



# The Hamaspik Gazette

News of Hamaspik Agencies and General Health

MAY-JUNE 2017 • ISSUE NO.149



## GAZETTE SURVEY

The GAZETTE asks YOU:

**WHEN DID YOU LAST SEE YOUR DENTIST?**

A: 1-6 MOS. AGO; B: 7-12 MOS. AGO; C: MORE

Respond to: [survey@hamaspik.org](mailto:survey@hamaspik.org)



## HEALTH STAT

### SMOKING GOING UP IN SMOKE

Cigarettes smokers in U.S. adult population 15%	Cigarettes smokers in U.S. youth population 11%	Number of quitters since 2009 10 million
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Source: U.S. Centers for Disease Control (CDC)



## HEALTH QUOTE

**“THE BODY MOST LIKELY HAD PRODUCED WATER WHEN SALT INTAKE WAS HIGH.”**

—Dr. Jens Titze on his new studies defying the “salt-causes-thirst” rule, finding instead that body fat seems to break down to water when subjects had more salt, NY Times, May 8



## HEALTH TIP

### CHANGING TIMES

Traveling across time zones? Start sleeping and rising by your destination’s clock three days before your trip—you’ll be more acclimated upon arrival.

## INSIDE

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## PUBLIC POLICY NEWS

# SOCIAL SECURITY, REDEFINED.

POLISH HOLOCAUST SURVIVOR MR. YISRAEL KRISTAL, VISITED HERE BY RABBI NECHEMIA PINKUSEWICZ, IS BLESSEDLY HEALTHY AND SURROUNDED BY DOZENS OF LIVING DESCENDANTS AT 113—AND IS CURRENTLY THE WORLD’S OFFICIALLY OLDEST LIVING PERSON. WITH SEVERAL STUDIES IN RECENT MONTHS LINKING MORE “SOCIAL CAPITAL,” OR CLOSE FAMILY, FRIENDS AND COMMUNITY MEMBERS, WITH MORE SENIOR HEALTH AND HAPPINESS, REDUCING LONELINESS IN SENIORS IS NOW A MAJOR PUBLIC HEALTH TREND. A GROWING BODY OF EVIDENCE SAYS SOCIAL CAPITAL IS CRITICAL FOR SENIORS’ PHYSICAL, EMOTIONAL, MENTAL HEALTH, WITH ONE HEALTH EXEC EVEN HOPING FOR A NATIONAL MOVEMENT THAT SEES LONELINESS IN SENIORS AS A TREATABLE MEDICAL CONDITION.



## PUBLIC POLICY NEWS

# With April 10 State Budget Signing, Direct Support Pay Increase Finalized for 2018

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## HAMASPIK NEWS

# People First, Again: New York State’s OPWDD, Disability Community, at Dawn of “Conflict Free” Advocacy Era

Statewide transition to “Conflict Free Care Management” currently set for January 2018; with its Tri-County Care’s strategic partnerships with industry non-profits, NYSHA leads again; major executive conference held May 1

New York State is poised to charge ahead with positive change again.

As the birthplace of today’s mainstreamed residential housing for people with intellectual disability, the Empire State has long been synonymous with national leadership and progress—especially in the arena of special needs.

But this time around, New York’s front line of action is a positive key change to how the system provides services and supports to people with disabilities.

And to proactively preempt any rough patches resulting from monumental change, Tri-County Care—a new non-profit sponsored by support services leader NYSHA—has emerged to help further smooth the transition for providers, parents and individuals with disabilities alike.

### Driving the change

The state/federal Medicaid healthcare pro-

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## Services Provided by NYSHA AGENCIES

### OPWDD

#### COMMUNITY HABILITATION

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

#### HOME BASED RESPITE

Providing: Relief for parents of special needs individuals

#### AFTER SCHOOL RESPITE

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

#### DAY HAB PROGRAM

Providing: A day program for adults with special needs

#### SUPPLEMENTAL DAY HAB PROGRAM

Providing: an extended day program for adults with special needs

#### CAMP NESHOMAH

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

#### INDIVIDUAL RESIDENTIAL ALTERNATIVE (IRA)

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

#### INDIVIDUAL SUPPORT SERVICES

Providing: Apartments and supports for individuals who can live independently

#### ENVIRONMENTAL MODIFICATION

Providing: Home modifications for special needs individuals

#### SUPPORTED EMPLOYMENT

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

#### ENHANCED SUPPORTED EMPLOYMENT

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

#### MEDICAID SERVICE COORDINATION

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

#### HOME FAMILY CARE

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

#### INTERMEDIATE CARE FACILITY

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

#### IBS

Providing: Intensive Behavior Services

#### PLAN OF CARE SUPPORT SERVICES

Providing: Support for families of individuals with special needs

#### FAMILY SUPPORT SERVICES

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

#### PARENTAL RETREATS

Providing: Getaways and retreats for parents of special needs individuals

#### SELF DIRECTION

**Fiscal Intermediary (FI)** — providing: accounting and billing for vendors that support individuals who self-direct their own supports

**Broker** — providing: one-on-one, independent brokering of all necessary services and supports to individuals who self-direct their own supports

### DOH

#### CARE AT HOME

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

#### EARLY INTERVENTION

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

#### NURSING HOME TRANSITION AND DIVERSION WAIVER PROGRAM (NHTD)

Providing: Service Coordination · Assistive

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

#### TRAUMATIC BRAIN INJURY

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

#### CHILD & ADULT CARE FOOD PROGRAM

Providing: Breakfast · Lunch · Supper · Snack

#### HEALTH HOME SERVING CHILDREN (HHSC)

Providing: Intensive, comprehensive care management and family/community support services for children with chronic condition(s) and/or mental health issues at greater risk for relapse and/or lack of care

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

Providing: Daily onsite lunches and social/educational activities for community seniors (Orange County only)

#### APPLIED BEHAVIOR ANALYSIS (ABA)

Providing: behavior modification for children with autism covered by private insurance

### LHCSA - HAMASPIKCARE

#### PERSONAL CARE & SUPPORT SERVICES

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

#### COUNSELING SERVICES

Providing: Dietician/Nutrition counselors · Social Workers

#### REHABILITATION SERVICES

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

#### PACE-CDPAS

Providing: Personal care aides for people in need

#### SOCIAL AND ENVIRONMENTAL SUPPORTS

Providing: Minor maintenance for qualified

#### SOCIAL MODEL

Providing: A social day program for senior patients

#### NURSING SERVICES

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

### HAMASPIK CHOICE

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

### HCR

#### ACCESS TO HOME

Providing: Home modifications for people with physical disabilities

#### RESTORE

Providing: Emergency house repairs for senior citizens

#### HOME REHABILITATION PROGRAM

Providing: Remodeling dilapidated homes for low income home owners

### NYSED

#### VOCATIONAL REHABILITATION SERVICES

Providing: Employment planning · Job development · Job placement

#### JOB COACHING

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

### NYSHA

#### ARTICLE 16 CLINIC

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

#### TRAINING

Providing: SCIP · CPR & first aid · Orientation · MSC CORE · AMAP · Annual Updates · Com-Hab/Respite · Family Care training · Supportive Employment

#### CENTRAL INTAKE

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

#### HAMASPIK GAZETTE

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

### OMH

#### HEALTH AND RECOVERY PLAN (HARP)

Providing: long-term social, emotional, employment, peer-support and other mental-illness recovery supports

### ► PUBLIC POLICY NEWS

## Study: Nurse practitioners (NPs), physician assistants (PAs) provide equal care to MDs

Does the caregiver actually need to have an “M.D.” after her name to be just as good as an officially credentialed doctor?

No, a new study all but says.

George Washington University researchers recently reviewed five years of data on community health centers, a rapidly growing venue for primary care nationwide.

The study found that that in seven of nine quality-of-care measures, primary medical care

provided by NPs or PAs employed at said community health centers was equal to that provided by standard physicians, or MDs. Researchers found no statistically significant difference in those between NP or PA care compared to MD care.

The study, published recently in *Medical Care*, also found that patients seen by NPs were actually likelier to be counseled on quitting smoking, and get more health education and counseling, than those seen by MDs. ★

### ► HEALTH NEWS

## High-tech X-rays Reveal Shape of Protein Behind Alzheimer's

### EXISTING DRUG(S) THAT SLOWS SIMILAR BRAIN DISORDER MIGHT HELP

Researchers have now discovered that the proteins in the brain that eventually cause Alzheimer's have a different shape than previously believed.

Using a giant high-tech X-ray machine the size of a warehouse, known as a *synchrotron accelerator*, researchers at Lund University in Sweden looked at the brains of mice developing the disease.

Detailed microscopic images of the proteins showed that they were of similar shape to the proteins that cause a rare and terminal condition called *TTR amyloidosis*.

In TTR amyloidosis, misshapen proteins gradually destroy the brain, the heart, the nerves, or other organs. The condition is also associated with carpal tunnel syndrome.

But while TTR amyloidosis has no cure (like Alzheimer's), its progression can be slowed by existing drugs like Vndaqel, and by drugs currently in development like Ionis TTRRx, patisiran, and others.

And because of the newly-discovered protein similarity, the Swedish scientists now believe that at least one TTR amy-

loidosis drug may hold promise as a new Alzheimer's drug.

In the meantime, a handful of existing drugs are approved to slow Alzheimer's progress or improve symptoms.

But if findings from studies on alternative treatments for TTR amyloidosis are any indication, then curcumin (found in the spice turmeric), resveratrol (a component of red wine), EGCG (a component of green tea) or even doxycycline (normally an antibiotic) may one day prove beneficial in treating Alzheimer's, too. Studies have found anecdotal evidence of those substances' possible benefits in reducing symptoms of, or even preventing, TTR amyloidosis.

In Alzheimer's, a buildup of malformed proteins in the brain causes the buildup of so-called plaques and tangles in the brain—leading to the progressive breakdown of brain cells that results in Alzheimer's and accompanying dementia and loss of body function.

As many as five million Americans are living today with Alzheimer's, the most common form of dementia, and that number could more than triple by 2025. ★

**BIG MACHINE, BIG NEWS** A diagram of the room-sized synchrotron accelerator



► PUBLIC POLICY NEWS

## People First, Again: New York State's OPWDD, Disability Community, at Dawn of "Conflict Free" Advocacy Era

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gram has long provided not just full medical coverage for the poor but a wealth of long-term services and supports for people with disabilities, too.

