

Testimony to Senate Appropriations – April 5, 2016

Kim Fitzgerald, CEO, Cathedral Square Corporation

Thank you for the opportunity to testify today. I appreciate the difficult budget situation our state faces once again and I appreciate the hard choices you must make. I'd like to comment on the Governor's recommended budget in support of SASH (Support And Services at Home), of which Cathedral Square serves as the statewide administrator, as well as in support of the Vermont Housing & Conservation Board.

Support And Services at Home (SASH)

The Governor has recommended level funding of SASH at \$974,023. This funding is essential to the continuation of this proven impactful model. SASH is a partnership model that serves as an extender to the Blueprint for Health providing support and care coordination where people live. SASH is embedded in affordable housing across the state and the surrounding communities. SASH draws on the expertise of service coordinators based in housing, home health, area agencies on aging, mental health agencies, hospitals and other providers to support high need individuals with a very efficient and flexible model of care.

SASH will bring \$3.78 million in new federal Medicare funds to Vermont this year, and these funds do not require a state match. This funding provides community based care management and wellness nursing to support the highest need individuals in our state. According to a national study conducted by the Lewin Group in 2014, residents of HUD assisted housing are more likely to have 5 or more chronic conditions and therefore are more likely to incur more costs in Medicaid and Medicare. SASH focuses on keeping these exact participants in our program well and healthy. We offer chronic disease self-management programs, Tai Chi, diabetes prevention classes, walking programs and many, many other offerings at 136 SASH housing sites in communities all over the state.

SASH is in the midst of a 3 year evaluation by the federal Agency of Health and Human Services and the Department of Housing and Urban Development. The first evaluation report concluded that SASH is resulting in lower overall Medicare spending by approximately \$1,800 - \$2,200 less than control groups in New York and Vermont per person/per year. We have seen a draft of the second evaluation report which will be made public later this month and it confirms continued reduction in growth of health care spending for SASH participants vs. the control group by an average of \$1,500 per person per year. And importantly, the sample size is now three times larger. Given our current number of participants, we estimate **SASH is reducing Medicare spending by an average of \$7.5M a year.**

As you can see in the handout I provided, SASH is also having positive impacts on increased access to care and improved health. Over 3 years, we increased the number of participants to receive their shingles immunizations by 33%. And, we increased the number of participants that had signed advanced directives by 40%!

Importantly, SASH's primary funding source, the Medicare MAPCP Demonstration, which also funds a portion of the Blueprint for Health, is set to expire as of December 31, 2016. If left to expire, approximately 5,000 older adults and adults with disabilities will lose a system of care support and coordination that has significantly improved their quality of life and at the same time reduced health care expenditure growth. Our clearest path

to sustainability is the All-Payer Model proposal that the state's Agency of Administration and GMCB has been negotiating with the Centers for Medicaid and Medicare Services (CMS) as SASH is included in the term sheet. The term sheet proposes expanding SASH to 7,500 participants and continues Medicare's participation in the Blueprint for Health. Please support SASH's level funding from the State.

Vermont Housing & Conversation Board

Cathedral Square owns or manages thirty affordable housing communities with almost 1,000 units of affordable housing in the greater Chittenden and Franklin counties. Our housing includes assisted living for Medicaid beneficiaries that may otherwise be in a nursing home at twice the cost to Medicaid. We have over 800 people on our waitlist. And VHCB has been an integral part of making our housing possible – they have invested \$12M in state and federal funds over the years in Cathedral Square properties.

Recently CSC completed a renovation of Kelley's Field senior apartments in Hinesburg utilizing VHCB funds. Their funding made energy improvements included air sealing, insulation, and new windows possible. As well as, improved accessibility by making two apartments and the community and laundry rooms fully handicapped accessible. With its investment in Kelley's Field, VHCB is reducing energy costs, while improving resident safety and comfort, and providing affordable housing to those that might otherwise be in an institutional setting much more costly to the state.

Our newest affordable housing community benefiting from VHCB investment is Elm Place in Milton. Construction has just started on this 30-unit senior community and it will provide much needed affordable housing with SASH services to low income senior residents in the Milton area. This development is a smart growth site in the center of town, with access to public transportation and within walking distance to services including the UVM Medical Center – Milton Family Practice- next door. This building will be designed to Passive House standards, which is a super insulated building envelope which greatly reduces energy usage and costs. This will be the first Passive House multi-family building in Vermont. This project will cost \$8.4M where VHCB funding leveraged \$6.3M in equity through the 9% tax credits.

As you know, the Governor has called for level funding of VHCB at \$14M which the House approved and we greatly appreciate. However, it is \$5M below VHCB's statutory funding level of \$19M. This investment creates housing that is affordable, energy efficient and accessible, and it leverages millions of other public and private funds for the benefit of Vermonters. If we continue to short-fund VHCB, we only make our affordable housing shortage worse, driving more Vermonters into homelessness and costing the State more throughout the AHS budget. Please consider an increase.

