Implementation & Fidelity Check-in Survey 2025 RESULTS

Purpose

The ***CAPABLE Implementation & Fidelity Survey*** is an annual survey of all CAPABLE implementation sites. The survey is a self-report on organizational characteristics and implementation experience. It provides a structured way to consistently:

- Capture program data (e.g., number of participants completed to date, cost per participant);
- Identify implementation barriers to and facilitators of CAPABLE;
- Document adaptations, staffing turnover, plans for continuity, funding sources;
- Confirm that the organizations are maintaining fidelity to the CAPABLE evidence-based protocol and terms of the license, through attestation by the program administrator.

Methods

Dr. Deborah Paone, Director of CAPABLE Implementation & Evaluation, prepared and distributed the survey via email to all current CAPABLE program sites in December 2025 providing the URL to an electronic survey. The email was sent to the program administrative contact from each site—the person charged with operationally overseeing CAPABLE on behalf of the organization. Response was requested by the end of January 2026. Dr. Paone followed up several times with additional individual emails and a phone call after the due date to non-respondents. The survey was closed on March 30, 2026.

Respondents

There were 25 survey respondents (program administrators from organizations with a license), out of 33 organizations that had a license to operate a CAPABLE program in 2025. This is 76% response rate.

Organizational Type **-** Respondents selected among choices given to indicate organizational type. We grouped the responses into five unique categories by selecting the primary orientation of each organization: (1) healthcare, (2) housing, (3) community service, (4) area agency on aging, and (5) university/research.

Thirty-six percent identified as a healthcare organization (including 20% home healthcare agency, 8% healthcare delivery system, 8% hospice/rehabilitation agency), 24% as a housing service or housing repair organization (including 20% housing repair and 4% supportive housing unit), 20% as a community service organization, and 12% as an area agency on aging; two organizations identified as university or research organizations. (Figure 1, 2).

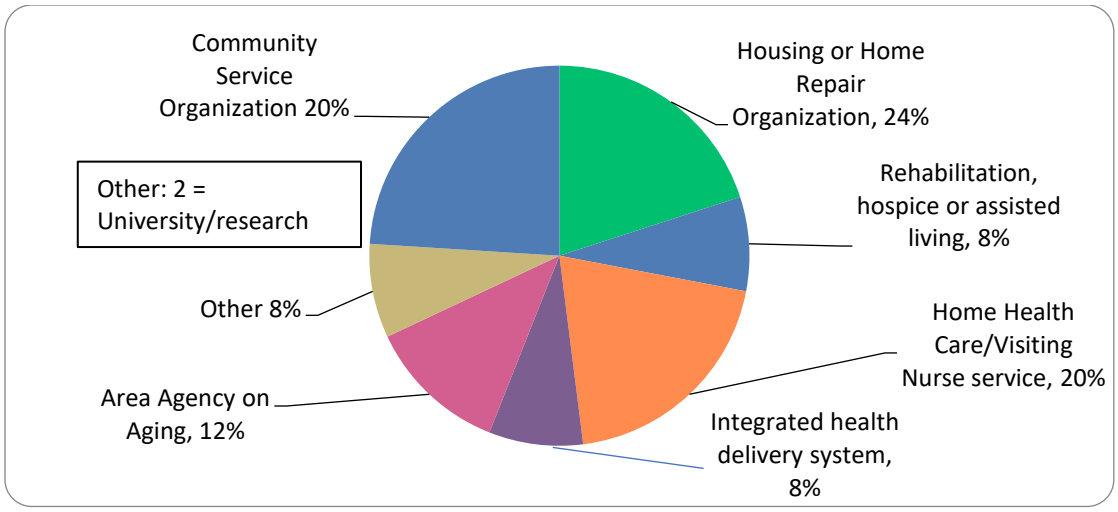

Figure 1. Organizational Type (Pie Chart)

Distribution of Responding CAPABLE Organizations, by Type

HEALTHCARE N= 9	HOUSING N=6	COMMUNITY-BASED N=8	RESEARCH N=2
Primarily a healthcare organization that is NOT providing CAPABLE as part of a research study	Primarily a housing services organization	Primarily a community based or quasi-governmental organization (e.g., Meals on Wheels, Area Agency on Aging,)	Primarily an academic or university-based organization (e.g., OT department) providing CAPABLE as part of a research study

Figure 2. Organizational Type (Descriptive Table)

Year of Inception for CAPABLE - Fifty-six percent of these organizations reported they received their CAPABLE license prior to 2024, with 44% receiving their license within the last two years (Table 2).