Among these is Medicaid Service Coordination (MSC).

Medicaid Service Coordination is best described as the heart of any non-profit providing disability supports, with MSC a red thread running through every provided service.

An assigned MSC is the very first service granted upon approval for disability supports by the New York State Office for People With Developmental Disabilities (OPWDD).

The MSC doesn't just coordinate the individual's duly eligible benefits—like Day Habilitation, Community Habilitation, After-school Respite, and even Supported Employment (SEMP) and housing.

The MSC will also frequently advocate on numerous fronts for the client, helping ensure that he or she lives the most mainstreamed and otherwise best possible life.

But now, New York's existing MSC system is slated for what may be its most significant improvement in decades, and a projected date—Jan. 1, 2018—on which that upgrade is set to be

robustly up and running.

### Conflict Free Care Management

What's the change about?

For a number of years, Medicaid Service Coordination was provided by the same non-profit that provided a range of other services. The MSCs working for said agencies would be assigned to new clients, and would help them get all necessary services provided by their own agencies.

Most recently, though, the OPWDD has been laying plans to streamline care coordination provided by MSCs employed by its non-profit partners statewide. Specifically, the OPWDD will be shifting care coordination to an independent and neutral model free of any inherent bias toward any particular party—except the individual and his or her best interests.

This change has been dubbed Conflict Free Care Management (CFCM).

As the title implies, CFCM will free beneficiaries from any burden of obligation, perceived or real, to any particular agency, and eliminate the phenomenon of MSCs referring beneficiaries to other programs within their own agencies.

With now-fully-independent MSCs working for independent Conflict Free agencies, beneficiaries will be free to choose the agency or agencies whose supports and services are best for

them—giving them more individual-centered services and supports as a result.

New York State is currently planning for the change to be in effect statewide by the start of the 2018 calendar year, with the goal of leaving no Medicaid Service Coordination and any other OPWDD program under one roof.

The result? Service coordination as it is currently known will be provided exclusively by "conflict-free" independent agencies.

### Getting it done

More recently, the OPWDD convened a task force to prepare a report for Acting Commissioner Kerry A. Delaney on how to best make New York State MSC "Conflict Free."

That task force drew from the ranks of the industry's foremost leaders and experts, also recruiting veterans from the New York State disability non-profit scene including Hamaspiik leader Meyer Wertheimer. Only a limited number of agencies throughout the entire state will qualify as conflict-free case management providers—and will function, obviously, as case management providers only.

Within New York's disability non-profit field, perhaps the most common reaction to the coming changes is: What will happen to existing MSCs? Might there be a way to retain their experience, dedication, care and service, conflict-free?

As far as the OPWDD is concerned, the answer is an enthusiastic yes.

The agency is adopting an approach developed and embraced by the non-profit industry itself: Simply "transplanting" all MSCs—and

their caseloads—into the new CFCM providers.

The planned move will profoundly simplify the transition—allowing the grassroots and those most familiar with them, to stay connected.

The OPWDD will next be opening an application period during which non-profits can apply to become the state's new Care Coordination Organizations (CCOs)—independent MSC providers.

That period will be followed by the selection of a handful of applicants, in turn followed by a mandate that all non-profits transfer their MSCs to their choice of CCO. And with the OPWDD working towards "Conflict Free" being up and running at the start of next year, non-profits not voluntarily transferring MSCs to a CCO of their choice will have one chosen for them.

### Tri-County Care

With an eye towards preserving and furthering the special touch of the Hamaspiik MSC, NYSHA (the New York State Hamaspiik Association) has stepped forward with Tri-County Care—a new non-profit entity to function as an exclusive haven for Medicaid Service Coordination.

Existing MSC teams at all Tri-County-partnered MSC providers—and, most critically, their caseloads—will be transferred to Tri-County.

In the relatively short time since Tri-County Care was conceived, the new entity has become a planned safety net for the MSCs of its partner non-profits that service the community—along with their collective thousands of supported individuals with special needs. With the advent of Tri-County, that collective community is well on

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► PUBLIC POLICY NEWS

## With April 10 State Budget Signing, Direct Support Pay Increase Finalized for 2018

### GOV. MAKES GOOD ON PLEDGE TO STATE'S 120,000-STRONG DISABILITY SUPPORT COMMUNITY

On Monday, April 10, as Hamaspiik joined its constituent communities in gearing up for the Festival of Redemption, New York State's disability support community passed over a longstanding hurdle as Gov. Andrew M. Cuomo signed the 2017-2018 state budget into law.

Among its several positive changes ushered in on Passover eve, the budget also finalizes a 6.5-percent pay increase for New York State's 120,000-plus Direct Support Professionals (DSPs).

That increase will unfold in two stages, with a 3.25-percent DSP salary increase taking effect Jan. 1, 2018, followed by the remaining 3.25-percent raise beginning April 1, 2018.

However, the increase doesn't just benefit DSPs in the employ of New York State OPWDD-affiliated non-profits like Hamaspiik—it covers direct support staff working for programs under the state's OMH and OASAS agencies, too.

"These increases will help state-funded non-profits that specialize in the care of vulnerable New Yorkers not only recruit and retain employees, but continue to provide the same level of excellent care that have made them the backbone of New York's developmentally disabled and behavioral health system," read a statement from the Governor's office.

The official 2017-18 State of New York Budget totals over \$162 billion.

Some 35 percent of that—the budget's single largest expense, over \$57 billion—goes to the New

York State Dept. of Health (DOH), which runs the Medicaid healthcare program for the poor.

The runner-up at just over \$35 billion, education consumes 21 percent of the budget.

And in a display of just how sprawling the budget is, the New York State Office of Mental Health (OMH) and the Office for People With Developmental Disabilities (OPWDD)—both with billion-dollar budgets—together comprise a paltry four percent.

The 2017-18 budget allocates just over \$7 billion for both, with OMH collecting nearly half of that funding and 41 percent (\$2.93 billion) going to the OPWDD, which has long counted Hamaspiik among its network of nearly 800 non-profit service providers.

The goal of the increases is "to help alleviate the recruitment and retention challenges of direct care staff, direct support professionals and clinical staff employed in eligible programs," read the Governor's statement.

The budget's increased "investment" in public-sector jobs, like the DSP salary increase at the

OPWDD and OMH, reflect Gov. Cuomo's all-sector push for New Yorkers to earn more—and keep more of what they earn.

In the 2012 budget, for example, the Cuomo administration cut New York State's middle-class (\$40,000-\$150,000) income tax from 6.85 percent to 6.45 percent—with a drop to 6.33 percent, towards the final goal of 5.5 percent by 2025, included in the current budget for Year 2018.

The new budget also furthers the two-percent cap on homeowner property taxes that counties may levy, providing further relief for a burdensome expense already among the nation's highest. It likewise significantly increases the New York State Child and Dependent Care Tax Credit.

"With this Budget, New York is once again leading the nation and showing what responsible government can achieve," said Gov. Cuomo in a statement at the budget's signing—"investing in the middle class, strengthening the economy and creating opportunity for all."

Which now includes thousands of hard-working DSPs. ★

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► PUBLIC POLICY NEWS

# People First, Again: New York State's OPWDD, Disability Community, at Dawn of "Conflict Free" Advocacy Era

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its way to a conflict-free better future.

Tri-County Care will be building on NYSHA's record and reputation in the arena of special needs across New York, helping fellow non-profits traverse every step of the transition process free of worry or hindrance.

The new CCO will be establishing precise policies and procedures, including having all existing MSCs keeping their client bodies throughout the change process.

The MSCs will not only continue working with their caseloads, but will be free to continue working out of their own existing offices. Tri-County Care will even take the extraordinary measure of actually renting said MSCs' offices from them.

Services and supports for individuals with disabilities will stay the same, with individuals not even noticing that anything has even changed. The transition to CCO will essentially be one of paperwork only, then—keeping the change as pain-free as possible, with even payroll remaining unchanged.

Tri-County Care has also brought some serious industry firepower on board.

Jackie Spring, the retired deputy director of the OPWDD's Hudson Valley regional offices, where she led for decades, now serves as Tri-County's Outreach Specialist across the greater Hudson Valley region. Mrs. Spring's counterpart, retired OPWDD downstate official Patricia Shuckle, is now reaching out on Tri-County's behalf to non-profits across the Big Apple.

From Long Island to Orange County, the two are working to help non-profit agencies throughout the greater New York City and Hudson Valley regions join forces with Tri-County Care.

Non-profits partnering earlier with Tri-County Care will also be part of its Advisory Committee—a body that will annually elect seven candidates to serve as Tri-County's Executive Committee. In turn, that "jury" will help Tri-County make key decisions as issues arise.

Tri-County will also employ an in-house watchdog Office to ensure that individuals wishing to change providers can do so without MSCs influencing their decisions in any way—ensuring that "Conflict Free" is really conflict-free and that the individual's best interests are being pursued.

## A long-term outlook

Tri-County Care is also gearing up for the long run—a future in which the OPWDD makes another watershed change in its services delivery structure: a shift to managed care.

In managed care, now being successfully deployed in various sectors of the Medicaid population, individuals are cared for under the per-person per-month (PMPM) formula, in which all care costs are limited to one monthly stipend—in contrast to traditional fee-for-service payments.

Among the state's more successful managed-care demonstration projects is Hamaspi

Choice, a managed long-term care (MLTC) plan providing care to New York Medicaid members who need 120 or more consecutive days of a nursing home-level of care at home.

With Hamaspi Choice able to lend its experience in managed care to fellow NYSHA members, now including Tri-County, the new CCO stands poised as a strong candidate to assist the OPWDD in transitioning its entire non-profit affiliate body to managed care.



SETTING THE NEXT STAGE Tri-County's first Provider Roundtable venue awaits its VIP guests

## One heart, one roof: the first Provider Roundtable

With the change marked by numerous details, Tri-County Care hosted an industry Provider Roundtable event on May 1 to clearly lay everything out—followed by an informative, authoritative question-and-answer session. The region's top disability field leaders were invited, with most attending.

The event was held at the Hamaspi Terrace hall in the heart of Monsey's business district.

Participants were first warmly greeted by Hamaspi staff, then seated around formally-bedecked tables topped with name placards for each VIP.

