

## From Our Offices

As the holiday season begins, it's only fitting that we stop to consider our many blessings. Those of us in human services can be particularly thankful for the opportunity to make a difference in the lives of others.

As mental health reform continues, more changes are being announced by the state. At times, it seems that these changes come almost on a daily basis. This is stressful for all of us: staff, consumers and family members. The important thing is that we remember why we do what we do. We must continue to focus on the consumer while we adapt to the changing system and the requirements we must meet.

Most recently, the state has proposed additional changes to the service definition for Community Support, changes slated to go into effect Jan. 1. Highlights include:

- An emphatic statement that Community Support is a rehabilitative treatment service and not a social support, recreational or mentoring program.
- Establishment of "hard limits" for adults and "soft limits" for children on the number of hours the service is allowed. This means that adults cannot receive more than 195 hours in a 90 day period. Under a program known as Early and Periodic Screening, Detection and Treatment, or EPSDT, children and adolescents may receive additional services when they are "medically necessary," but the process for receiving approval is more rigorous.
- For both children and adults, the new definitions set an expectation that the service will be short-term; the length of time the service will be authorized is expected to be much less than in the past, as well as shorter than the timeframes associated with the old CBS or Community Based Services.
- The definition places an even stronger emphasis on using "natural supports" rather than relying on the public system. These supports may include family, friends, church and community.
- Clarification of the role and functions of the "Qualified Professional" or HEMOCARE Clinical Supervisor. The QP is responsible for leading the development of the Person-Centered Plan and overseeing its implementation. The QP also assumes responsibility for linking the consumer to other services and supports, including different levels of services that may be provided by other agencies. The new definition includes a requirement that the "QP" provide at least 25 percent of the service to each consumer.

The new definition also defines the role of the HEMOCARE Behavioral Technician, who is generally a paraprofessional (PP) or associate professional (AP, defined as an individual with at least a four-year degree who may not

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## Employee Spotlight

**Glenda Kubenetz** has been with HEMOCARE Management Corporation since September 2004. A wonderful asset to the company, she has worked with the same client since beginning with us.

Glenda has worked with individuals with developmental disabilities for more than 32 years in different capacities. She started out at the Iredell Developmental Day Center and has also worked as a Teacher's Assistant at Mitchell Community College. She says what she has loved most over the years is the smiles she gets from the people she works with.

Glenda has been married for 15 years to **Jim Kubenetz**, and they have a 13-year-old son, Joseph. She says she enjoys "teenage nights" on Fridays with her son and his friends and playing with her nephews. Glenda says that her hobbies are her pet Chihuahua and her rabbit because she is "a simple girl." Regional Manager **Adolph Gordon** said he has had the pleasure of working with Glenda since 2006 and really appreciates the wisdom she brings to her position with HEMOCARE Management.



## Client Spotlight

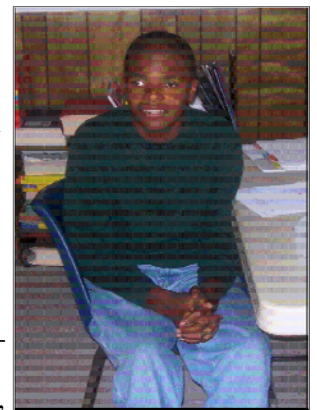
**Brian Ford** began receiving service at HEMOCARE in September 2000. Brian lives with his parents and siblings in Charlotte and is a 9<sup>th</sup> grader at Ardey Kell High School. In addition to HEMOCARE services he receives applied behavioral analysis/verbal therapy.

His mom says he has overcome many challenges, but she is most proud of his learning to transition without difficulty. Mrs. Ford says transitioning was very difficult for Brian, but with consistency and the help of his HEMOCARE staff, Brian now has no problems in this area. Brian currently is learning how to tell time and count money, and he enjoys going out in the community to make purchases.

HEMOCARE technician **Genie Lowe** has been working with Brian for the past seven years. Genie says "Brian has grown in so many areas . . . He is a delight to be around. She reports that he is caring and well liked.

In Brian's leisure time he enjoys listening to music, going to the park, watching movies, traveling and swimming.

Mrs. Ford is a strong advocate for her son and wants him to gain the skills he needs to be as independent as possible. Brian's future plans are to complete high school and then to get a job and go to work.



# Bipolar vs. ADHD

A new debate is raging in the mental health field. Where it was once thought that children couldn't be bipolar, professionals are starting to change their minds. It is now believed that some children and adolescents are misdiagnosed with ADHD when the culprit is really bipolar disorder. This is due in part to the fact that bipolar disorder manifests differently in children, adolescents, and adults, and criteria listed in the DSM include only symptoms for adults. In addition, bipolar in children and early adolescents looks very similar to ADHD, leading to misdiagnosis. Both disorders display impulsivity, inattention, hyperactivity and anger. However, there are five behavioral symptoms unique to bipolar disorder: elation, grandiosity, flight of ideas or racing thoughts, a decreased need for sleep (not brought on by medications and different from insomnia) and hypersexuality in individuals with no history of experiencing or witnessing sexual abuse. In children, elation and mania often present as severe irritability, although, only a small percentage of children with irritability have mania. Children may also have "mixed mania" where they are manic and depressed simultaneously, or they may cycle very quickly between extremes, showing severe mood swings. Other key differences include:

