

New study links SASH to Medicaid savings for long-term institutional care



The latest federal evaluation of SASH, released public 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.

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. Researchers found that Medicaid costs were about \$400 less per beneficiary per year among participants living at affordable-housing sites in Vermont where SASH is based.

Previous independent evaluations have shown savings in Medicare expenses for SASH participants, but this is the first time researchers have honed in on SASH as it relates to Medicaid costs. Researchers found that SASH participants are less likely to move into nursing homes.

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,” Kandilov noted.

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 5,000 SASH participants live safely at home and avoid costly medical interventions. The program is free to participants and funded 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

Researchers also confirmed that

stakeholders to evaluate the impact of SASH on health status and well-being. They examined data for 54 Vermont panels (groups of approximately 100 SASH participants each) and 116 housing communities that host SASH.

In addition to reporting the Medicaid findings, researchers confirmed that Medicare costs continue to be lower for SASH participants, especially for those in urban panels (\$1,450 less per beneficiary per year). This is driven by “statistically significant slower growth in Medicare expenditures for hospital stays, emergency room visits, and specialist physicians, which is consistent with the SASH goal of preventing unnecessary high-cost care,” Kandilov said.

Medicare costs continue to be lower for SASH participants, especially those in urban areas. Among this population, Medicare costs are \$1,450 less per beneficiary per year.

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 the [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. “Partnering with affordable senior-housing providers makes sense for payers, providers and consumers, both from a quality and a cost perspective.”

Click the links to read the [study highlights](#) or the [full study](#).



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