Hamaspi's Meyer Wertheimer opened the conference by first welcoming the assembled, acknowledging their shared mission of seeing how to best help the people they serve.

Mr. Wertheimer then turned the floor over to Mr. Bruce Feig, a prominent special-needs veteran with a half-century of public- and private-sector industry experience on his resume. Feig is also a member of the Conflict Free transition task force.

In his authoritative remarks, Mr. Feig presented a thorough overview of the looming change—and for 45 minutes, the professional consultant kept his audience's rapt attention.

According to Feig, final change requirements are still being cemented by Albany, with updates being released regularly. But once those changes are finalized, he said, agencies will be subjected

to relatively immediate compliance deadlines—and accompanying pressure.

One point heavily emphasized by the expert is that, based on the OPWDD's current printed guidance, the managed-care model will be eventually be figuring heavily in the final iteration of the new CCOs.

As such, Feig stated, Tri-County Care is positioned to meet the new needs, affiliated as it is via NYSHA with the Hamaspi Choice managed

live person to turn to for help.

Conversely, he said, that fact constitutes a profound relief for non-profits choosing to strategically partner with Tri-County Care—assuring them as it does that their precious MSCs will not be coldly set adrift after years of devoted service.

Industry veteran Jackie Spring, Tri-County's upstate point person, next took the podium. First welcoming her crowd, Mrs. Spring presided over a comprehensive Q&A.

Fielding a collective two centuries of special-needs experience, the questions conveyed the industry's most informed and practical concerns about Conflict Free Care Management. Mrs. Spring, like Mr. Feig also an industry authority, delivered reassuring responses.

Mrs. Spring concluded with an overview of the next steps, and invited participants to keep a running e-mail dialogue or otherwise stay in constant contact so as to stay on top of the latest.

Bruce Feig added that the FCFCM task force would be next meeting with OPWDD Acting Commissioner Delaney on May 3—at the time, a mere two days after the roundtable—to present her a list of non-profit agencies already strategically signed up with Tri-County Care.

As the Provider Roundtable drew to a close, a robust optimism could be felt in the air—a sense that, with the advent of Tri-County Care, non-profit special-needs advocacy in New York was facing a secure and bright future. ★

For more information on Tri-County Care, strategic partnership opportunities, or to contact Patricia Shuckle or Jackie Spring, please call 877-977-1531 or e-mail [info@tricountycare.org](mailto:info@tricountycare.org).

► PUBLIC POLICY NEWS

## FDA Approves First New ALS Drug in 22 years

### RADICAVA SHOULD BE AVAILABLE IN THE U.S. IN AUGUST

On May 5, the Food and Drug Administration (FDA) approved a new drug called Radicava—its first approval in over two decades of a drug to treat amyotrophic lateral sclerosis (ALS).

The only other drug approved by the FDA for use specifically for the treatment of ALS is riluzole, which got the federal green light in 1995.

Tests conducted in Japan found that ALS patients given Radicava experienced a smaller decline in levels of daily functioning compared to those given placebos. According to drugmaker MT Pharma, the drug slows the decline of physical function by 33 percent.

Amyotrophic lateral sclerosis (ALS), commonly referred to as Lou Gehrig's disease, is a progressive, neurodegenerative condition in which nerve cells controlling muscles gradually lose their ability to initiate and control movement. The terminal illness currently has no cure.

Radicava is an intravenous infusion that must be prescribed by a doctor and is administered in 28-day cycles.

Manufacturer MT Pharma says it will offer co-pay assistance for insured patients and that it has developed a program to help uninsured patients who meet certain requirements.

The company estimates that Radicava will be available in the U.S. this August. ★

► PUBLIC POLICY NEWS

# Savings from Gov.'s Medicaid Redesign Enter 3rd Year of Reinvesting in More Savings

*DSRIP Program's April 2014 Goal: Cut Avoidable Hospital Use by 25 Percent Over Five Years*

For New York, arguably the birthplace of Social Security and Medicaid, April 1, 2017 marked another milestone in the state's national leadership in social justice: Year 3 for DSRIP.

Gov. Andrew Cuomo's 2011 Medicaid Redesign Team (MRT) produced \$17 billion in savings. An agreement finalized with the federal government in April 2014

allowed New York State to use \$8 of that \$17 billion on a new program to cut even more state Medicaid costs.

That new program is the Delivery System Reform Incentive Payment, or DSRIP.

Launched in April 2014, the DSRIP program is working towards getting New York hospitals to cut avoidable hospital use by Medicaid patients by 25 percent by April

of 2019.

Under the leadership of New York State Medicaid Director Jason Helgeson, DSRIP recruited 25 Performing Provider Systems (PPS)—new groups of hospitals, facilities and professionals.

Each new participating PPS had to demonstrate innovative and effective ways of reducing usage of hospitals by members

of Medicaid, the state/federal healthcare plan for the poor.

New York's Medicaid program remains the state's costliest single expense, a taxpayer burden that Gov. Cuomo sought to reduce with his MRT initiative without hurting quality or accessibility of care for the state's most vulnerable.

"There has been great work done so far by all 25 Performing Provider Systems, but there is still more to do in order to achieve DSRIP goals," wrote Mr. Helgeson in a public letter this April 4. "The year ahead is an extremely important one for PPS, as DSRIP is now shifting from pay for reporting to performance accountability," a reference to a key DSRIP cost-saving measure.

"We are optimistic that we will successfully transform the state's health care system, bend the Medicaid cost curve," Helgeson concluded, "and ensure access to quality care for all Medicaid members."

So far, so good. ★

► PUBLIC POLICY NEWS

# School-lunch Nutrition Rules Partially Rolled Back

Businessman Sonny Perdue, sworn into his Cabinet Secretary position at April's end, lost no time bringing change to the U.S. Dept. of Agriculture (USDA).

On May 1, Perdue announced that his federal department would be relaxing guidelines and providing greater flexibility in nutrition requirements for schools' meal programs.

Those requirements were largely put in place by a healthy eating initiative under the previous administration, which laid down stricter nutritional standards for federally-funded school lunches.

"This announcement is the result of years of feedback from students, schools and food service experts about the challenges they are facing in meeting the final regulations for school meals," Perdue said during a visit to Catoctin Elementary School in Leesburg, Va.

"If kids aren't eating the food, and it's ending up in the trash, they aren't getting

any nutrition—thus undermining the intent of the program," said Perdue, who was accompanied by Patricia Montague of the School Nutrition Association.

Under the rollback of federal nutrition standards, schools now won't have to cut salt in meals, states will be able to allow some schools to serve fewer whole grains, and schools will be allowed to serve 1% milk rather than only nonfat milk.

The now-relaxed standards on school lunch nutrition took effect in 2010 when the Healthy, Hunger-Free Kids Act became law. According to the USDA, that 97 percent of U.S. schools have been compliant ever since.

The new changes invoked immediate support and criticism.

Advocates for change have said it's been difficult to meet the 2010 rules.

"We have been wanting flexibility so that schools can serve meals that are both nutritious and palatable," Montague said

during Monday's announcement. "We don't want kids wasting their meals by throwing them away."

But the change will "roll back much of the progress we have made in the fight against rates of childhood obesity and mal-

nutrition," countered Rep. Rosa DeLauro (D-Conn.) in a statement. "This interim final rule by the USDA is a slippery slope that will completely undermine school breakfast and lunch programs."

The USDA's Food and Nutrition Service (FNS) administers 15 national food-related programs, including the National School Lunch Program, the Supplemental Nutrition Assistance Program (SNAP), and Special Supplemental Nutrition Program for Women, Infants and Children (WIC). ★

► HAMASPIK NEWS

## HAMASPIK KINGS MAIN BUILDING EXPANSION (RAPIDLY) CONTINUES APACE

Shortly before *Gazette* #149 went to print, the morning of May 10, Hamaspiik of Kings County Director of Development Naftali "Tuli" Tessler e-mailed us two impromptu photographs.

As reported on the front cover of *Gazette* #145 and in subsequent issues, Hamaspiik's Brooklyn headquarters operations are undergoing a major expansion—all in response to increasing demand.

After a lengthy process of contractor bidding, city plan approvals and more, construction finally began on March 9, with scaffolding going up around 1402 14th Ave.,

where it will remain for some time.

Construction has been continuing at a fairly rapid pace ever since, with the workers seen here installing the first of two new floors that, in fall of 2017, will bring 5,400 square feet of high-tech new offices, conference rooms and training spaces—and some three dozen new specialists—to Hamaspiik's many services and supports to the community.

Indeed, by 2:30 that very afternoon, Mr. Tessler dispatched a third photo.

"This is how fast they are working," he said. ★



**BUILDING EACH DAY** Hamaspiik in the morning (l)... and afternoon (r)

## What's actually changing?

According to the USDA's official announcement, the new rules "will provide greater flexibility in nutrition requirements for school meal program" by "restoring local control of guidelines on whole grains, sodium, and milk."

### Whole grains:

The USDA will now allow states to grant exemptions to schools experienc-

ing hardship in serving 100 percent of grain products as whole-grain rich for School Year 2017-2018.

### Sodium:

For School Years 2017-2018 through 2020, schools will not be required to meet Sodium Target 2. Instead, schools that meet Sodium Target 1 will be considered compliant.

### Milk:

The USDA will now begin the regulatory process for schools to serve 1 percent flavored milk through the school meals programs

# Happening In health Today

## LONELIER PEOPLE HIT HARDER BY COLDS: STUDY

A novel study by Rice University deliberately gave 159 volunteers common cold viruses and then kept them in hotel rooms alone for a week to see how loneliness affects having a cold.

Researchers first measured each volunteer's level of loneliness using the Short Loneliness Scale and the Social Network Index, two popular psychological tests. They also tested each during their hotel stays.

The researchers found that among those volunteers who got sick from the cold viruses, those with more measured loneliness reported more severe cold symptoms.

## THIRD TARGETED DRUG NOW FDA-APPROVED FOR SPECIFIC CANCER

In early May, the FDA approved a third so-called immune checkpoint inhibitor drug to treat advanced urothelial cancer patients. With the approval, patients may be treated with Opdivo, Tecentriq and now, Imfinzi—but only for such patients if the disease progresses after chemo.

