

# HOW HOUSING MATTERS

The *How Housing Matters Conference* is a project of the National Building Museum in partnership with the John D. and Catherine T. MacArthur Foundation and the Office of Policy Development & Research, U.S. Department of Housing and Urban Development.

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## Meeting the Health Care Needs of Aging Residents of Affordable Multifamily Housing

**CASE STUDY Cathedral Square, Vermont**

Prepared by the Center for Housing Policy



## Type of housing

Supportive housing for the elderly and individuals with special needs

## Funding sources

Medicare, Medicaid, private sources (Cathedral Square Corporation, Vermont Health Foundation, and other foundations)

## Number of residents served

By July 1, 2014: 6,120 participants at 61 service hubs serving 112 supportive housing sites

## Budget

\$74,800 annually for each 100-resident service hub

As a Vermont nonprofit provider of affordable housing for seniors and individuals with special needs, Cathedral Square Corporation has a natural platform for coordinating the healthcare, housing, and social service needs of its residents. Seeing this opportunity and the need for a more comprehensive and coordinated approach to healthcare and housing, Executive Director Nancy Eldridge worked with state legislators, housing providers, healthcare groups, and community service partners to launch Vermont's Support and Services at Home (SASH) program.

SASH uses affordable multifamily housing developments as a platform for providing integrated healthcare. Although participation is voluntary and open to all residents, the program can be tailored to meet the needs of high-risk participants, including those with frequent emergency room and physician visits, cognitive deficits, a history of falls, and/or chronic health conditions. A proposal to the Centers on Medicare and Medicaid Services (CMS) being prepared by the state would increase support for individuals who are dually eligible for Medicare and Medicaid and live near SASH service hubs.

Each SASH service hub supports 100 program participants, referred to as a panel. This simplifies the Medicare reimbursement process that funds each hub's core team, which consists of a full-time SASH coordinator and a quarter-time wellness nurse. The core team is usually employed by the housing facility, although the nurse can be subcontracted from a home health agency.

In addition to the core team, SASH brings together a home health acute care nurse and an Area Agency on Aging case manager. The state uses Medicaid funding to pay for the acute care nurse and case manager to attend SASH team meetings. Other local community agencies, such as the Program of All Inclusive Care for the Elderly (PACE) and community mental health agencies, may also be represented in the SASH team.

The full SASH team meets twice a month to discuss resident and community care plans for the whole panel. Primarily, the SASH team's interactions with participants take place in the participant's apartment, and no additional facilities are needed to operate the model.



CATHEDRAL SQUARE CORPORATION  
WELLNESS NURSE LYNETTE SHEPARD  
WITH SASH PARTICIPANT. COURTESY OF  
CATHEDRAL SQUARE CORPORATION.

When a resident enrolls in the program, the SASH team completes a functional and cognitive assessment and collaborates with the participant to create a Healthy Aging Plan, which includes goals related to physical activity, nutrition, social contact, medication and chronic disease management, and fall prevention.

In addition to these individual plans, the SASH team creates a Community Healthy Aging Plan (CHAP) to address residents' common needs. The CHAP is updated every six months and includes descriptions of programs and interventions that can help meet the community's health and wellness needs. An Evidence-Based Practices Directory is maintained that cites recent research on programs with proven results for improving wellness. The directory also provides guidance on how the programs, such as "Eat Better Move More" and Tai Chi, can be implemented by SASH teams.

SASH is different from other supportive housing programs because it works across the traditional silos that divide housing, healthcare, and social services. "We are not talking about a model," Eldridge says, "we are talking about a system. We were looking at ...long-term care ... in this country, and there are a lot of really great programs and agencies. But you can't point to a long-term care system the way you can point to an educational system." SASH seeks to change this by building a system of integrated long-term care.

## History

The SASH program launched in August 2009 with a pilot effort at one of Cathedral Square Corporation's housing developments in Burlington. Over the course of the one-year pilot, hospital admissions were reduced 19 percent, none of the residents moved to a nursing home, and the share of residents that experienced a fall was reduced by half. Physical activity levels and nutrition also improved.