ADHD	Bipolar Disorder
• Anger and tantrums triggered by frustration, overstimulation	• Anger explosive, extreme, triggered when authorities set limits
• Destructiveness usually an inadvertent side effect of carelessness	• Destructiveness often intentional
• Can usually be calmed within 20-30 minutes	• Rage can last for hours
• No psychosis	• May exhibit psychosis
• Symptoms are chronic	• Symptoms are episodic, generally cyclic
• Tends to improve over time	• Gets worse over time
• Stimulants can decrease symptoms	• Stimulants can increase symptoms

Bipolar disorder is estimated to affect 1% to 2% of adults and at most 1% of youth, while ADHD is estimated to affect 3% to 5% of youth. It takes a skilled practitioner to distinguish between the two. Great caution must be taken when diagnosing bipolar instead of ADHD: medications used to treat bipolar can have serious risks, especially on developing bodies. For more information, visit the Child & Adolescent Bipolar Foundation online at [www.bpkids.org](http://www.bpkids.org).

# PaySchedule

Services Delivered	Checks Mailed
Nov. 1-15	Dec. 6
Nov. 16-30	Dec. 20

**Documentation for CAP/MR-DD, CAP/DA, and Personal Care** must be postmarked or delivered the 16th for services delivered the 1st through the 15th and the 1st for the 16th through the end of the month. **Documentation for all other services** must be postmarked or delivered the 9th for services delivered the 1st through the 8th, the 16th for the 9th through the 15th, the 24th for the 16th through the 23rd, and the 1st for the 24th through the end of the month.

# Opportunities For Learning

- **Helping Clients Deal with Holiday Depression**, Boone office, Dec. 7, 9 a.m.-11 a.m.
- **Get the 411 Before Dialing 911**, Lenoir office, Dec. 10, 3 p.m.-5 p.m.
- **Cultural Diversity**, Whiteville, Dec. 11, 5-6:30 p.m.
- **Developmental Milestones in the Early Years**, Wilmington office, Dec. 11, 6 p.m.-8 p.m.
- **Nursing In-Service - Durable Medical Equipment**, Tarboro office, Dec. 13, 3 p.m.-4 p.m.
- **Keeping Safe in the Community**, Forest City, Dec. 14, 10 a.m.-12 p.m. or 2:30 p.m.-4:30 p.m.
- **How to Survive the Holidays**, Charlotte, Dec. 21, 10 a.m.-12 p.m.

*Please contact your supervisor for more information on these valuable training sessions and additional opportunities for you to obtain required CS training as well as for required re-certification trainings.*

# Anniversaries

We at HOMECARE are extremely thankful for our many loyal and dedicated employees. This month **Lee Krueger, RN**, is celebrating his ninth anniversary with us. Lee works from our Wilmington office and has provided high-quality service as a Behavioral Technician to the same consumer for most of the nine years, exemplifying our values of caring and excellence in providing services. **Ed Lankford** is another longtime employee; he joined our Statesville staff eight years ago. **Holly Miller** of the Boone office is celebrating her seventh HOMECARE anniversary, and **Larronde Peterson** of Whiteville is celebrating his sixth. **Karen Hill** of Wilmington and **Steve Levinson** of Forest City have reached the five-year milestone. **Todd Dorsey** of the Charlotte office, **Leslie Goodin** of Statesville, **Margaret Henderson** of Whiteville, and **Portia Newkirk** of Wilmington are all celebrating four years of service.

November also represents another significant anniversary at HOMECARE. On November 1 one year ago HOMECARE added 10 new staff members in our Forest City office. This was a lot to absorb at one time, but the failure of the "spin-off" from the pre-reform Area Program could have left many consumers without service. HOMECARE stepped up, hiring the "best of the best" so that the residents of Rutherford and Polk counties would receive the excellent services they deserve. During the transition, new Regional Manager **Thomas McGhee, MSW** provided leadership to our new clinicians **Lynne Barnette, BS, LCAS**; **April Brown, BA**; **Beth Butterworth, BA**; **Stephen Cefalu, MSW, LCSW**; **Karen Lawing, MA**; **Nikki Pierce, BS**; **Lexine Thompson, BS** and Administrative Assistants **Judy Ammons** and **Amy Shriner** as well as to our original staff members, **Joyce Sams, MA** and **Judy Long**. All have worked hard to make this a great year for HOMECARE and, most importantly, for those we serve.

All of us at HOMECARE, along with the consumers and their families, are thankful for all that each of you do.

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have the experience required to be a Qualified Professional). Individuals who fill this role are supervised by the QP as they assist the consumer develop the skills necessary to reach their goals. Along with the QP, they carry out the Person-Centered Plan.

As members of the North Carolina Providers Council, HOMECARE is working hard to advocate for consumers to ensure that they receive all medically necessary services to help develop the skills necessary to live as independently as possible.