## NEW ALTERNATE-DAY FASTING DIET ISN'T BETTER: STUDY

A year-long comparison study of 100 obese adults found that the alternate-day fasting diets, a new dieting fad of recent months, aren't any better than standard weight-loss ("calorie-restrictive") diets.

The University of Illinois study, published late April in *JAMA Internal Medicine*, had two groups of about three dozen adults each randomly assigned to an alternate-day weight-loss plan or a standard weight-loss plan. The study's remaining participants served as a comparison group.

The study's first six months focused on weight loss, with the second on weight maintenance. During the first three months of the weight-loss phase, meals were provided to the participants, which were in accordance with the American Heart Association (AHA) guidelines.

But the researchers reported finding no significant differences in levels of HDL ("good") cholesterol between both weight-loss groups after 12 months. What's more, they also found that levels of LDL ("bad")

cholesterol were higher in the fasting group after 12 months. Researchers likewise reported that standard weight-loss dieter had greater adherence to prescribed intake targets.

The alternate-day fasting fad has people "fasting," or eating 25 percent of their normal food intake, one day and eating 125 percent of normal intake the next.

## THREE AFRICAN COUNTRIES TO TEST WORLD'S FIRST MALARIA VACCINE

On April 24, the World Health Organi-

zation (WHO) announced that three African countries have been chosen to test the world's first malaria vaccine.

According to the United Nation (U.N.)'s global health watchdog, the countries of Ghana, Kenya, and Malawi will begin injecting hundreds of thousands of young children with the vaccine next year.

The new vaccine, which has partial effectiveness, has the potential to save tens of thousands of lives if used with existing measures, the WHO regional director for Africa, Dr. Matshidiso Moeti, said in a statement.

The challenge is whether impoverished countries can deliver the required four dos-

es of the vaccine for each child.

Malaria remains one of the world's most stubborn health challenges, infecting more than 200 million people every year and killing about half a million, most of them children in Africa. Bed netting and insecticides are the chief protection.

Sub-Saharan Africa is hardest hit by the disease, with about 90 percent of the world's cases in 2015.

Malaria spreads when a mosquito bites someone already infected, sucks up blood and parasites, and then bites another person.

A global effort to counter malaria has led to a 62 percent cut in deaths between 2000 and 2015, according to the WHO.

The vaccine will be tested on children five to 17 months old to see whether its protective effects shown so far in clinical trials can hold up under real-life conditions.

At least 120,000 children in each of the three countries will receive the vaccine, which has taken decades of work and hundreds of millions of dollars to develop.

WHO wants to reduce malaria mortality rates by at least 90 percent by 2030 despite increasing resistance to both drugs and insecticides used to kill mosquitoes.

The vaccine was developed by pharmaceutical company GlaxoSmithKline. ★

## Getting a healthy handle on handheld tech

You may have heard or thought—haven't we all at one point?—that smartphones, tablets and the like are bad for your long-term health, as indeed they have been scientifically shown to be.

But while personal digital assistants (PDAs) are here to stay, in a recent blog post, psychiatrist and brain-electronics expert Victoria L. Dunckley, M.D. lists ten ways to reduce PDAs' negative effects on brains and nervous systems, especially those of children and adolescents.

"I've written elsewhere how screen-time stresses and detunes the body clock, brain chemistry, and reward pathways, as well as how tech addiction can actually damage the brain's frontal lobe," Dr. Dunckley begins. "I've also shared how an electronic fast can reset and resynchronize the nervous system, improving a child's mood, sleep, focus and behavior in a matter of weeks."

According to Dr. Dunckley, ten ways of counteracting the effects of daily screen-time are:

1. Increasing exposure to greenery, nature, and sunlight—a growing body

of research suggests that green spaces enhance mental health and learning capacity.

2. Incorporate more exercise and free play. While screen-time breaks down brain connectivity, exercise does the reverse—it builds connections and literally makes the brain bigger.

3. Practice sleep hygiene and create a "sleep sanctuary." Numerous studies have shown that higher amounts of daily screen-time and screen-time in the evenings disrupt sleep.

4. Engage in creative play and activities. Creative activities stimulate the right brain, the hemisphere that is often

underactive in our information-overloaded world.

5. Practice mindfulness. Mindfulness includes activities like yoga, meditation, or breath work. While it can be tricky to get kids to meditate or do yoga, most enjoy it once they start.

6. Bring on the bonding: human touch, empathy, and love. It is well-documented that children who are held, rocked, soothed and attended to by an "in tune" parent have larger brains.

7. Incorporate daily chores for the entire family—even the little ones. The Learning Habit Study showed that kids with the highest GPA scores did more chores.

8. Mimic nature's day/night light cycles as closely as possible. Artificial light at night, from lighting our homes but especially from screens, throws off the body clock.

9. Tone down the brightness levels on ALL screens. Download software like f.lux on all your devices, to warm and darken the screen as it gets later in the day.

10. Go wired and give WiFi the boot. First, research suggests that WiFi's electromagnetic fields may suppress melatonin, and second, wired-only Internet automatically reduces device use. ★





# The Autism Update

News and developments from the world of research and advocacy

## Can Infusion of Own Cord Blood Treat Autism in Toddlers?

### INCONCLUSIVE STUDY PROMISING, BUT SHOWS NO CAUSE-AND-EFFECT

Results from a small but extensive study of 25 toddlers with autism indicate that symptoms of autism spectrum disorder (ASD) might be treated by infusing kids with their own cord blood.

The Phase I study was conducted by Duke University Medical Center and published in early April in *Stem Cells Translational Medicine*.

"We hypothesized that umbilical cord blood-derived cell therapies may have poten-

tial in alleviating ASD symptoms by modulating inflammatory processes in the brain," researchers wrote.

For the study, researchers recruited 25 children between ages two and five whose parents had saved their kids' umbilical cord blood at blood banks, which are used by those who believe in them as precautionary measures against any future need for transfusions or DNA/stem cell implants.

The youthful participants were first tested with several authoritative behavioral and functional tests to establish a baseline, then infused with their own cord blood. The same tests were then administered six and 12 months later.

Parent reports and clinical assessments indicated that over two-thirds of the children saw improvements in autism symptoms—mostly during the first six months after infusion.

"Significant improvements in behavior were found across a wide range of outcome measures in this study," the scientists wrote.

However, buried deep in the study's fine print was this key "but": "It is not possible to determine whether the observed behavioral changes were due to the treatment or reflect the natural course of development during the preschool period."

In other words, did the kids improve because of the blood infusions? Or because they simply grew?

Researchers are now enrolling participants in a Phase II randomized clinical trial. ★

## U.N. Rejects Teen Contest Winner Due to Autism

When it comes to practicing what it preaches on disability rights, the United Nations is looking more like "Do as I say, not as I do," not the progressive world body it boasts to be.

A May 2 article in *The Oregonian* detailed the inexplicable decision by a U.N. body to deny a Portland boy with autism his hard-earned place at an annual U.N. event in New York—apparently because the U.N. program is unwilling and/or unable to accommodate him.

Earlier this school year, Niko Boskovic, 15, a mainstream non-verbal high-schooler who uses a letter-board to communicate with others, won a contest sponsored by a national fraternal organization.

Contest winners, 300 youths from across

the world, gather in New York City to participate in the ten-day annual United Nations Pilgrimage for Youth.

However, the state headquarters of the national organization delayed confirmation of Mr. Boskovic's place on the trip—because it had not received confirmation from the U.N.

When pressed by the teen's mother, who was planning to accompany her son throughout the trip as a personal communication aide, the state head informed her that "the U.N. program's board of directors was reviewing his application, and would make a decision."

In early March, Janet Bruce, executive director of the U.N. program, wrote Ms. Boskovic: "The Board of Directors has instructed me to tell you this delegate will not be accepted for the tour"—ostensibly because "chaper-

ones were not allowed on the tour."

Further pressing by the Boskovic family and supporters prompted another brow-raising defense: the program "didn't have the staff and knowledge to be accountable for someone with a disability."

Family and supporters have since threatened legal action involving numerous disability-related violations by the U.N.-affiliated body, primarily those involving the Americans with Disabilities Act (ADA).

In December 2006, the U.N.'s General Assembly formally adopted the United Nations Convention on the Rights of Persons

with Disabilities.

The Convention, which officially establishes international disability-rights standards, has been symbolically signed by over 140 U.N. member nations to date—including the U.S., when American U.N. Ambassador Susan Rice signed it in late 2009.

But the international treaty remains non-binding on U.S. soil until finally approved by a full Senate vote. A 2012 attempt failed along party lines, and a September 2014 repeat was struck down by Utah Sen. Mike Lee, who objected that the treaty could compromise U.S. sovereignty. ★

## Medicated ADHD Kids do Worse in School: Study

"To our knowledge, this is the first nationwide study to compare educational outcomes of children with treated ADHD with their unaffected peers," wrote University of Glasgow (Scotland) researchers in a May 1 study in *JAMA Pediatrics*. "This investigation is more than 20 times larger than previous studies reporting similar educational outcomes."

Their study reviewed 2009-2013 data from four national health databases and four national education databases—covering over 766,000 schoolkids ages four through 19.

While a mere one percent (less than 7,400) kids were taking ADHD medication, the study found that those kids performed worse in school and had worse health outcomes.

The study also found that use of ADHD

medication was linked to increased rates of exclusions from school, hospital admission (primarily for injury), and a higher risk of a variety of special needs, including: mental, social, educational, and behavioral problems; learning disability; and autism spectrum disorder (ASD).

The study also found that 84 percent of those were male and came from families of lower social status and poorer health habits. The medicated kids were found to have also been born earlier, with lower birthweight centiles and lower APGAR scores.

In contrast to current guidelines from the American Academy of Pediatrics (AAP), current U.K. recommendations suggest that drugs not be used as first-line therapy in kids with mild to moderate ADHD. ★



► HAMASPIK NEWS

# Children and Adults Alike Greatly Enjoy Massive Hamaspik Passover Family Outing

## ROLLICKING FAMILY EVENT HELD FOR 3RD YEAR AT GARDEN STATE EXHIBIT CENTER

There's just no such thing as Passover without a family outing.

Armed with that fact, Hamaspik held its annual Passover family outing for individuals with disabilities and their immediate family members once again this year.