The pilot program was funded by the John D. and Catherine T. MacArthur Foundation, the Vermont Health Foundation, the Vermont legislature, and Cathedral Square Corporation. Eldridge had been educating the legislature about the housing and healthcare connection for several years, and credits leaders on the appropriations committees for the legislature's receptiveness to the SASH concept. State appropriations of \$200,000 over two years, with a requirement for matching funds from private sources, were key to obtaining support from the Vermont Health Foundation and other sources.

## Opportunities

Based on the pilot's success, the SASH program has been fully integrated into Vermont's statewide healthcare reform plan, *Blueprint for Health*. The plan is to expand SASH across the state with funding from two demonstration projects sponsored by the Centers for Medicare & Medicaid Services: the three-year Multi-Payer Advanced Primary Care Practice (MAPCP) Medicare Demonstration and the Integrated Care for the Dually Eligible Demonstration.

Currently, Cathedral Square Corporation is helping expand SASH to a statewide audience. By October 1, 2011, seven additional SASH service hubs serving 700 participants should be operating, and by the end of the three-year MAPCP Medicare Demonstration, Vermont expects to serve residents of 112 nonprofit residential communities—and their surrounding neighbors—through 61 service hubs in or adjacent to each housing development. Eventually, Eldridge hopes to make SASH available to the entire Vermont population that is dually eligible for Medicare and Medicaid—an estimated 21,379 individuals that includes both seniors and people with special needs.



Expanding SASH throughout the state would both improve the coordination of participants' health care and save an estimated \$40 million in Medicare costs as part of *Blueprint for Health* by the fifth year of operation. The savings stem from improved access to preventative care as well as reduced hospitalizations due to a combination of three proven strategies: (1) transitional care to support seniors as they move back home from a hospital or rehab facility, (2) self-management education and coaching for chronic conditions like diabetes and arthritis, and (3) care coordination between primary care physicians and health professionals with differing specialties to streamline treatment plans.

**SASH is different from other supportive housing programs because it works across the traditional silos that divide housing, healthcare, and social services.**

PARTICIPANTS IN THE EAT BETTER MOVE MORE PROGRAM, ONE OF THE SASH EVIDENCE-BASED PRACTICE PROGRAMS. COURTESY OF CATHEDRAL SQUARE CORPORATION.

## SASH seeks to build a system of integrated long-term care.

## Challenges

The program faces two main challenges: communicating the operating protocols and benefits of the new approach to multiple partners and ensuring that all of the program costs are covered.

As Cathedral Square Corporation has begun to deploy more SASH service hubs, Eldridge has found that there is a constant need for communication with partner organizations. With the planned expansion, more organizations will need to be involved in coordinating operations at service hubs—a major change from most groups' standard practices. This requires outreach and education to ensure consistent administration of services and care.

Another communications challenge that Eldridge notes is a perception that involving housing providers in their residents' health care could violate residents' privacy. This problem is more one of perception than reality. SASH providers have privacy agreements with residents and enforce the privacy rules specified in the federal Health Insurance Portability and Accountability Act (HIPAA). Program participants generally welcome the intervention. "We tell residents that we will be there if they have a crisis," Eldridge says, "and they say great—what do you need to know?"



RESIDENTS AT SASH SITE WITH MOLLY DUGAN (SASH PROJECT MANAGER). COURTESY OF CATHEDRAL SQUARE CORPORATION.

With respect to funding challenges, the state's willingness to make Medicare and Medicaid funding available has helped greatly, but these funding sources are not sufficient in and of themselves to cover all of the expenses of a robust SASH program. Some costs have been reduced by accessing volunteer networks, including volunteers working with the Retired Senior Volunteer Program (RSVP) and Care Banks. Financial support to cover wellness programs, personal care attendants, and technology expenses has been more difficult to secure.

Eldridge is undeterred by these challenges. "There is always someone doing what you need, you just have to find them and work with them," she says.

**Contact information:** Nancy Eldridge, Executive Director, Cathedral Square Corporation, 412 Farrell Street, South Burlington, Vermont 05403, **Phone:** 802-863-6566, **Email:** [eldridge@cathedralsquare.org](mailto:eldridge@cathedralsquare.org)

**This case study was prepared by the Center for Housing Policy**, the research affiliate of the National Housing Conference (NHC). In partnership with NHC and its members, the Center works to broaden understanding of the nation's housing challenges and to examine the impact of policies and programs developed to address these needs. For more information, see [www.nhc.org](http://www.nhc.org).

