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options for independence

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THE GOOD LIFE

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Assistance Available to Help with Food, Healthcare, and Heating Costs

By *Diane Robie, Director of Client Services*



Jessica Bernaski,
Benefits Support
Specialist

As the cost of living continues to rise—from groceries and medications to housing and heating—many older adults living on fixed or low incomes are facing tough choices. This time of year, the decision to “eat or heat” is all too real, putting health and safety at risk. The good news? There are federal and state programs available to help, offering assistance with nutritious food, healthcare costs, and utility bills. Yet, according to the National Council on Aging, older Americans leave an astounding \$30 billion in financial benefits unclaimed every year. Many are not aware of the programs, believe the application process is too difficult, aren’t sure where to go for help, or think other people need help more. Shockingly, it is estimated that three out of five older adults who qualify for benefits are missing out.

Are you one of those individuals?

Meet Jessica Bernaski, LifePath’s Benefits Support Specialist. Jessica is available to meet with people in a variety of spaces to discuss eligibility and help complete applications. “Most people prefer to meet in-person, but I can also assist over the phone or virtually,” she says. Jessica serves Franklin County, the North Quabbin area, and Hampshire County. In her free time, Jessica enjoys hiking with her 10-month old shepherd husky-mix. “One of the highlights of the job is helping the people in my community—and sometimes meeting their furry friends,” she adds.

Eligibility for benefits varies based on income, family size, expenses, and other factors. While people can utilize <https://lifepathma.benefitscheckup.org> to find assistance, Jessica encourages people to reach out to her directly. She primarily assists with applications for the Supplemental Nutrition Assistance Program (SNAP), Home Energy Assistance Program (HEAP also known as Fuel Assistance), MassHealth, and Medicare Savings Program (MSP). Often, she completes multiple applications in one visit. “I begin by understanding each person’s unique situation to determine what financial resources may be available to them. I can also help with referrals for home repair programs or even home care services,” says Jessica. “People find the process is much easier than expected and the savings can be significant.” For example, the average SNAP benefit for seniors is \$147 a month and HEAP can provide substantial assistance towards heating costs.

“You can see the relief on people’s faces when they learn what help is available,” Jessica notes. “One stumbling block is that people often just don’t know what they’re eligible for. Too many people make sacrifices that they don’t need to. I come with an open heart and desire to make things a little easier.”

Jessica’s position is funded through a grant from the National Council on Aging, which funds 90 Benefits Enrollment Centers in 39 states. To schedule an appointment or learn more, call the Information and Caregiver Resource Center at 413-773-5555 or go to www.LifePathMA.org to make a referral. Jessica is also available to attend outreach events at Councils of Aging, libraries, or other places where older adults gather.

The Hospital to Home Program Meets Patients Where They Are

By *Janis Merrell, Editor of The Good Life*



Celene Livermore,
Community Care
Coordinator

Celene Livermore is the Community Care Coordinator at LifePath. She has served in this role since June 2023. “I have a background in Health Information Management (HIM) and was led to LifePath out of a desire to work directly in the community assisting those in need,” says Celene. She

explains that her position is split between the Hospital to Home (H2H) program and additional roles within LifePath’s Information & Caregiver Resource Center (ICRC). Under the H2H program, she works at Baystate Franklin Medical Center and meets directly with patients during their hospital admissions to coordinate the initiation of LifePath services.

“Collaborating with the hospital case management team at Baystate Franklin Medical Center, I meet with patients and their families to educate them on the resources at LifePath. I submit referrals to our ICRC team for LifePath services and provide information on other community resources that may also be available to assist them. I stay connected with these patients and follow up with them post-discharge to ensure they are receiving the help they need with the ultimate goal of preventing readmissions to the hospital,” says Celene, who thanks “Jennifer McCready, Baystate Regional Manager of Case Management; Lisa Kingsbury, Baystate Quality and Case Management Coordinator; and the entire BFMC Case Management team, who have all been incredibly welcoming and gracious towards me since my start.”

The H2H program meets patients where they are. In Franklin County in particular, this type of program is reaching a population of consumers who are underserved and may be discharged from the hospital with little or no resources. It is reassuring to the hospital care teams to know their patients are being directly met with services they so desperately need.

“With the follow-up process, I am able to stay connected with patients, which I’ve noticed has helped them stay motivated to take the precautions necessary to prevent further decline in their health. This type of positive reinforcement fosters a sense of empowerment and resilience. For consumers that are already enrolled in LifePath services, the H2H program allows for better coordination and communication between LifePath and Baystate. Many times, I am able to create conversation between case managers from both sites, which has many benefits in terms of overall patient care,” states Celene.

One example of how the H2H program can help is the case of an 82-year-old resident of Greenfield who arrived at Baystate Franklin Medical Center in February after experiencing persistent vertigo and aphasia. This was her third visit to the hospital with similar symptoms in a six-month timeframe. They found out she lived independently and her primary support was her daughter who stayed as involved as possible but lived out of state. When Celene first met with this individual and her daughter, she discussed a variety of LifePath services. Neither the individual nor her daughter thought these services would be necessary, so Celene said she would follow-up via phone in 2 weeks and then a month’s time, per program guidelines.

By the time Celene made her first follow-up call two weeks later, the individual had realized she needed some support, and referrals were made for Meals on Wheels and Home Care. Once these programs began working with her, her case manager set up a delivery for a cane to better ambulate around her home, as well as a HERO medication dispensing machine to assist with medication management. Since the February hospital admission, this individual has not had any readmissions.

The Hospital to Home Partnership Program is a two-year grant program between hospitals and Aging Services Access Points to strengthen communication and coordination with community providers. LifePath and another area ASAP, Greater Springfield Senior Services, have partnered with Baystate Health for the Hospital to Home Partnership Program.