Table 2. Year of inception – first licensed for CAPABLE

Year(s)	# Sites
2017 – 2021	**4**
2022 – 2023	**10**
2024	**5**
2025	**6**
Total:	**25**

N=14 or 56%

N=11 or 44%

Service Volume and plans for CAPABLE continuity – Twenty sites out of the 25 licensed organizations provided the CAPABLE service to at least one person in 2025. A total of **627 individuals** enrolled by these organizations completed the CAPABLE program in 2025, for an average of 31 completed participants across the twenty sites with service (Table 3, Figure 3).

Table 3. Service Volume

Range of # CAPABLE clients ***completed*** in 2025	# Sites reporting	
0	5	**Total # completing CAPABLE by December 31,2025 among these organizations = 627***
1-5	4	
6-10	4	
11-20	3	**Average = 31 completing across all 20 sites with service**
21-35	3	
36-50	3	
51+	3	**NOTE: This does not include individuals enrolled and mid-way through the program as of the end of the year.*
Total # programs with service:	**20**	

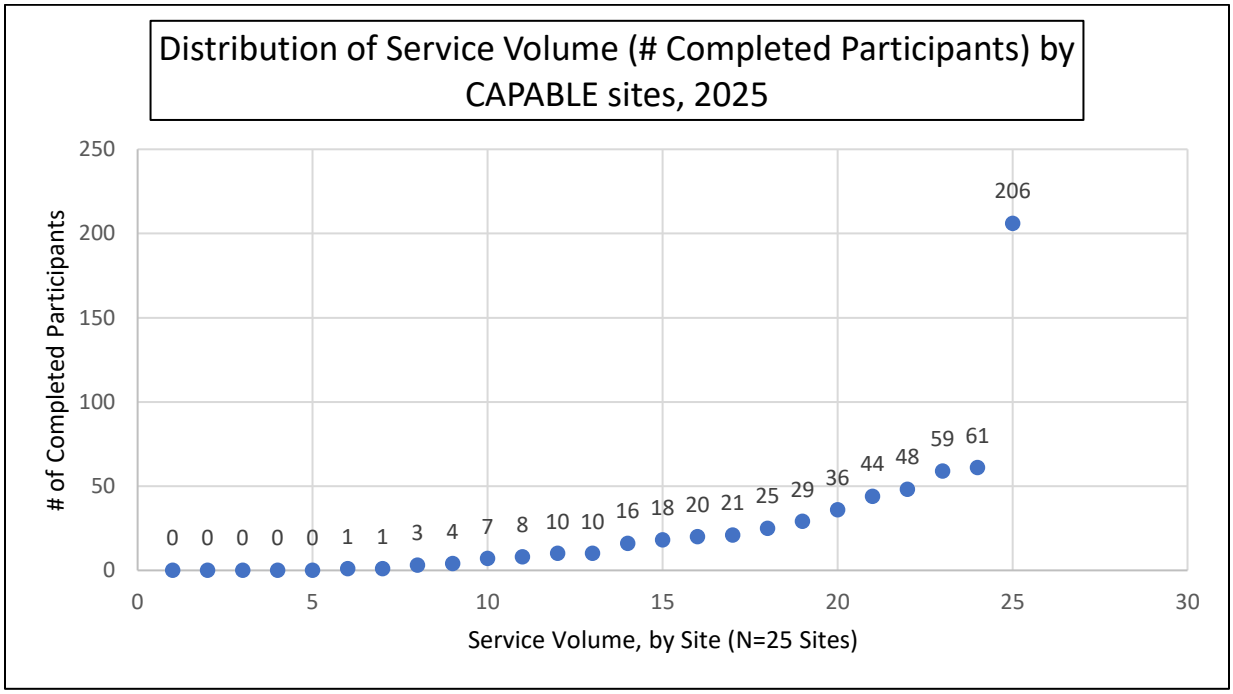

Figure 3. Distribution of CAPABLE Service Volume, 2025

2026 Estimates – The twenty-three sites indicated their expected service volume for 2026. The median target was 50 participants, and the average was 60 participants. See Figure 4.