We are doing a lot that is right in Vermont. Thank you for your support of SASH and VHCB, programs that are having a real impact on Vermonters.

Thank you very much.

Kim Fitzgerald

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What is SASH?

SASHSM, part of Vermont's Blueprint for Health, is a care management model that harnesses the strengths of social service agencies, community health providers and non-profit housing organizations to work together to support Vermonters to live safely and healthfully at home.



Who is served?

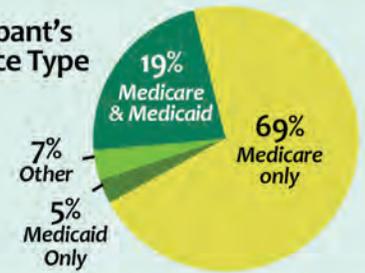
SASH STATEWIDE LOCATION MAP



SASH Demographics
(*As of 8/31/15)

4485 total SASH Participants*
Average age: 72
Age range: 20 - 101

Participant's Insurance Type



SASH Facts

- Created over 67 jobs (FTEs) across the state
- SASH is available in 138 affordable housing sites
- SASH is available in every county and Health Service Area in the state
- Wellness Nurse and SASH Coordinator embedded in affordable housing
- 65 partner agencies have signed SASH Collaboration Agreements. Key Partners include: Hospitals, Primary Care, Home Health Agencies, Affordable Housing Organizations, Area Agencies on Aging, and Designated Mental Health Agencies

What's Next?

- Need to secure a permanent funding source for the SASH Model (Current MAPCP Demonstration funding expires Dec 31, 2016)
- Improvement in the following outcome measures:
 - Reduce premature nursing home placements
 - Increase end-of-life planning
 - Increase immunization levels
 - Reduce falls & social isolation
 - Continue improvements in chronic disease management
- Continue to decrease the rate of growth in Medicare spending



SASH Outcomes

Better Care, Healthier People, Smarter Spending

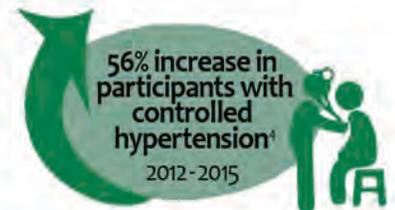
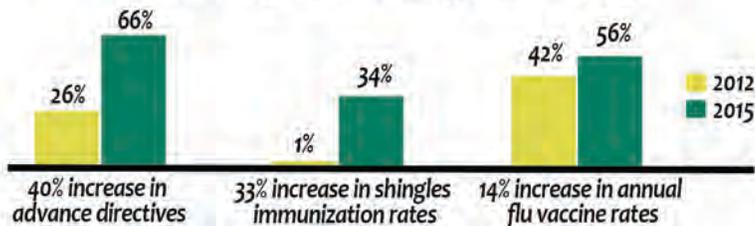
Better Care

The SASH model provides

- **Individualized and person-centered care coordination** by fully trained SASH Coordinator and SASH Wellness Nurse
- **Transitions support from hospital or rehabilitation** facility, including in-home visit(s) following discharge
- **Health Coaching** focused on self-management of chronic health conditions
- **Wellness Nursing** providing one-on-one visits and group health education sessions
- **Multi-disciplinary team approach** to service provision (*SASH team members include: Home Health Agencies, Area Agencies on Aging, Housing Organizations, Community Mental Health Organizations and Blueprint Community Health Teams*)
- **Weekly blood pressure clinics** led by Wellness Nurse
- **Comprehensive health assessment**
- **Referral services**
- Regular offerings of Evidence Based Programs including **Chronic Disease Self-Management workshops** and **Tai Chi**

Healthier People

SASH Participants experienced improvements in the following clinical areas from 2012 - 2015



Smarter Spending



SASH Participants experienced a reduction in total average annual expenditure growth by \$1755 per beneficiary.¹

Estimated cost of SASH...
\$1,000
per participant/year

\$1,574,970
Potential cost avoidance in end of life care costs resulting from increase in SASH participants with advance directives.²

\$153,175
Potential cost avoidance for SASH participants with newly controlled hypertension through self-monitoring and SASH support.³

1- Support And Services at Home (SASH) Annual Report, Sept 2014, U.S. Department of Health and Human Services Assistant Secretary for Planning and Evaluation Office of Disability, Aging and Long-Term Care Policy
2- JAMA. 2011 Oct 5;306(13):1447-53. doi: 10.1001/jama.2011.1410. Regional variation in the association between advance directives and end-of-life Medicare expenditures. Nicholas LH1, Langa KM, Iwashyna TJ, Weir DR.
3- Cost-Benefit Analysis of Home Blood Pressure Monitoring in Hypertension Diagnosis and Treatment: An Insurer Perspective Alejandro Arrieta, John R. Woods, Nan Qiao, Stephen J. Jay
4 - NQF Measure 18, controlled Hypertension is defined as follows: Percentage of patients 18 through 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mmHg) during the measurement period.