

New Federal Study Links Vermont's SASH Program to Medicaid Savings for Long-Term Care

July 19, 2019 — The latest federal evaluation of Vermont's groundbreaking "Support and Services at Home" (SASH) program, released July 12, shows significantly slower growth in the cost of long-term institutional care for very low-income SASH participants living in most areas of the state compared to non-participants.

The finding holds true for SASH participants age 65 and older who receive Medicaid to cover the cost of long-term care in nursing homes. Medicaid costs were about \$400 less per beneficiary per year among participants living at affordable-housing sites where SASH is based, researchers found.

Vermont has a strong record of preventing and delaying nursing home care. For more than a decade, home health agencies, area agencies on aging and adult day centers have helped hundreds of Vermonters stay living at home through a Medicaid-funded program called Choices for Care. This study shows that even in a state with a strong commitment to the independence of older Vermonters, the SASH model makes a difference.

"This is a significant finding because it shows that SASH delays or prevents nursing-home placement," said Amy Kandilov, lead investigator of the study, which was conducted for the U.S. Department of Health & Human Services by RTI International and the LeadingAge Center for Applied Research. "It's also one of the few programs we have evaluated that is having a favorable impact on both Medicare and Medicaid expenditures for the population served."

Previous independent evaluations of SASH have documented savings in *Medicare* expenses for SASH participants, but this is the first time researchers honed in on SASH as it relates to Medicaid costs.

Most SASH participants live in congregate affordable housing. They are supported by a statewide network of social-service agencies and health-care partners, including nonprofit housing organizations, area agencies on aging, community mental health centers, home health agencies, primary and community care teams, and regional hospitals. Participants receive individualized support at home from a SASH care coordinator and a wellness nurse, who together with these partners help about 5,000 SASH participants live safely at home and avoid costly medical interventions. The program is free to participants, with funding provided by OneCare Vermont and the state of Vermont.

The authors of the study, "SASH Evaluation Findings, 2010-2016," analyzed Medicare and Medicaid claims from 2011 to 2016 and surveyed participants and stakeholders to evaluate the impact exclusively of SASH on health status and well-being. They examined data for 54 Vermont panels (groups of approximately 100 SASH participants each) and 116 affordable-housing communities that host SASH.

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Researchers also confirmed that Medicare costs continue to be lower for SASH participants, especially those in urban areas (\$1,450 less per beneficiary per year). The positive impact of SASH on total Medicare expenditures was driven by “statistically significant slower growth in Medicare expenditures for hospital stays, emergency room visits, and specialist physicians, which is consistent with the SASH program goal of preventing unnecessary high-cost care,” Kandilov added.

Researchers also affirmed earlier findings that SASH participants report greater ease managing their medications and, at housing sites where SASH is based, that property managers credit SASH for diffusing tenant disputes and helping residents avoid eviction due to mental health and other challenges.

Robyn Stone DrPH, senior vice president for research at [LeadingAge LTSS Center](#), emphasized the significance of the new study. “These findings should be of particular interest to policymakers at the federal and state levels as well as managed-care plans and other health systems that are responsible for the care of low-income older adults,” she said, adding, “Partnering with affordable senior-housing providers makes sense for payers, providers and consumers, both from a quality and a cost perspective.”

Read [highlights](#) and the [full study](#), “SASH Evaluation Findings, 2010-2016.”

Developed in Vermont by the nonprofit Cathedral Square, SASH is a nationally recognized, team-based program of care coordination for older adults and people with disabilities. It operates from 140 affordable-housing communities throughout Vermont and is free to participants, with funding provided through OneCare Vermont as part of the state’s efforts to reform health care by focusing on wellness and the social determinants of health, including housing. In addition to providing health education, programming and social opportunities, SASH care coordinators and wellness nurses work with [a network of partners](#) — providers in home health, agencies on aging, developmental/mental health/addiction services, primary care and hospitals — to help each participant meet self-identified goals. SASH is currently the focus of a national demonstration in seven states, and it is being fully implemented in both Rhode Island and Minnesota.

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