The holiday program, held Thurs-

day, April 13, saw dozens of buses, vans and cars converge for the fourth consecutive year upon the Garden State Exhibit Center in Somerset, New Jersey—disgorging hundreds of youths, and their parents and little siblings (sorry, no teenagers!), for a full day of family fun.

Occupying the spacious floor space of the Center once again was a kaleidoscopic panoply of carnival-style rides, slides, games and booths—rounded out by no shortage of kosher-for-Passover refreshments (including yogurts, muffins and fruits—and don't forget the drinks!) served up all day at a des-

ignated indoor cafeteria area.

Further furthering the festive festival atmosphere were the clowns and other children's entertainers walking around to put a smile on every face—along with familiar Jewish music blasting from the PA system set up to be heard throughout the hall.

With specially arranged buses having brought in the Hamaspik crowds from as far north as the Hudson Valley's Kiryas Joel and New Square enclaves, and as far south as Brooklyn's Borough Park and Williamsburg neighborhoods, the crowd was a thorough representation of the communities that Hamaspik dutifully serves and supports.

With the facility's entire 60,000 square feet exclusively reserved for Hamaspik community usage for the duration of the entire day, bearers of the exclusive invitations mailed solely by MSCs to those they support (and their immediate family members) gained

## Happenings Around Hamaspik

### With More MSCs, Hamaspik of Kings Meeting Brooklyn's Evermore Needs

"So many people need it!" responds Shalva Sashitzky, R.N., MSC Supervisor at Hamaspik of Kings County, as well as official nurse for its Day Habilitation (Day Hab) and Nursing Home Transition and Diversion (NHTD) programs. "The need is so great—we're hiring to enable us to fill that need."

The *Gazette* just asked her if the gaggle of new Medicaid Service Coordinators (MSCs) hired relatively recently by Hamaspik's Brooklyn offices merely replaced others who had moved on.

That turns out to be hardly the case.

In the last year-plus, not coincidentally with the increasing effectiveness of the OPWDD's "Front Door" services application system, Hamaspik offices everywhere have been seeing MSC growth.

What with community members applying for and securing disability services and supports, Hamaspik of Kings County, in a robust ongoing response, is taking on a new crop of MSCs.

Agency MSC Mrs. Raizy Rosenfeld

was the first of that new wave, followed shortly by Mrs. Esther Reches. In March, Hamaspik's Williamsburg offices welcomed MSC Mrs. Rivka Schwartz, whose certified life-coaching skills boost Hamaspik's already-turbocharged advocacy for its people. And rounding out the new crew is MSC Mrs. Chaya Ringel, joining Hamaspik early this April.

But Hamaspik's new MSCs don't just accommodate community members now getting supports from the New York State Office for People With Developmental Disabilities (OPWDD).

A significant and growing number of individuals in need have been qualifying for the NHTD and Traumatic Brain Injury (TBI) programs.

Both of those complex and comprehensive services are provided through Hamaspik by the New York State Dept. of Health (DOH)—necessitating specialized Hamaspik MSCs of their own.

And with a growing contingent of Hamaspik of Kings County MSCs fo-

cusings just on NHTD/TBI, or even just NHTD, that contingent needed a supervisor of its own.

Longtime MSC Mrs. Silberman was hence tapped as the agency's second NHTD/OPWDD Supervisor, sharing daily oversight of the agency's dozen-plus MSCs with Mrs. Sashitzky.

That change not only gave Supervisor Sashitzky, a registered nurse, a lighter MSC-related workload, but also freed her up to apply her medical skills at Hamaspik's Day Hab, NHTD and TBI programs.

Previously covering all OPWDD-required nursing roles at those Day Habs was group-home and Family Care nurse Judy Schwartz, R.N.—now likewise freed up to tend just to those programs.

Besides its four newest members, Hamaspik of Kings County's MSC corps consists of Mrs. Julie Bergman, Mrs. Zelma Feldman, Mrs. Chedva Freund,

Mrs. Yaffa Schuler, Mrs. Chava Goldstein, Ms. Sarah Mindy Leitner, and Ms. Primet Strulovic.

They are joined by MSCs Mr. David Weber and Mr. Naftuli Weiser, who work exclusively with the menfolk per community cultural custom, as well as by NHTD MSCs Mrs. Surie Katz and Mrs. Sara Lowinger, and NHTD/TBI MSC Mrs. Chava Laufer.

The communities long supported by Hamaspik in the Brooklyn enclaves of Borough Park and Williamsburg have long equated Hamaspik with authority in all things disability-related.

It is that grassroots reputation that drove Hamaspik of Kings County's recent MSC workforce expansion.

And it is the ongoing superlative performance of Hamaspik's handpicked newest MSCs that drive that ever-expanding positive grassroots reputation. ★

## New IRA R.N. Realizes Nursing Mission at Hamaspik

Mrs. Miriam Brodie, R.N., Hamaspik of Rockland County's newest registered nurse, is happy to be working at our agency for several reasons.

Besides finding an "amazing" supervisor, the Adelphi graduate finds her life's calling in supporting the health of residents at Hamaspik's Individualized Residential Alternative (IRA) group homes—and all on top of a "warm and welcoming environment," as the nurse

describes her new workplace.

But with nursing being about working with the population that needs support, as she sees it, not only does Hamaspik's mission have a natural ally in Miriam Brodie, R.N., but the nurse and her professional mission find themselves right at home at Hamaspik's group homes.

Welcome aboard! (Or is that "Welcome home!") ★



entry upon arrival to no shortage of holiday fun.

Besides the aforementioned highlighted attractions, also on hand to amuse and challenge were balance beams, climbing walls and the like—allowing children of all ages to test their abilities.

Souvenirs were distributed by the door by longtime Hamaspiik Special Events Coordinator Brenda Katina and her team of assistants, all of whom greeted every arrival with a smile—and who ensured that each went home as happy and excited as they had been at arrival. ★



**GIVING IT A HOLIDAY SPIN** Hamaspiik's very own Yossi Katina (r) and community volunteer Mayer Rutner try their hands at a carnival ride



**CLOWNING AROUND** Mr. Katiina knows how to make new friends



## Happenings Around Hamaspiik

### Grassroots Outreach, Expansion Continues in Queens, L.I.

It began in 2009 with the personal touch: one-on-one contacts, personal meetings and phone calls, and that genuine, in-person human warmth and caring that no ad campaign can replicate.

Small wonder it continues that way.

But Hamaspiik's growing foray into the numerous enclaves of Queens and Long Island reflects not just the friendliness and concern of Hamaspiik MSC Julie Bergmann but of Hamaspiik as a whole—of which the tireless MSC just happens to be a single example.

Hamaspiik of Kings County's Queens satellite office was launched in December of 2015 as a natural (and all but logistically demanded) outgrowth of Mrs. Bergmann's years of repeated trips to the Far Rockaway and Five Towns region, where eastern Queens

meets western Long Island.

For its first 12 months of operations, the Hamaspiik veteran was the lone employee at 1312 Dinsmore Ave., heading up the new office with backing from MSC Supervisor Mrs. Shalva Sashitzky.

With the new place, the regional enclaves of Cedarhurst, Hewlett, Inwood, Lawrence and Woodmere, as well as Far Rockaway and Queens itself, could get

local Hamaspiik access.

And the caseload grew.

By the time July 2016 rolled around, it was time for a second MSC. Enter Mrs. Yaffa Schuler.

Mrs. Schuler, who brings years of varied disability advocacy experience to the Hamaspiik table, took up workday residence alongside Mrs. Bergmann, dividing the caseload but multiplying Hamaspiik's Queens and Long Island presence and effectiveness.

"I'm extremely impressed," Mrs. Schuler says of her new job's professional culture of client care. "There's a lot of hand-holding. Hamaspiik goes all out."

And with their continued success, MSCs Bergmann and Schuler were able to build both on their professional relationships with community members affected by disability as well as with public-sector counterparts at the Long Island DDRO, the regional office of the New York State OPWDD—so much so that they now needed an administrative superior of their own.

This past February, then, Hamaspiik of Kings County Mrs. Chava Goldstein, MSC was promoted to Queens Office Supervisor (in addition to her ongoing part-time duties as a standard MSC).

It's a long way since May of 2009, when a Brooklyn Hamaspiik beneficiary moved to Long Island and brought Hamaspiik along, prompting the agency's first official approval as a services provider on the island.

Today, most of Hamaspiik's ever-increasing Long Island/Queens beneficiaries are coming to the agency via references. "The name is out there," Mrs. Schuler says, with new beneficiaries reporting having heard that Hamaspiik "is 'not your typical agency.'"

The Queens office is also working with local schools on an After-school Respite (ASR) program for students with disabilities—with staff even visiting the regional OPWDD office before this just-passed Passover holiday to distribute matzos to Hamaspiik's friends in public service.

Despite the impressive growth,

Mrs. Bergmann and her compatriots haven't lost their touch.

"We have the heart," Mrs. Bergmann says. "We do things that other agencies just don't do."

But Mrs. Schuler has just one lighthearted complaint:

"There aren't enough hours in the day!" ★



**HUMBLE BEGINNINGS, OPENING DOORS** At the Dec. 2015 official opening of the Queens office (l), Hamaspiik of Kings County Director of Development Naftali Tessler is all smiles as Executive Director Joel Freund puts up the first mezuzah.





# Public Health And Policy News

With the legislation, taking effect 90 days after the budget's signing, New York joins 45 other states across the country in allowing the tech-driven popular new TNC industry to flourish.

## CANCER "MOONSHOT," OTHER NIH RESEARCH FUNDING, SPARED, INCREASED, FOR NOW

On April 3, speaking at the American Association for Cancer Research's annual meeting in Washington, D.C., former U.S. Vice President Joe Biden criticized proposals to cut \$5.8 billion in federal funding to the National Institutes of Health (NIH).

In the waning months of President Barack Obama's administration, Vice President Biden was tapped to head up the ambitious Beau Biden Cancer Moonshot, named for his late son who died of brain cancer.

Despite the current administration's plans of cutting the NIH's budget by 20 percent, it was reported in early May that Congress increased the NIH's funding by \$2 billion for the final five months of the current

fiscal year—delighting agency researchers and confounding its critics.

## CONSUMER GENETIC TEST APPROVED IN FDA FIRST

For its first time, the FDA is allowing a company to sell genetic tests for disease risk directly to consumers, The New York Times reported on April 6.