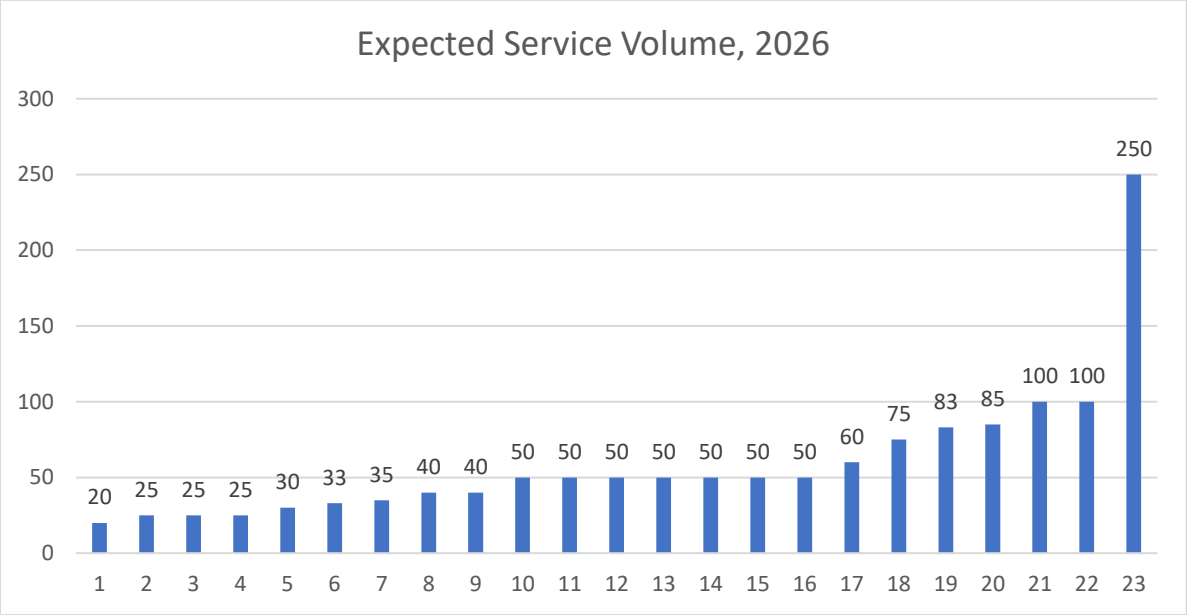

Figure 4. Expected CAPABLE Service Volume, 2026

Conversion Rate – Twenty-two program administrators reported a conversion rate (the proportion of people referred and screened who elected to enroll in CAPABLE). The rate ranged from 44% to 100%. The median conversion rate was 60%, the mean conversion rate was 70%. This means, on average, 7 out of 10 people who were referred and were determined to be eligible for CAPABLE (i.e., the person met the screening criteria), voluntarily agreed to enroll (Figure 5).

