

Dear CAPABLE Colleagues,

We are in this work together because we strive to improve older adults' lives. We have received requests for suggested JHU guidelines for adjustments to the CAPABLE 10-visit in-home CAPABLE program and are responding here.

These are simply suggestions. We understand you may need to make additional adjustments to account for capacity issues and other considerations in your organizations and communities. It may be a case-by-case decision as you take into account the person's needs and your capacity.

Thank you for your continued good work to serve older adults in your communities during this national emergency. As you know, these individuals are often vulnerable and can become isolated. You are doing important work at a critical time, and we hope you can reach out by phone or in other ways to let your participants know they are not alone.

Best Regards, Stay Well, and Keep Connected,

-Your JHU CAPABLE Team

Sarah, Ally, Deborah, Alice, Porscha and Erika

Guidance to CAPABLE Implementation Sites - Suggestions around COVID-19 Changes

CAPABLE Visit Series - Protocol Implications

We identified three “plans” corresponding to how many visits participants have already had:

- (1) **Early** - Those who have not yet started or just begun CAPABLE
- (2) **Mid** - Those who are in the middle of CAPABLE; Participant HAS NOT received all of the handy worker repairs or received supplies/equipment (as per the participant's goals)
- (3) **Later/Almost Done** - Those who HAVE HAD ALL of the home modifications done with all equipment and supplies (with training by OT) and most of the OT/RN visits are completed.

For the **Early** group, it is best to call the participant, explain your recommendation to hold off on starting or suspending (temporarily) the CAPABLE program. You may provide materials such as a follow-up letter with your business card/organizational flier and person's name and # for contact. For these participants, you will want to restart CAPABLE from OT visit #1 when you receive the “all clear” for serving people in the community again, in the home.

For the **Mid** group, we recommend that you call the participant and discuss the opportunity to continue some aspects on the visits by the OT and RN over the phone—or via virtual meeting capability—if the person is interested in keeping up/making progress. Things such as brainstorming around goals and developing an Action Plan may be possible. The RN and OT can each send a copy of the developed Action Plan by mail. We DO NOT recommend conducting any OT or RN in-home visits and recommend NO handy worker in-home work be done. If the participant does not want to continue the CAPABLE program right now, even via phone calls, you can note this is your record-

keeping systems and contact the person after the crisis has abated with regard to starting where you left off. You may need to revisit the person's goals—as these could have changed. Your OT and RN can consider on a case-by-case basis where to re-start the program visit sequence.

For the **Later** group, we recommend you contact the participant and discuss the option of completing the last OT CAPABLE visit (or 2) (and possibly last RN visit) by telephone or via virtual meeting. This is for participants who have had all in-home handy worker repairs done and for people who have the equipment and supplies needed to follow through on their goals. Based on the participant, the last OT or RN visit can be successfully completed, the Participant Experience Survey can be mailed to the individual with an addressed and stamped return envelope, and you can count the person as “completed.”

In all cases, it would be a courtesy to send the participants a letter that outlines and confirms your/their approach during this time and reassures them about their ability to continue to make progress and stay healthy at home.

Evaluation Implications

Regarding the effect of these changes, we recognize that these delays are likely to impact results and your evaluation plans. We recommend that you document and record the visits that have already been completed, what goals were met, and other information—taking this time to enter all data you've collected thus far. You may be able to conduct some baseline analyses on these data.

You will want to track if your OT and RN CAPABLE staff are conducting virtual visits—this will be important information for you and for JHU to see how these visits can be successful, if there are any issues to consider, and if desired changes are observed. This is for those who have already made progress and where the repairs and supplies are already in the home.

Look for more guidance in the weeks/months to come.

Concluding thoughts...

This is a difficult time for all of us. We are united in trying our best and in continuing to serve our elders and communities. Thank you for your commitment to them and to the CAPABLE program. We so look forward to when we can implement this widely again to improve function and promote health.

Here are important links to the CDC and national websites as well as JHU CAPABLE. *Take care and Keep in touch.*

CDC: <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html>

JHU: https://nursing.jhu.edu/faculty_research/research/projects/capable/capable-faqs.html