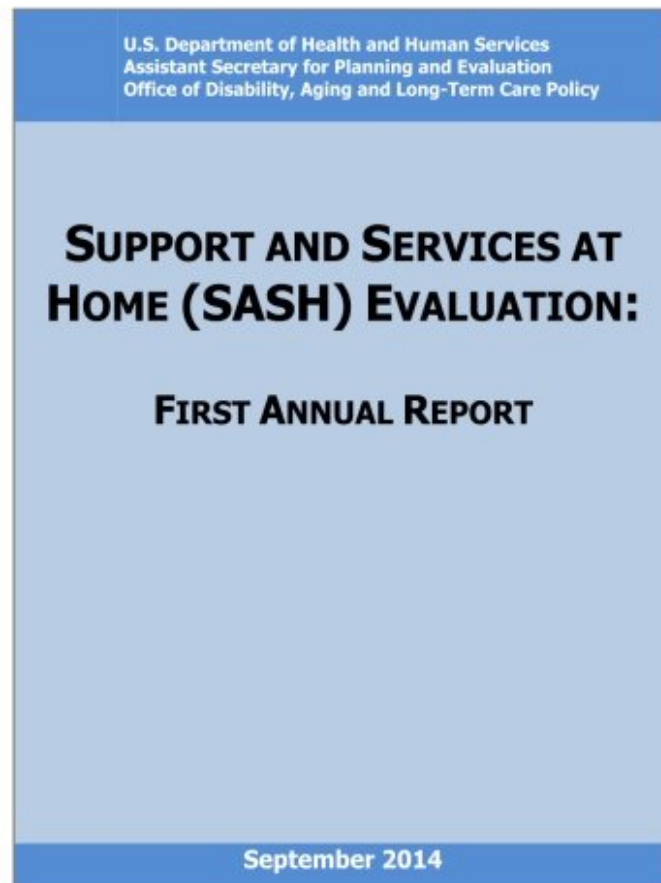


SUPPORT AND SERVICES AT HOME (SASH) EVALUATION: First Annual Report

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This memorandum describes implementation challenges and early impacts of a program intended to improve health and decrease health care expenditures among elderly residents of affordable housing developments. In July 2011, the Support and Services at Home (SASH) program was officially launched with the opening of the Heineberg panel and expanded to include 36.5 panels by the end of 2013. The SASH program connects residents with community-based services and promotes coordination of health care. Using claims data for a sample of 549 Medicare fee-for-service

(FFS) beneficiaries, the evaluation compares health care utilization and expenditures among SASH participants and two comparison groups (including Medicare beneficiaries in Vermont and New York). Relative to growth of total Medicare expenditures in two comparison groups, growth in annual total Medicare expenditures was lower by an estimated \$1,756-\$2,197 per beneficiary among beneficiaries enrolled in SASH panels established before April 2012 (i.e., well-established panels). However, SASH participants used more hospital services, a finding that warrants closer examination as the evaluation continues. Additionally, the analysis did not account for programmatic investments provided by the Medicare program to determine if the SASH program resulted in net savings for the Medicare program. Impact estimates in this memorandum are based on the first year of SASH implementation only and are thus preliminary.