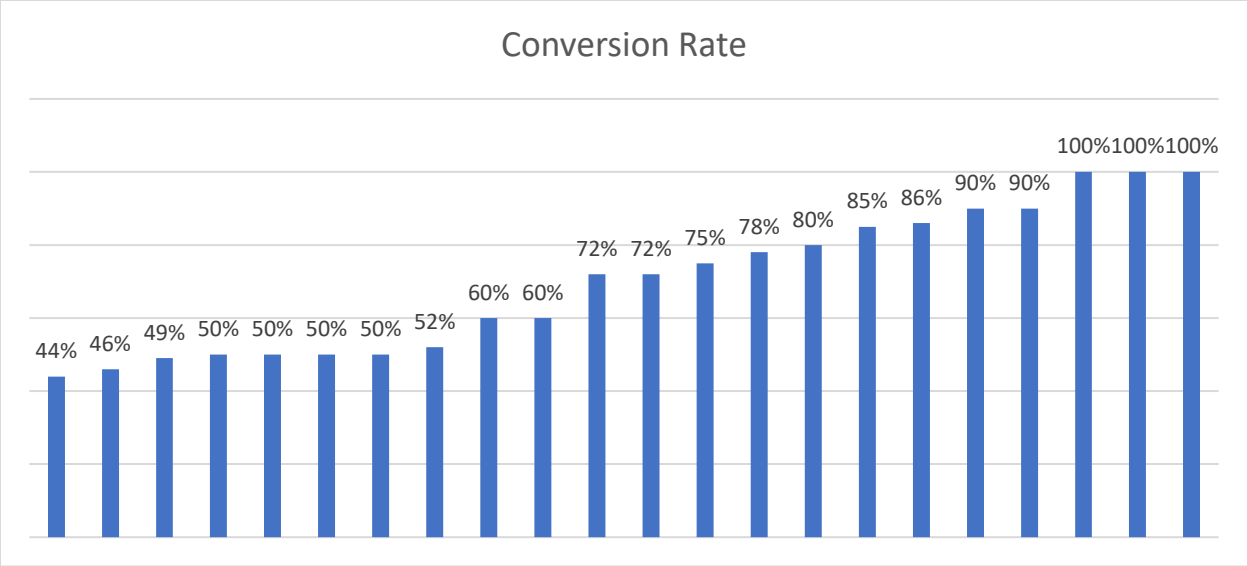

Figure 5. Conversion Rate – % Screened, eligible, and enrolled

Turnover - In 2025, most sites (64%) experienced some staffing changes. About one out of every three sites (32%) experienced staff turnover with the RN position, 20% experienced turnover in the OT position, 20% in the program administrator position, and 20% reported turnover in the handy worker position (Table 4).

Staff turnover is always an operational challenge. CAPABLE requires two licensed clinicians from different disciplines (OT and RN) with specific training through the CAPABLE National Center (CNC) and a handy worker and program administrator. The two clinicians are needed to conduct the iterative visit sequence with each participant in order. The handy worker modifications need to be done in a timely way. The program administrator is responsible for oversight, tracking, and reporting, and some also do the screening and participant outreach. Turnover of the clinician staffing, in particular, puts the program into a temporary halt. Recruitment and securing a new contractor or employed clinician is particularly challenging given current workforce shortages.

The CAPABLE National Center provides guidance around how to select the “best fit” person for the CAPABLE positions, strategies around retention, and tips on finding/recruiting new staff when a current CAPABLE-trained clinician needs to leave the organization or program.

TABLE 4. TURNOVER	YES	NO	DON'T KNOW
RN Turnover	32%	68%	0%
OT Turnover	20%	80%	0%
Program Manager/Administrator for CAPABLE	20%	80%	0%
Handy worker Turnover	20%	68%	12%

Cost Per Participant - The cost per participant was reported by 18 sites. The average cost across all of these sites was $4,577 per participant completing the CAPABLE program. However, three sites included higher home repair costs (such as deck removal/repair or critical home repairs) one site reported in Canadian dollars, and one site did not report their full costs (Figure 6).