In 2013, the FDA blocked the Calif-based 23andMe genetics testing firm from selling its \$199 Ancestry and Health service, which tests for the risk of ten genetic diseases.

"The decision is expected to open the floodgates for more direct-to-consumer tests for disease risks, drawing a road map for other companies to do the same thing," according to the Times.

## BIASED NEWS MAY INFLUENCE ORGAN-DONOR WILLINGNESS: STUDY

An analysis of news articles on organ donations in four outlets, including *The Wall Street Journal* and *USA Today*, found that well over half (58.3 percent) were about donors.

Over the 15-month review period, researchers found that only 18.9 percent of articles were about donor and recipient. Another 11.8 were on neither, and only 11 percent were on recipients only.

Critically, the analysis also found that people who read articles about recipients were more likely to donate, while those who

read articles about donors were less likely to donate.

And given that the majority of articles on organ donation were about donors, the study concludes that this may negatively affect the public's willingness to serve as organ donors.

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

## LYME-DISEASE SEASON IN CAPITAL REGION, BEYOND

What the *Times Union* reported on May 1 for the Capitol Region is true not just for the greater Albany but for the entire New York—as least for places in New York marked by shrubs and trees: it's Lyme disease season!

Lyme disease, a bacterial infection that's treatable with antibiotics, is spread by the nature-dwelling deer ticks—small bugs that usually ride on deer, but sometimes bite and infect people.

So if you'll be hitting the great outdoors this spring, here's how to prevent deer-tick bites: dress to block skin exposure to ticks, wear bug repellent, and do a full-body check upon coming inside to ensure that no ticks are attached.

And don't panic if you find one attached! Chances are it's only been there for an hour or two at most—and it takes the Lyme bacteria about 24 hours to infect a person. Simply pull the tick straight up with fine-tipped tweezers to remove it. (Don't twist! Doing so will break off the bug's pincers, leaving them stuck in your skin.) ★

## CUOMO BUDGET ALLOWS RIDE-SHARING OUTSIDE NYC

Bringing opportunity to the rest of the state, Gov. Cuomo's 2017-2018 budget includes language that regulates and permits the operation of transportation network companies (TNCs) everywhere in New York, not just New York City—long a bastion of ridesharing companies like Uber.

## IN LETTERS, FDA WARNS 14 COMPANIES OVER THEIR "CANCER CURE" CLAIMS BUT CRACKDOWN INCLUDES AT LEAST ONE SCIENTIFICALLY LEGITIMATE AD CLAIM

On April 25, heralded by a press release headlined, "Products Claiming to 'Cure' Cancer Are a Cruel Deception," the FDA issued warning letters to 14 businesses nationwide that, according to the federal watchdog, were in violation of the federal Food and Drug Act.

Specifically, the businesses were found to be selling various minerals, supplements, pills and other remedies as legally-defined drugs, and advertising them as treatments for various diseases.

Among those diseases is cancer.

But the garlic supplement sold by one online vitamin store among those 14 is advertised by the store not as a cancer "cure" but as a cancer preventative.

The item's description includes this verbatim phrase: "Garlic has been shown in studies to prevent certain cancers."

As it turns out, in a federally-funded study entitled "Garlic and onions: Their cancer prevention properties," published Jan. 2015 in *Cancer Prevention*, researchers found that "The strongest epidemiological evidence points to protective

effects of garlic and/or onions against cancers of the digestive tract."

In its official literature, the National Cancer Institute (NCI), part of the National Institutes of Health (NIH), states that it "does not recommend any dietary supplement for the prevention of cancer, but recognizes garlic as one of several vegetables with potential anticancer properties."

(The NCI text adds that "because all garlic preparations are not the same, it is difficult to determine the exact amount of garlic that may be needed to reduce cancer risk... active compounds present in garlic may lose their effectiveness with time, handling, and processing.")

The bigger questions—whether a single word or phrase in an ad is being taken out of context; if an ad mentioning that garlic may prevent some cancers, as a study has indeed found, constitutes a false claim—are best left to the FDA, free-speech attorneys and cancer experts.

Conversely, several of the FDA's other specific citations do indeed constitute false claims.

But if a study funded by a division of the NIH—itsself under the same U.S. Dept. of Health and Human Services (HHS) umbrella that covers the FDA—finds an association between garlic and prevention of certain cancers, it remains to be seen whether the FDA and the seller in question can arrive at some common understanding.

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## Status Report

# Happening In Hospitals Today

## For Hard-to-fill Jobs, Some Hospitals Hiring Ex-cons

According to a mid-April article in *Stateline*, a publication of the Pew Charitable Trusts non-profit, some hospital systems and other healthcare employers are compensating for the shortage of workers willing to take hard-to-fill jobs by accepting applicants with criminal backgrounds.

Michele Sedney, senior director for recruitment at Baltimore's Johns Hopkins medical center, told *Stateline* that there are "lots" of applicants with backgrounds. "If we're going to exclude all of them," she asked, "how are we ever going to staff the hospital?"

According to *Stateline*, research has

shown that ex-offenders will stay in their jobs longer and are not likelier to be fired than other employees, or commit on-the-job crimes.

On the other hand, the article said, some states have gone in the opposite direction—with Colorado legislation requiring fingerprint-based background checks for healthcare professionals, and an Indiana bill expanding background checks for home health jobs (long required in New York).

Hospitals alone account for one in nine jobs in the U.S., and an aging population is expected to drive continued job growth in that sector. ★

## Hospitals Moving to More Opioid-free Painkillers

The nation's opioid crisis is forcing emergency rooms at hospitals across the country to begin rolling out alternatives to standard painkillers that have long been the mainstay for the severe pain of trauma and surgery, according to a May 2 report by the *Associated Press*.

Hospitals and emergency rooms are rethinking their own dependence on the painkillers, taking steps to make them a last resort rather than a starting reflex.

Pain-numbing treatments mentioned in the report include: nerve-blocking local anesthetic precisely targeted via ultrasound, mixing a variety of different medications, spinal anesthesia, and numbing lidocaine.

This new approach—known in "medical-ese" as "multimodal analgesia"—attacks pain from multiple directions, rather than depending solely on opioids to dampen brain signals that scream "ouch." ★

## New York (hospital) Scores with World's First Triplet Procedure

Triplets born in New York are rare.

And triplets born in New York with a serious but correctable skull condition called craniosynostosis is rarer yet.

But leave it to New York to score another rare rarity—and fix it, too.

In what is believed to be a world first, Dr. David Chesler and his pediatric neurosurgery team at Stony Brook Children's Hospital performed endoscopic surgery this January on the heads of triplets Jackson, Hunter and Kaden Howard.

And according to recent reports, the

young New Yorkers—reflecting New York's can-do attitude, of course—are doing fine at five months old now.

Craniosynostosis, which occurs in 1 in 2,500 births (or 0.005 percent of newborns), is a premature fusion of one or more sutures on a baby's skull.

It can threaten vision and brain growth if not corrected with common and safe surgery, like that done at Stony Brook.

As it turns out, being a never-take-no-New Yorker goes to your head.

And now, in more ways than one. ★

## U.S. Hospitals Rush for Accelerated Visas for Foreign Medical Residents

Some of the 3,814 non-U.S. citizens who graduated from foreign medical schools and who won coveted residencies at American hospitals, it's unclear whether they'll be able to start work on time in the summer.

In early April, a little-reported change to a little-known government program—outside the U.S. hospital industry, that is—sent industry human-resources departments into a flurry of activity.

That's because a federal program that allows U.S. employers to fast-track so-called H-1B visa applications for their employees was suspended as of April 3.

Though U.S. immigration officials announced the change in early March, some hospitals were still left rushing a month later to figure out who needed this kind of visa and

to apply before "premium processing" would no longer be an option.

Speaking to medical news outlet *STAT News*, Boston business owner Claire Ayer said that her staff were "battling against the clock," speaking of Partners HealthCare Office for International Professionals and Students, her company, which handles visa applications for the international staff and students of Boston-area hospitals.

The faster turnaround costs \$1,225 per applicant, but it makes a difference.

With "premium processing," a visa application is answered in 15 days. Without it, the evaluation can take more than six months—and the government does not allow you to apply for an H-1B visa more than six months in advance. ★



# In the Know

## ALL ABOUT... SJS ("RED SKIN SYNDROME")

It almost sounds like a nonsense condition. After all, having red skin doesn't sound too terrible, as in: "What's the big deal about a little sunburn?" or "So? He has a ruddy complexion!"

But "red skin syndrome," known mostly by its medical name of Stevens-Johnson syndrome (or SJS), is nothing to laugh at. While very rare, it is a medical emergency that typically seems like the flu at first, but which requires hospitalization.

Stevens-Johnson syndrome is usually a severe reaction by the skin and mucous mem-

branes to a medication or an infection. The disease is named for Drs. Albert Mason Stevens and Frank Chambliss Johnson, U.S. pediatricians who first described the disorder in 1922.

Recovery after a bout of Stevens-Johnson can take weeks to months, depending on the severity. And in cases caused by medication, patients will need to permanently avoid that drug and others closely related to it.

### DEFINITION AND SYMPTOMS >>

Stevens-Johnson syndrome is defined by the skin and mucous membranes (the smoothing linings of the mouth, nose and certain other areas) undergoing a rare and extreme allergic reaction—usually to a medication but sometimes to an infection.

In technical "medical-ese," SJS is a somewhat milder form of something called toxic epidermal necrolysis (TEN), or death of skin cells due to a phenomenon called apoptosis. Stevens-Johnson is estimated to affect a maximum of six out of every one million Americans a year, or 0.000018 percent of a current population of about 300 million. The condition is more common in adults than children and in women over men.

Stevens-Johnson syndrome often begins with flu-like symptoms, followed by a painful red or purplish rash that spreads and blisters. The top layer of the affected skin then dies and sheds.

