



Expanding the World of Possibilities for Aging

Behind the Dollar Signs: What's the SASH Value?

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In Dec. 2014, the LeadingAge Center for Applied Research [shared preliminary data](#) showing that the [Support And Services at Home](#) (SASH) program in Vermont is slowing the growth of annual total Medicare expenditures for program participants.

We're working to understand exactly *how* the SASH program is achieving these results.

SASH is a Housing Plus Services model that helps residents of affordable senior housing properties address their health and social service needs in a coordinated fashion.

SASH teams consist of housing-based care coordinators and wellness nurses who work with representatives of community-based service agencies to support program participants.

The data we released in December came from a 3-year evaluation of the SASH program that LeadingAge is conducting in partnership with [RTI International](#).

The cost-bending results have the potential to help drive interest and financial investment in Housing Plus Services programs like SASH, and spur policy changes that could make it easier to establish these programs.

But we want to know more. We're making site visits and conducting interviews with a range of SASH stakeholders so we can understand what makes the program work well and what hinders its effectiveness.

So far, we've uncovered 2 important characteristics that seem to set SASH apart from other programs:

- SASH has a very flexible structure, which gives program staff the latitude they need to tailor interventions to a resident's unique needs.
- Working in the housing property allows program staff to have regular contact and build relationships with program participants.

Flexibility to Serve All

Integration into Vermont's statewide health reform effort—and funding through Medicare's Multi-Payer Advanced Primary Care Practice (MAPCP) demonstration—is helping to spread the SASH program to senior housing properties across Vermont.

The program's broad eligibility criteria open SASH to anyone living at a housing property. And, because SASH doesn't get reimbursed for providing specific services, its team members are free to use their coordination skills to give participants access to whatever supports they might need. Unlike many programs, SASH can essentially help any participant for any reason at any time.

Craig Jones, director of Vermont's health care reform effort, says that this flexibility allows SASH to support residents in new and different ways.

SASH team members aren't limited by the defined scope, intensity or duration of services that restrict the activities of many other programs, says Jones. As a result, they can offer program participants "unhindered access" to the help they need.

SAHS: Regular Interactions Between Staff and Residents

The fact that SASH teams are embedded in the housing property allows team members to interact with residents regularly, get to know them well, and become a part of their social network.

It's not surprising that this regular interaction would be important to residents. But we discovered that community service partners also appreciate this aspect of the SASH program.

As SASH staff members get to know program participants, and develop trusting relationships with them, they often uncover potential problems or needs that might not be obvious to service providers that only visit the housing property occasionally.

When the SASH staff makes a discovery, they can alert service providers about a particular need. Or, when appropriate, the SASH team can jump in to help a resident address that need.

Real-Life Examples Tell the SASH Story Best

We've run across myriad examples of how these 2 characteristics play out in the daily workings of the SASH program. Here are a few:

- **Maintaining independence with dementia:** A resident of one housing community had moderate-stage dementia and was struggling to carry out her daily activities. The SASH coordinator referred the resident for evaluation by the state's Medicaid waiver program. In the interim, the coordinator and the SASH wellness nurse visited the resident regularly to make sure she was eating and taking her medications, and to offer periodic assistance. Because the nurse

got to know the resident, she was able to offer the evaluating official information about the resident's circumstances. Ultimately, the resident was approved for the waiver program. A year later, she is still living in the property with caregiver assistance and support from the SASH team.

- **Managing confusing medication regimens:** A SASH coordinator noticed that a resident just didn't seem like her regular self. The coordinator visited the resident in her apartment and discovered that the resident had been prescribed new medications with confusing directions. The resident was having difficulty taking correct doses of each medication. The coordinator helped the resident set up a system that would help her manage the medications correctly.
- **Refilling prescriptions before they run out:** During a regular visit with a resident, a SASH coordinator discovered that an important prescription was almost depleted. The coordinator helped the resident get the prescription refilled. She also called the resident's mental health counselor to inform her of the intervention. The counselor reported that she wouldn't have been aware of this situation if it hadn't been for the SASH coordinator. She also acknowledged that the SASH coordinator helped avert potential problems by noticing and intervening before the resident missed a dose.

How SASH is Controlling Medicare Costs

To be sure, there are challenges associated with implementing the SASH program. That's to be expected when any new program is rolling out and organizations and people are learning to work together in new ways.

But our interviews seem to be revealing that the practice of embedding staff in affordable senior housing communities allows them to develop relationships with residents and proactively address potential concerns in a flexible manner.

These characteristics may hold a key to controlling the growth of Medicare expenditures.

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