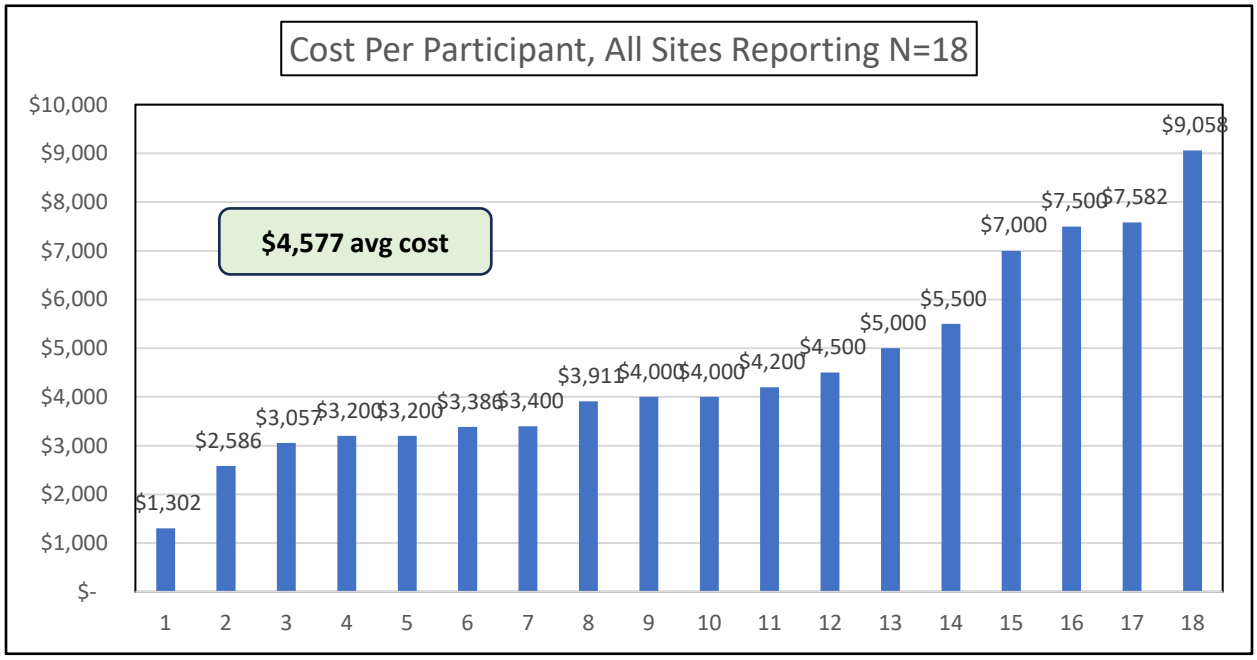

Figure 6. Average Cost per CAPABLE Participant, 2025 - ALL

Excluding these five sites, we find the average cost per participant among the remaining 13 program sites was $3,842 in 2025 (Figure 7).

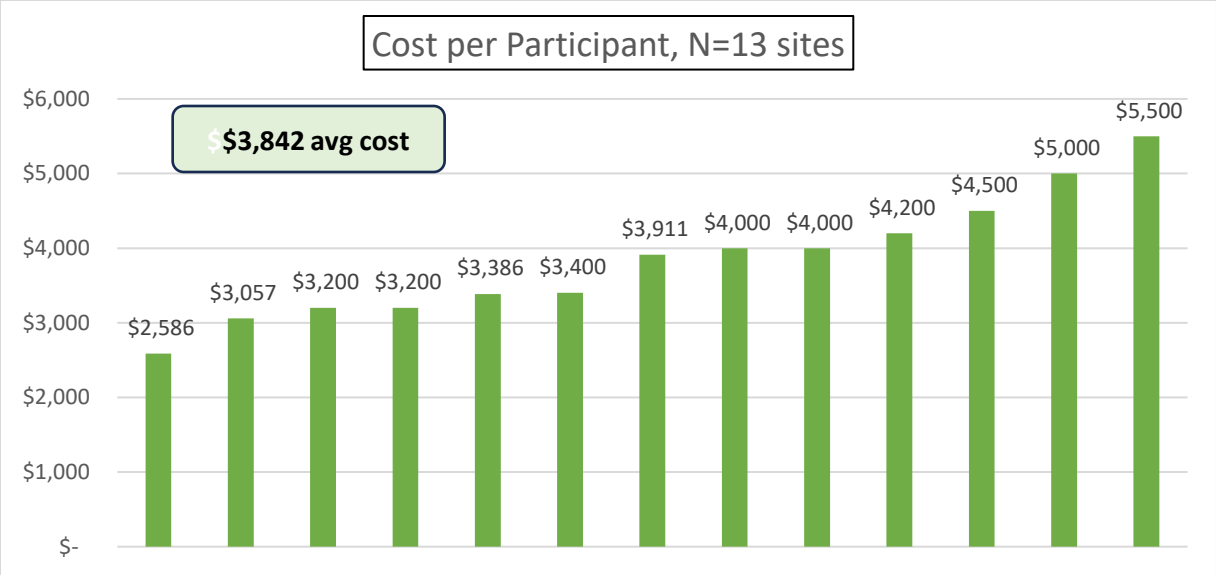

Figure 7. Average Cost per CAPABLE Participant, less outliers

Continuity/Closure – Most sites (92%) indicated that they will continue to offer CAPABLE in 2026. Two sites indicated they were ending their programs at the end of 2025 and a few were unsure of continuity of funding. The main reason for ending the CAPABLE program was lack of sustainable funding.

Adaptations/Additions -Fourteen (56%) of the sites made no adaptations or additions to their CAPABLE program.
The other sites reported the following adaptations or additions:

- Seven (28%) of the sites modified the eligibility screening criteria to include people under the age of 60
- Seven (28%) of the sites routinely check in with/survey their past participants (e.g., 6 months or later) to obtain longitudinal data from them about health status or other metrics
- Three sites (12%) added a focus on the Care Partner by collecting the contact information about care partners and providing these individuals with a welcome letter to CAPABLE
- One site added a social worker to the CAPABLE team to assist in connecting participants to community resources and mental health services
- One site provides food assistance through their own food panty, when needed
- One site provides volunteers to support the handy person

Budgets and Sources of Funds – Program administrators reported the 2025 CAPABLE budget, which ranged from $30,000 to more than $1 million. The sources of funding for CAPABLE were primarily grants (N=14 or 56%), government funding from a State or

Province (N=4 or 16%) or government funding from a federal grant (N=2 or 8%). The federal grant was for the Older Adult Home Modification Program through HUD. Several sites had more than one source of funds. A few sites self-funded the CAPABLE program.

