Opportunities and Pathways for States to Implement the CAPABLE Program
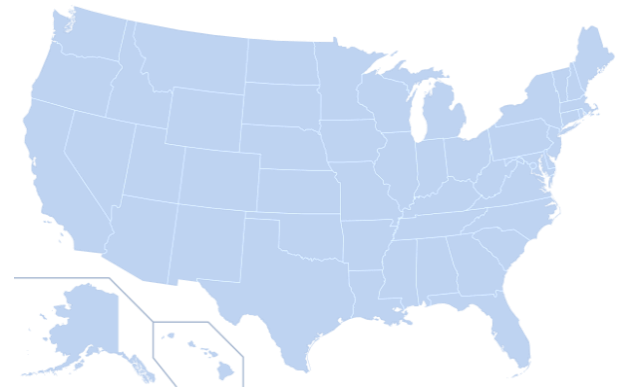
The Community Aging in Place, Advancing Better Living for Elders (CAPABLE) Program is a person-directed, home-based falls prevention intervention that **improves physical function**, **lowers hospitalization rates**, and **decreases nursing home admissions.**[1]

PATHWAYS FOR FINANCING AND IMPLEMENTATION

The CAPABLE program has unique capabilities that can benefit states. As Medicaid agencies, health departments, and legislatures work towards supporting older adults in their communities, implementing CAPABLE can play a key role in achieving these goals, while saving Medicaid dollars. For example, a state pursuing **LTSS rebalancing efforts** can look to CAPABLE as a proven home and community-based service for older adults that will reduce the likelihood of nursing home admission. States can even be awarded policy innovation points in AARP's LTSS Scorecard for supporting CAPABLE availability.

"As we eagerly anticipate the results of this groundbreaking pilot, Colorado can take pride in the fact that our state is at the forefront of healthcare innovation."
-- CAPABLE Program Manager

Successful state implementation of CAPABLE can take several forms. Funding and implementation pathways can be leveraged in different ways to create sustainable opportunities that work for each state's unique landscape. Importantly, pathways can be leveraged to either *require* CAPABLE implementation (e.g., legislative or agency language specific to the CAPABLE program), or to *encourage* CAPABLE implementation among an array of possible programs to achieve a shared goal (e.g., initiative requiring a home modification program).

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[1] For more information on what the CAPABLE program and its components, please visit the CAPABLE National Center website.

Opportunities for states to implement CAPABLE and pathways to implementation itself include:

Implementation Opportunities

- Building off **existing home-based innovations** by home health agencies or AAAs
- Public health **falls prevention campaigns or programs**
- Initiatives to **expand HCBS or home modification services**
- Initiatives to **lower acute care spending**
- Initiatives to **promote aging in place** or **improve quality of life** for older adults, such as a **Multisector Plan on Aging (MPA)**

Implementation Pathways

- **State legislation** (e.g., requiring CAPABLE implementation, grant program for initiatives relevant to CAPABLE such as falls prevention, home modifications, etc.)
- **Required benefit inclusion** (e.g., via State Medicaid Agency Contract (SMAC), Medicaid waivers, or State Plan Amendment (SPA))
- **Innovation-driven demonstration project** or concentrated **pilot program**

Financing pathways to consider for CAPABLE implementation include:

Financing Pathways

- **State Medicaid dollars**
- **Non-Medicaid state dollars** (e.g., state grants programs, public health funding)
- **Federal funding** (e.g., CMMI demonstrations, HUD grants)
- **Tax revenues** tied to public health, older adults, or aging in place
- **American Rescue Plan Act (ARPA) funding**[2]
- **Innovation-driven demonstration project or concentrated pilot program**

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[2] ARPA funding has been leveraged by states as a financing pathway to fund CAPABLE implementation. However, this is likely no longer a viable pathway for most states, which have already allocated or expended ARPA funding for HCBS or older adult initiatives. CMS expects states to expend ARPA funds by March 31, 2025.

