

A new GMCB Public Comment has been received.

**Submit Time:** 7/30/2024 7:59:36 PM

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**Town/City:** Vergennes

**Topic:** All-Payer Model

**Comment:** I am writing to stress the importance of investing in community-based prevention models that address the social determinants of health, especially housing. In particular, the SASH Program is critically important to the health of seniors in our region and must continue to be funded. Moreover, similar funding should be allocated to support non-seniors on a capitated basis and embedded in affordable housing. Funding for supportive services on-site at affordable housing developments works on two levels: 1) it directly supports healthy housing as a social determinant of health; and 2) it capitalizes on housing as a platform for other health interventions from health food initiatives to direct health care access on-site where people live. Home-based care models like the VNA are vitally important but not enough. Enrollment processes, sporadic appointment availability, and lack of coordination with other parts of the health care system all act as barriers to effective uptake of these services among the most vulnerable (and often highest cost) Vermonters. The SASH Program offers a proven model to address these issues where people live. SASH works with existing providers like the VNA but is a person-centered approach to ensuring that a participants' care is holistically integrated across the parts of the healthcare system with which they may interact. For example, full-time SASH Coordinators convene monthly meetings of area service coordination to review health needs of panel participants, and monitor hospitalizations and discharges to make sure participants are doing well at home if they do experience a medical event. Not only does SASH act as a bridge across existing care providers, it also offers preventive services where people live to reduce demand on the healthcare system. For example, SASH sites have a full-time SASH Coordinator who can organize bone builders classes, blood pressure clinics, and simply spot someone who may not be doing well early enough to intervene before they require an ED visit. The same SASH principles should be applied to a preventative housing-based care coordination system for all residents of affordable housing and the surrounding communities, regardless of their age and Medicare eligibility. Investments should be flexible and not require complicated medical billing or enrollment to access. With homelessness at unprecedented levels, housing and services must work together to keep people happy, healthy, and housed.

**Post Comment:** Yes