Readiness to Offer CAPABLE - The implementation materials for organizations starting up CAPABLE include a "Readiness Self-Assessment" tool. We asked respondents to indicate their perspective on the degree of readiness within their organization (high, moderate, low, or "do/did not have") to key internal or external factors that promote successful implementation of CAPABLE. Consistent with previous years' results, *Senior Leadership Support* and having an identified *Program Leader* were most often rated as having a "High degree of readiness," with 85% of organizations responding at this level. Also highly rated were: *Understood the CAPABLE 10-visit model* and *Familiar with how to implement an evidence-based program.* These self-reported readiness factors are higher as compared to responses received in past years. In contrast, 46% of organizations said that they had a low or no readiness with regard to having a plan for sustainability. This is consistently rated low across the years (Table 5).

Table 5. Readiness for CAPABLE

Readiness Factor	*High Level*	*Moderate Level*	*Low Level*	*Did not have/Not present*
Senior Leadership Commitment to CAPABLE	85%	8%	8%	0%
Funding/budget sufficient to cover ALL implementation costs	54%	31%	8%	8%
Program Leader for operations/management identified for CAPABLE	85%	15%	0%	0%
OT, RN, Handy worker capacity set (hired or contracted) /readiness	69%	23%	8%	0%
Partners set and ready to go	62%	31%	8%	0%
Understood the CAPABLE 10-home visit protocol/program model	85%	15%	0%	0%
Implementation Plan set with workflow, timelines, accountabilities	69%	31%	0%	0%
Evaluation & Data Plan - plan with program data set, tracking, and reporting	62%	15%	15%	8%
Familiar with how to implement an evidence-based program	85%	15%	0%	0%
Referral and recruitment plan set	69%	31%	0%	0%
Sustainability plan	23%	23%	31%	15%

Implementation Components - Organizations rated the implementation components from Very Easy to Very Difficult. Results are similar to previous years, with ***Obtaining Leadership Support*** and ***Getting Technical Assistance from the CNC*** being most frequently rated *Very or Somewhat Easy* with *Finding the right Partners, Addressing Legal/HIPAA issues* and *Ensuring Fidelity* also frequently being rated as *Very or Somewhat Easy*. However, ***Finding the Right Staff*** and ***Sustainable Funding*** was consistently rated as *Somewhat to Very Difficult*.

Some areas where the responses may indicate that the component has not been fully addressed by up to one-fifth of the organizations or where they are having difficulties include: *Setting up/Managing the data/database*, and *Evaluation* (Table 6).

Table 6. Implementation Components - Ease/Difficulty

	VERY EASY–	SOMEWHAT EASY–	SOMEWHAT DIFFICULT–	VERY DIFFICULT–	NOT APPLICABLE OR DON'T KNOW–
Program Management & Overseeing the implementation	16%	40%	28%	8%	8%
Getting Leadership support	64%	32%	0%	0%	4%
Finding the right Staff (OT, RN, handy worker)	20%	20%	40%	12%	8%
Finding right Partners (e.g., healthcare, housing repair)	28%	44%	12%	8%	8%
Setting up the Workflows/processes	16%	40%	40%	0%	4%
Recruiting participants, Getting referrals that fit criteria	12%	24%	40%	12%	12%
Addressing legal, insurance, business, or HIPAA issues	28%	44%	16%	0%	12%
Data - Setting up database/platform for data exchange and/or gathering & entering data	8%	36%	28%	8%	20%
Evaluation - Aggregating our participant data, measuring pre/post change and/or evaluating results	4%	52%	24%	4%	16%
Participants completing the full program (at least 8 visits)	24%	40%	16%	0%	20%

Table 6. Implementation Components - Ease/Difficulty					
	VERY EASY–	SOMEWHAT EASY–	SOMEWHAT DIFFICULT–	VERY DIFFICULT–	NOT APPLICABLE OR DON'T KNOW–
Developing a sustainable financial/funding model	8%	20%	28%	24%	20%
Ensuring fidelity; monitoring how well the CAPABLE model is followed	32%	44%	12%	0%	12%
Obtaining implementation assistance and guidance from the CNC team	84%	4%	0%	0%	12%

Top Challenges - In the open text boxes of the survey, program administrators who commented discussed top challenges, which focused on recruitment, staffing, funding, and data management.