HIGHLIGHTS OF STATES THAT HAVE IMPLEMENTED CAPABLE

Colorado – *Piloting CAPABLE as a Potential Medicaid Benefit*

- **Background**: Colorado's first CAPABLE site was established in 2017 through grant funding and expanded to a second site with support from the state to test CAPABLE as a Medicaid benefit.
- **State funding established**: 2022
- **Financing pathway(s)**: State ARPA funding allocation in coordination with CMS
- **Implementation pathway(s)**: The Colorado Department of Health Care Policy & Financing (HCPF), at the direction of state legislation, created a partnership with the state's existing implementation site, the Colorado Visiting Nurse Association (CVNA), to operate the pilot through December 2024. HCPF also partnered with the Colorado Evaluation and Action Lab (University of Denver) to evaluate findings and help determine the long-term viability of CAPABLE as a potential Medicaid benefit within Colorado.
- **Referral source**: Clients come from a variety of sources, as long as they are verified as Medicaid eligible; CVNA markets directly to potential participants.
- **Implementing organizations**: Home health agency, construction/housing company

Massachusetts – *CAPABLE through State Waiver Inclusion*

- **Background**: Massachusetts' first CAPABLE site was established in 2019.
- **State Funding Established**: 2018
- **Financing pathway(s)**: Inclusion in the state's Frail Elder Waiver, an HCBS waiver for those aged 60 and older who meet the level of care for a nursing facility but prefer to remain in the community.
- **Implementation pathway(s)**: Coverage in the Frail Elder Waiver as an "Environmental Accessibility Adaptation" and "Home Safety/Independence Evaluations" service.
- **Referral source**: Aging Services Access Points (ASAPs), MA's Area Agencies on Aging (AAAs).
- **Implementing organizations**: Home health agencies.

Minnesota – *CAPABLE through Non-Medicaid State Funding*

- **Background**: Minnesota's first CAPABLE site was established in 2018 through private grant funding by the Twin Cities Habitat for Humanity. Through the state's Live Well at Home grant program, two sites received state funding for two years to establish CAPABLE program (both sites have since closed following grant completion).
- **State funding established**: 2019 (Habitat for Humanity Douglas County/Alexandria); 2020 (Minnesota River AAA).
- **Financing pathway(s)**: State-funded through the Live Well at Home grant program.
- **Implementation pathway(s)**: The Live Well at Home grant program is a longstanding initiative designed to promote healthcare innovation and aging in place.
- **Referral source**: Pre-existing client base, provider referrals, and community word-of-mouth.
- **Implementing organizations**: AAA, Habitat for Humanity location, home health agency.

BEST PRACTICES for a Successful CAPABLE Program - Lessons Learned

Across CAPABLE implementations to date, there have been lessons learned and identified best practices for states as they consider their own CAPABLE implementations:

1. **Identify and engage key stakeholders and champions:** Having a home health entity and a housing organization engaged early in the process can help facilitate implementation and long-term success for a new CAPABLE site. States can contact the CAPABLE National Center to learn more and receive free assistance in identifying partners in their state.
2. **Prioritize evaluation:** Facilitating and ensuring evaluation of CAPABLE sites will help build an ongoing value story and attest that the program is delivering meaningful outcomes for participants, which will aid in securing sustainable funding. States should consider identifying an independent evaluator at the onset of their implementation process. The CAPABLE National Center can provide free technical assistance on appropriate evaluation strategies and measures.
3. **Recruitment and referrals:** Identifying and establishing a recruitment strategy in the early stages of implementation can facilitate site sustainability. Partnerships with AAAs and HCBS service delivery networks can help establish referral networks.
4. **Consider sustainability:** Ongoing state support of the identified financing and implementation pathways is critical to ensure continued access to CAPABLE for the state's target populations.

Interested in learning more about how you can bring CAPABLE to your state?
Contact the CAPABLE National Center at
CAPABLEinfo@capablenationalcenter.org