### Primary symptoms include:

- A red or purple skin rash that spreads within hours to days
- Facial swelling
- Tongue swelling
- Persistent hive-like lesions
- Skin pain
- Blisters on the skin and the mucous membranes of the mouth, nose, eyes and elsewhere
- Shedding of the skin

People later diagnosed with Stevens-Johnson syndrome may experience the following symptoms several days before the primary symptom—severe skin rash—develops:

- Fever
- Sore mouth and throat
- Fatigue
- Cough
- Burning eyes

Stevens-Johnson syndrome requires immediate medical attention. Seek emergency care at any of the following signs:

- Unexplained widespread skin pain
- Facial swelling
- Blisters on your skin and mucous membranes
- Extensive long-lasting hive-like lesions
- Tongue swelling
- A red or purplish skin rash that spreads
- Shedding of the skin

### COMPLICATIONS >>

Complications can include secondary skin infections, which can lead to life-threatening situations like infection of the blood by bacteria (sepsis). Other complications are inflammation of the eyes, leading to irritation and dry eyes (or worse in severe cases), or—rarely—inflammation of the lungs, heart, kidney or liver.

### CAUSES

Stevens-Johnson syndrome is believed to be an immune system disorder, in which the immune system attacks the skin and mucous membranes. Doctors may not be able to identify its exact cause, but it is usually triggered by a medication or an infection.

Over 100 drugs have been associated with Stevens-Johnson syndrome. Some of the most common ones include:

- Anti-gout medications like as allopurinol
- Pain relievers acetaminophen (Tylenol, others), ibuprofen (Advil, Motrin IB, others) and naproxen sodium (Aleve)
- Medications to fight infection, such as penicillin
- Medications to treat seizures or mental illness (anticonvulsants and antipsychotics)

Infections also known to have caused Stevens-Johnson in rare cases include herpes (herpes simplex or herpes zoster, usually called erythema multiforme—a different rash), mycoplasma pneumoniae or hepatitis. Even less commonly, radiation therapy has been known to trigger Stevens-Johnson.

### Risks

Any personal or family history of Stevens-Johnson syndrome does, unfortunately, slightly increase the risk of the condition occurring (or occurring again). In medication-related cases, taking the associated drug is highly risky in terms of recurrence.

If an immediate family member once had the condition, or a related condition called toxic epidermal necrolysis (TEN), one may be more susceptible to having the condition, too.

Also, research has found that a specific gene called HLA-B 1502 increases risk of Stevens-Johnson, especially for those taking certain drugs for seizures or mental illness. People of Chinese, Southeast Asian or Indian descent are likelier to be carrying that gene.

### DIAGNOSIS >>

#### Physical exam

Doctors often can diagnose Stevens-Johnson syndrome based on the patient's medical history, a physical exam, and the disorder's signs and symptoms.

#### Skin test

To confirm diagnosis, ER doctors may remove a skin sample for testing (biopsy).

### TREATMENT >>

As mentioned, Stevens-Johnson is a medical emergency that must be treated immediately at a hospital—where patients will often be admitted to the intensive care unit (ICU), or a burn unit.

If seeing a doctor for a suspected case, the patient or accompanying family member should bring along all prescription and non-prescription drugs to help doctors figure out what caused the case.

#### Hospital treatment

The first thing doctors will do is to stop the medication or treat the infection that made the patient sick. They'll also try to relieve symptoms, prevent infections, and support healing.

Supportive care that the patient is likely to receive while hospitalized includes:

Fluid replacement and nutrition. Because skin loss can result in significant loss of fluid and protein from the body, replacing those is an important part of treatment. The patient may receive fluids and nutrients through an IV and/or a tube placed through the nose and advanced into the stomach.

Wound care. Cool, wet compresses will help soothe blisters while they heal. The hospital team may gently remove any dead skin and place a medicated dressing over the affected area(s).

Eye care. The patient's eyes will be kept clear, with the care team using special drops and creams as necessary to prevent them from going dry. The patient may also need to see an eye specialist (ophthalmologist).

Medications. Medications commonly used in the treatment of Stevens-Johnson include:

- Pain medication to reduce discomfort
- Medication to relieve itching (antihistamines)
- Antibiotics to control infection, when needed
- Medication to reduce skin inflammation (topical steroids)

Patients will typically stay in the hospital for up to three weeks to allow for a full recovery.

#### Post-hospital long-term treatment

If the underlying cause can be eliminated and the skin reaction stopped, new skin may begin to grow over affected area(s) within several days. In severe cases, full recovery may take several months.

The first and most important long-term step in treating Stevens-Johnson is to discontinue any medications that may be causing it. Because it's hard to determine exactly which drug may be causing the problem, doctors may have patients off all nonessential medications until the specific cause is isolated.

### PREVENTION >>

Because SJS is rare and because most cases are caused by medication, there's not much

SEE PAGE 13 >>

# Gezundheit! How to Beat this Spring's Surprisingly Strong Allergy Season

## Allergy symptoms



**SPRING OVER ALLERGIES** With the right springtime medication(s) and tips, you can help keep seasonal symptoms like these at bay (image credit: Consumer Health Digest)

If you're like the *Gazette* editor, you know what it's like to deal with springtime allergies—especially when pollen counts are really high, as they were late this past April: Teary and itchy eyes. Runny nose. Sore throat.

And the sneezing—annoying, endless sneezing.

In many parts of the U.S., “springtime allergies,” and the sneezing and wheezing, can start as early as February and last until summer.

The good news is that, with over-the-counter (OTC) and prescription medications (if necessary), along with a few basic preventive measures, most people with allergies can get effective relief from the ravages of what otherwise should be a wonderful season of rebounding from winter.

Here are some basic allergy-season relief tactics:

### 1. Limit your outdoor time

Trees, shrubs, bushes and other plants release billions of tiny pollen grains into the air come spring—and should you breathe them into your nose and lungs, they can trigger an allergic reaction.

Staying inside can help, especially on windy days and during early morning hours, when pollen counts are highest.

When you do head outdoors, try wearing glasses or sunglasses to keep pollen out of your eyes.

A filter mask can help when you mow the lawn or work in the garden. An N95 respirator mask, available at most drugstores and medical supply stores, will block 95 percent of small particles, such as pollen

and other allergens. But different types are available, so ask your doctor to suggest one that will work best for you.

Once you're back inside, always take a shower, wash your hair, and change your clothing. Otherwise, you'll bring pollen into your house.

At least wash your hands and face—and don't even think of rubbing your eyes with your hands before you do so!

### 2. Know your triggers

You may think you know what the problem is. But are you sure? Make an appointment with an allergist for an allergy skin test to pinpoint your triggers. Then you can make a plan to avoid them.

### 3. Take allergy medications

Over-the-counter allergy medications can help adults and children with those springtime sniffles, red eyes, and runny, sneezy noses.

Antihistamines, which block the body's response to allergies, usually work in less than an hour.

Read the package carefully, though! Some older drugs contain the active ingredients chlorpheniramine, clemastine, or diphenhydramine—which can make you drowsy. Look for “non-drowsy” on the label or box.

For more severe allergies, nasal sprays may help—but don't expect symptoms to vanish right away. They can take a few days to work, and can have side effects like burning, dryness, or nosebleeds—so use the lowest dose that controls your symptoms.

Your doctor may recommend prescription allergy shots if other medicines can't relieve your symptoms. These contain a tiny amount

of pollen and will help your body build up resistance to it. You'll likely need to get one shot each month for three to five years.

### 4. Protect yourself early on

Start your allergy meds well before your eyes get watery and you're sneezing nonstop—at least one week before the season begins. That way, the medicine will be in your system by the time you need it.

### 5. Tweak your home

Simple changes make a difference. Shut all windows to keep out pollen. Use an air conditioner to cool your home instead of a fan, which draws in air from outside.

To further help keep pollen and other allergens outside, take off your shoes at the door and ask guests to do the same.

Clean floors with a vacuum cleaner that has a high-efficiency particulate air (HEPA) filter.

These filters trap 99.97 percent of microscopic particles in the air. Clean or replace your vacuum-cleaner (and other) HEPA filters often.

Cover air conditioning vents with cheesecloth to trap pollen. Clean out your air ducts at least once a year.

Keep the humidity in your home below 50 percent to help prevent mold growth.

Avoid areas where mold can collect, like basements, garages, crawl spaces and barns.

Install dehumidifiers in your base-

ment and other parts of the home where mold grows. Clean these devices every week.

Further mold (and resulting allergy) prevention methods include: Airing out damp clothes and shoes inside before you store them; removing laundry from the washing machine promptly; washing shower curtains and bathroom tiles with mold-killing solutions; and storing firewood outside.

Use plastic covers for pillows, mattresses, and box springs.

Avoid overstuffed furniture and down-filled bedding or pillows.

Wash your bedding every week in hot water.

Don't line-dry clothes or sheets outdoors in warmer weather! They'll collect pollen while they hang outside.

Finally, don't smoke. It can make allergy symptoms worse. If you or someone you live with smokes, now is a good time to quit.

If you start smoking again, start over. ★

## ALL ABOUT... SJS (“RED SKIN SYNDROME”)

◀◀ CONTINUED FROM PAGE E12

one can do to prevent a first case—except to never take a medication that caused a previous rash.

But for people at risk for carrying the one gene associated with SJS, especially those taking certain anti-seizure medications, prevention of SJS essentially consists of avoiding those medications.

Regardless of genetics, for those who've already triumphed over their first case, prevention essentially consists of avoiding the medication(s) that triggered their extreme allergic reaction.

It is recommended that SJS patients wear a medical alert bracelet, to notify medical personnel of their history in the rare case of another episode.

## PROGNOSIS >>

Any causing medication or substance (and similar items) will have to be avoided for by the patient for the rest of his or her life. Patients may also have to contend with possible permanent bumps and discoloration of the skin; some scars, hair loss, and abnormal growth of the nails have also been known to occur.

But at the end of the day, while it can sometimes take a few weeks or even months to fully recover from a bout of SJS, virtually everyone does, and most with few if any lasting effects. ★

*The Gazette thanks Joseph Jorizzo, M.D., Professor and Former/Founding Chair of the Dept. of Dermatology, Wake Forest University School of Medicine and Prof. of Dermatology at New York's Weill Cornell Medical College, for critically reviewing this article.*



# The Senior Care Gazette

## Putting Our Community's Venerable Patriarchs in their (Rightful) Place

HAMASPIK'S NEW SHNOIS CHAIM SENIOR DAY PROGRAM IN MONSEY NOURISHES BODY AND SOUL

Everyone at Hamaspiik knows what their job is. But when a venerable senior is on hand, showing him or her proper and well-earned respect is everyone's job.

