Hamaspik
HomeCare and
Senior Health

First-of-its-kind Drug Approved to Slow Progression of Early Alzheimer's

Nod From FDA in Wake of Benefits Seen in Trial; Cost, Patient Monitoring May Put Drug out of Reach for Many

“There are different pros and cons regarding this drug, but [it’s] also very hopeful,” says Adina Bodlander, R.N.

The Hamaspik HomeCare Field Nurse is commenting on Leqembi, a drug developed in Japan that in recent months won FDA approval for usage in people with early-stage Alzheimer’s.

That debilitating disease, which not-uncommonly strikes seniors, is defined by progressive loss of short-term memory, cognition, and ability to perform daily tasks. Patients ultimately lose the ability to function or control their bodies; the condition currently has no cure.

Alzheimer’s is widely believed to be caused by buildup in the brain of *plaques* and *tangles*— respectively,

clumps and bunches of proteins called *beta amyloid* and *tau*. Plaques and tangles of these two protein types are believed to interfere with the communication and function of the brain’s neurons (nerve cells), progressively robbing the brain of its ability to function.

In a Phase III clinical trial involving nearly 1,800 volunteer seniors, Eisai—the drug’s maker—administered the experimental medication to half of its participants, with the other half receiving a placebo, or dummy medication. Deploying the double-blind method, neither recipient nor administrator knew which patient was receiving drug or placebo.

According to the FDA, Leqembi

appeared to slow declines in memory and thinking by about 27 percent after 18 months of treatment, reported National Public Radio (NPR). “It’s not something that’s going to stop the disease or reverse it,” Dr. Sanjeev Vaishnavi, director of clinical research at the Penn Memory Center, told NPR. “But it may slow down progression of the disease and may give people more meaningful time with their families.”

Leqembi is said to work by reducing the level of beta amyloid plaques in patients’ brains, thus slowing the progression of the disease and its symptoms.

However, the drug has several drawbacks.

For starters, some experts say

its decline-slowing rate is closer to nine, not 27, percent. It officially costs over \$26,000 a year for two IV infusions a month. Patients must also be monitored via regular MRI scans and other tests for any drug side effects, some of which can be life-threatening—including brain swelling or bleeding. Said testing, travel to test sites, and other related care costs boost the drug’s cost closer to \$90,000 a year.

In the meantime, the federal Medicare senior health insurance program is covering the drug—so long as prospective patients meet certain criteria.

Will Leqembi become the next big thing in Alzheimer’s care? Time will tell. ★

More Seniors Now Using Online ‘Patient Portals’ to Access Healthcare Information

Older Adults’ Usage of Personal Profile Pages up 29% in Five Years; Nearly Four of Five Use Them Today

Ann Arbor, Michigan — Seems that seniors are getting more computer-savvy—at least when it comes to their health.

The National Poll on Healthy Aging, conducted regularly by the University of Michigan’s Institute for Healthcare Policy & Innovation, now finds that about 78 percent of people aged 50 to 80 now use at least one patient portal.

Five years ago, just 51 percent in that age range used patient portals, Institute researchers said.

The poll also found that 55 percent of those who used patient portals had done so in the past month. What’s more, about 49 percent had accounts on more than one portal.

The rapid growth is partially due to the increase in use of telehealth visits, according to the Institute.

However, the survey also found that seniors who are minorities, as well as those with fair-to-poor physical or mental health were significantly less confident about their ability to log in and navigate a portal.

At the same time, the poll showed that many older adults still prefer phone calls for scheduling appointments or asking a medical question, though they do prefer the portal to the phone for getting test results and requesting refills of their prescriptions.

Additional poll findings included growth in usage of portals to help manage not one’s own care but that of a loved one, with the usage number now hovering around 49 percent.

About 40 percent of all portal users have given access to a spouse or partner, with nearly half of men doing

so compared with about one-third of women.

The poll was administered online and by phone to over 2,500 U.S. adults

aged 50 to 80. It is based at the U-M Institute for Healthcare Policy and Innovation and supported by AARP and Michigan Medicine. ★

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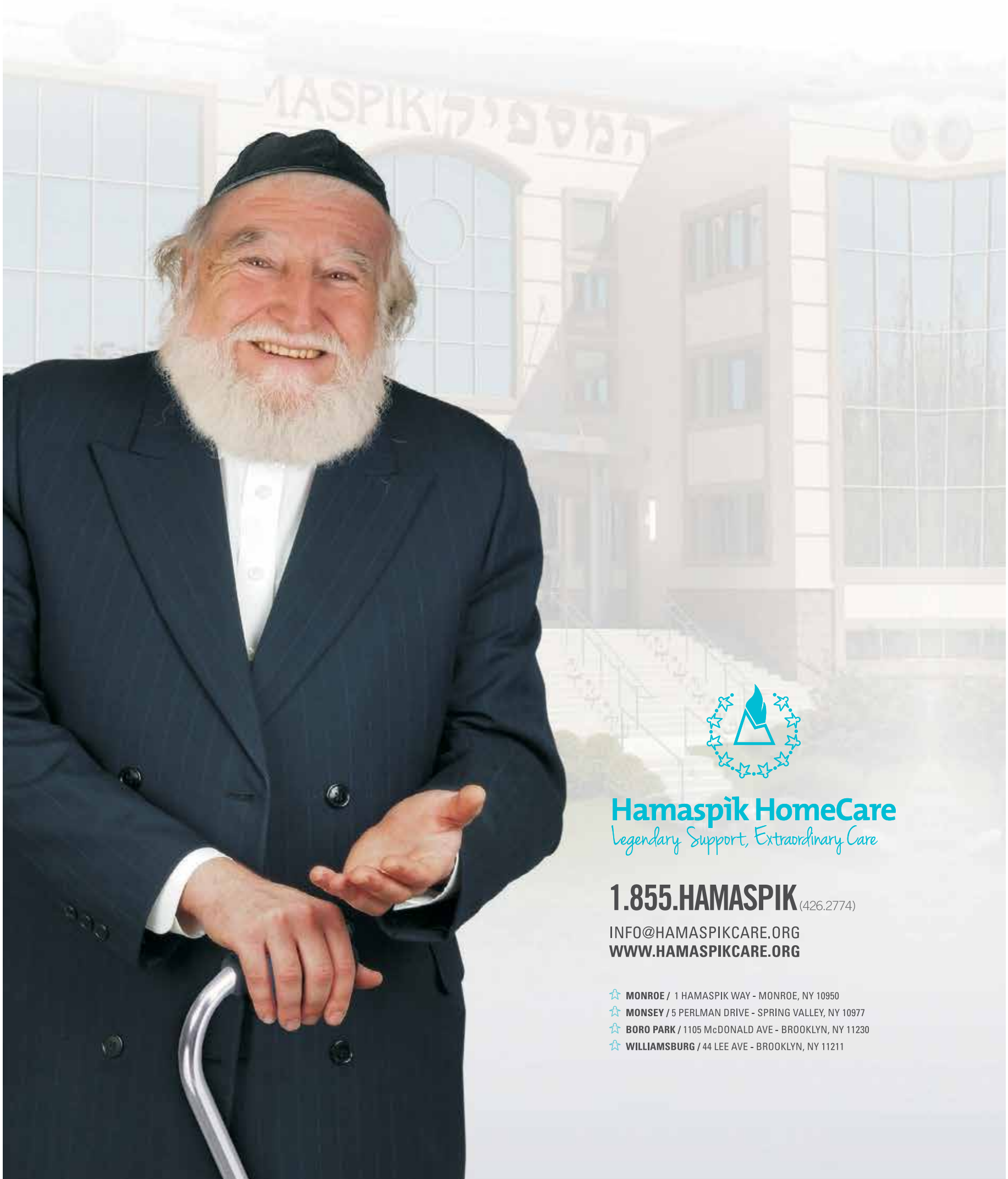
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