That was the scene at the Hamaspiik Terrace social hall at Hamaspiik's Monsey headquarters complex this past April 27, as Hamaspiik of Rockland County Comptroller Solomon Wertheimer, normally crunching numbers behind a desk, found himself doling out servings and otherwise serving seniors.

It was the third day of Hamaspiik of Rockland County's new Shnois Chaim Senior Dining/Social Day Program, and the program's first monthly luncheon marking the new Jewish-calendar month—and Hamaspiik office staff, joining the group of community elders around the table, found themselves drafted into jobs not exactly part of their official job descriptions.

Besides Comptroller Wertheimer effectively serving as waiter, Maintenance Manager Aaron Rubinstein, normally busy with the agency's servers, found himself serving one distinguished patriarch by helping him to his seat.

Quality Assurance Director Eliezer "Lazer" Appel was likewise seen bustling about bearing trays of fresh food, moving chairs in and out and otherwise assuring the quality of the event.

By the time it was over an hour later, the seniors in attendance came away satisfied not just in body, but in heart, mind and spirit too—feeling, rightfully, that they were not only tended to but, most importantly, given their rightful place at the head of a community that would literally not exist if not for their existence.

### Living Years

Long associated in the community with social services resources, Hamaspiik has long outgrown its limited original mission of only supporting individuals with intellectual disability.

With the advent of HamaspiikCare, the agency took its brand-name excellence and authority into home care—bringing the Hamaspiik brand of caring and professionalism to the thousands of seniors and others who would benefit from at-home care services

from Hamaspiik.

More recently, the Orange County Dept. of Social Services capitalized on a positive, proactive and symbiotic relationship with Hamaspiik of Orange County, turning to the community-leading non-profit to take the reins of a local senior program.

The result was a trailblazing partnership between Hamaspiik and the Dept.'s Office for the Aging (OFA), which has long provided a meal program for regional seniors, both delivered to individual doorsteps and served in

### Rolling out a Regimen of Respect

Since his hiring, Moshe Laufer has not just served as a Medicaid Service Coordinator (MSC) Supervisor, but also as its At-home Services Director—and now, as overseer of its new Shnois Chaim program, too.

Working diligently under Mr. Laufer is the freshly-hired Yeshaya Stern, Hamaspiik of Rockland County's energetic new Senior Day Services Coordinator.

Backed by the hardworking Mr. Laufer,

fresh hot lunch to be served later in the day, and a partitioned classroom area set up to the side for Shnois Chaim's daily adult education class.

The program warmed up with a warm-up of the gastronomical variety, with coffee and tea set out in a choice of varieties and flavors. Attendants—some of whom had accompanied the gentlemen from their homes—stood by to assist them in preparing their hot drinks.

A round of therapeutic stretching and breathing exercises with specialist Mordechai Genut, MS, L.AC followed, with the gentlemen gently flexing and bending limbs to help maintain and build muscle tone, and improve the body's overall health and healing capacity—important at any age and certainly at their station in life.

After tending to body came the day's much-anticipated tending of mind and soul—with a respected and experienced local adult-education instructor (who asked not to be named in the *Gazette* for personal reasons) leading students in an inspirational group session.

Though many years their junior, the teacher made a rapt audience out of the assembled seniors in an impressive combination of vocabulary, depth and wit demanded by such "seasoned citizens"—a combination that delivers by what is not said as much as by what is.

### Doing Lunch

Following the near-hour of intellectual stimulation, the gentlemen were served with a freshly-prepared and rigorously regulated lunch.

Being the central axis of the publicly-funded program that it is, the dining must meet numerous specific nutritional requirements laid out by the county Dept. of Social Services—ensuring that participating seniors not only get a good hot lunch every day, but one that meets key health needs, too.

For example, each senior must be served a minimum number of portions consisting of proteins, and carbohydrates, as well as fresh fruits and vegetables. Water must also be provided.

Not only must the menu pass county muster, but the cleanliness and hygiene of the food preparation area—kitchen counters, appliances and all—must meet minimal health standards so as to maintain program compliance.

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**A SEAT AT THE TABLE** A stimulating class awaits the community patriarchs' arrival

group settings.

That partnership was shortly named "Shnois Chaim"—which roughly but aptly translates to "Years of Life" or "Living Years," indicating not just the respect Hamaspiik's primary community harbors for what the vernacular calls the "golden years," but also the vigor that Hamaspiik customarily throws into everything it does.

As such, ever since Shnois Chaim at Hamaspiik of Orange County officially opened its doors, venerated seniors who call the upstate village of Kiryas Joel home found a daily home in the elegant ground-floor social hall of Hamaspiik's Administration Building—where OFA Director Ann Marie Maglione and Shnois Chaim Coordinator Mrs. Chaye Miriam Landau have forged a highly effective partnership in delivering daily meals, exercise regimens and more.

And now, Shnois Chaim has come to Rockland County.

Mr. Stern took the reins of a local senior program that, as was the case in Orange County, had approached the county's Hamaspiik program to assume and inject fresh leadership.

Several weeks later, on the morning of Tuesday, April 25, Hamaspiik of Rockland County officially began doing what Hamaspiik of Orange County has long been doing—running a successful Senior Dining/Social Day program entitled Shnois Chaim.

From the moment they stepped out their front doors (or were respectfully rolled forth in wheelchairs) until they were respectfully transported back home, and at every point between, the participating seniors—each a family/community patriarch in his own right—received all reverence due.

At 10:00 a.m., the group of seniors arrived for their program's first day under Hamaspiik's exemplary touch.

The ballroom at the Hamaspiik Terrace had been elegantly set up with round tables for a





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# The Senior Care Gazette

## Study Finds Link Between Parkinson's and Nerve Removal Surgery

A review of national medical records in Sweden found that people who underwent vagotomy, or surgical removal of the vagus nerve, were 40 percent less likely to develop Parkinson's disease.

The vagus nerve runs from the brain stem to the abdomen, and helps control automatic body processes like heart rate and digestion.

Vagotomy is sometimes used to treat ulcers with "selective vagotomy," which only removes some branches of the vagus nerve, or "truncal vagotomy," which fully removes its main trunk.

The study by Sweden's Karolinska Institute looked at records for over 377,000 patients over a 40-year period—finding that among those who underwent truncal vagotomies had a 40-percent lower rate of Parkinson's after five years of tracking than those who didn't over the same period.

The researchers believe the association—not cause-and-effect—may indicate that Parkinson's originates in the gut and spreads along the vagus nerve to the brain, where the movement disorder develops. The study was published April 26 in the journal *Neurology*. ★

## NYU Langone's Therapeutic Dementia Choir Builds Community and Self-esteem for Patients, Caregivers

The Unforgettables, a unique therapeutic choir for dementia patients and caregivers, was profiled recently in *Crain's Health Pulse*.

The weekly adult choir was founded in 2011 by Mary Mittelman, director of NYU Langone's Alzheimer's Disease and Related Dementias Family Support Program. It is currently led by music educator Dale Lamb and music therapist Tania Papayannopoulou.

The Unforgettables program provides a supportive community for caregivers, who often feel despair and isolation—and its benefits extend to patients, too, Mittelman told *Crain's*. Performing music together increases self-esteem and can lessen agitation, she said.

"What we learned is that people in the early and mid-stages of dementia can learn new songs," she said. The program has been so successful that Mittelman secured funding for a second chorus.

Mittelman is also intent on educating others about starting their own choirs; her team has already trained a group in Milwaukee to replicate the program, and she's getting interest from around the country, *Crain's* reported.

"I see it having lots and lots of benefits for people with dementia and their caregivers," she told the outlet. "It's about bringing joy to the community and a really positive message about what people with dementia can do." ★



## Are Eye Doctors Not Seeing AMD Straight?

A late-April study in *JAMA Ophthalmology* indicates that regular eye exams miss about one in every four cases of age-related macular degeneration (AMD) in seniors aged 60 and older.

The study, conducted by researchers at the University of Alabama (Birmingham), re-examined 644 seniors who had been found to have normal eye health at their most recent eye check-ups. Researchers found evidence of AMD in about 25 percent of the study participants.

About 14 million Americans have AMD, making it the country's leading cause of per-

manent vision loss.

"A dilated examination—with careful inspection of the eye's macula [center of the retina]—is necessary to determine if there are characteristic findings of this disease in the patient," Lenox Hill Hospital's Dr. Mark Fromer commented to health-news outlet HealthDay. "It is imperative that the highest standards be adhered to in the detection of this commonplace disease."

According to Dr. Fromer, dietary change and the use of nutritional supplements can "dramatically" slow the progression of macular disease. ★

## Putting Our Community's Venerable Patriarchs in Their (Rightful) Place

« CONTINUED FROM PAGE E14

As the gentlemen first made their way to the lunch tables and were immediately served, Shnois Chaim's Yeshaya Stern, and his beneficiaries' aides, hove near, literally lending their helping hands to seat the gentlemen, place plates, pour drinks and answer any and all questions.

### Affirming values

As the Shnois Chaim special luncheon drew to a close, *Hamaspiik Gazette* Yiddish Editor Zishe Muller, serving as Rosh Chodesh lunch emcee, rose to share a few words.

In his folksy style, Mr. Muller—himself the grandson of the legendary Rabbi Yankel Muller (a.k.a. "the Yarmer Ruv")—shared what an honor it was for the agency to have the opportunity to honor its community's elders, especially in assisting them in tending to body and spirit alike.

The adult education instructor was then briefly introduced by Mr. Stern, proceeding to share a few inspirational comments on the rightful place of seniors in the community—and also echoing Mr. Muller's sense of honor and service.

That theme was next expanded upon by Meyer Wertheimer, founder of Hamaspiik and Executive Director of Hamaspiik of Rockland County.

In his brief but heartfelt words, Mr. Wertheimer talked about the concept of service, specifically serving those greater than one's self, be that in years, wisdom, or both.

Following the traditional Birkas Hamazon (Grace after Meals) prayer, the crowd dispersed, with Hamaspiik's employees returning to their desks and the honored seniors returning home.

But while all went back to their daily routines, none left without that indescribable feeling that a community's dearest values had just been underscored—and more with what was done, not said. ★

*Membership in a New York State Managed Long Term Care (MLTC) Plan is required for seniors to join Hamaspiik of Rockland County's new Shnois Chaim program.*

*For more information, please contact Senior Day Services Coordinator Yeshaya Stern directly at 845-503-0844.*