> *We are often referred people who do not have challenge with ADLs and/or IADLs and just need home repairs so recruiting has been somewhat difficult at times.*
>
> *Finding the right staff - it was easy to hire RNs, but very difficult to hire and retain OTs*
>
> *The program continues to require multiple resources to navigate and evolve our processes, within our organizational structure. For instance, our organization adopted a new on-line platform in early 2025 - necessitating the transition of our paper forms to electronic versions. Such work involved various departments and time to reformat/convert our documents into useable iterations, all-the-while - supporting staff to gain comfort/confidence and continue to offer services as usual.*
>
> *Top challenges for 2025 included finding an RN and handy worker and continuing the transition from paper documentation to electronic documentation.*
>
> *This is the first year we have had a very full CAPABLE pipeline, supplied with a lot of growing pains. We have been finding it difficult to manage the larger amount of clients at once, managing timeline expectations within our team and to the client.*

Evaluation Measures

Program sites utilize the measures suggested by Johns Hopkins and The CAPABLE National Center for evaluating results. As in past years, most sites report tracking ADLs

and IADLs, Falls self-efficacy, Depression, Health Status, Participant satisfaction (post), goals met (post); many also tracked Pain. Almost two-thirds of the sites indicate they are tracking healthcare utilization, and almost half of the organizations are obtaining a post-program self-report from the participants about the home environment (Table 7).

Table 7. Evaluation Measures Tracked for the CAPABLE Program	% of Organizations
ADLs (pre and post functional status for activities of daily living)	100%
IADLs (pre and post instrumental activities of daily living status)	100%
Depression - e.g., using PHQ-8 (pre and post)	87%
Falls Self-Efficacy (pre/post)	87%
Participant Goals met (self-report) - post	87%
CAPABLE Participant satisfaction -post	83%
Pain (pre/post)	70%
Participant's self-report of health status (pre/post)	65%
Healthcare utilization (e.g., hospital, ER, nursing home)	57%
Participant's self-report of home environment (livability, stability, utility/function) - pre/post	48%
Participant's self-efficacy or engagement in self-care (pre/post)	43%
Total cost of care (e.g., Medicare plus Medicaid covered costs)	13%
Care partner (family or friend) satisfaction	9%
Other	17%
Total Respondents = 23	

Case Stories

Many program administrators shared participant stories. See below for some of these, indicating participant changes, testimonies, and results.

> *Our program assisted **a client that rarely left home and rarely allowed visitors inside**. It was difficult for her to get out of bed because of her fear of falling. The home was not well equipped with grab bars or devices to help her walk. She missed connecting with family and friends. We were able to provide grab bars in the bathroom, so she did not have to use the sink to grab when exiting the shower. We also purchased a grabber for her to use to reach items on her top shelf. She (previously) would use a wobbly chair. **Senior is very grateful for the program**.*

> ***A 78-year-old female homeowner living alone** in a single-family home identified goals to improve independence with transfers, lower-body dressing, improve ability to perform*

activities such as gardening, painting and household tasks and increase overall safety, organization, and confidence at home.
Home Changes & Modifications Completed • Handy worker installed an ADA 19" toilet to improve safe transfers and reduce fall risk • Modified and replaced interior floor transitions in kitchen, bathroom, office, master bedroom, and guest bedroom to improve walker accessibility and reduce trip hazards • Constructed two raised garden boxes to support gardening with reduced bending and strain • Installed composting system in backyard to support independent outdoor household tasks • Installed two rain barrels (front and backyard) to support garden maintenance
OT provided a sock aid, long-handled shoehorn, and reacher to support lower-body dressing and item retrieval • OT installed bed assist rails and stand assist device to support safe transfers
RN provided three-tier rolling cart to organize painting supplies and support to improve access to materials for regular relaxation and enjoyment. Five of six of the participants' goals were met. She was given info on activities outside the home, but chose not to pursue, so RN goal #3 was not met. She improved in all categories. Average ADL scores improved from "a little difficulty" to "no difficulty," with specific gains in transfers, toileting, and lower-body dressing. IADL scores improved, particularly in shopping, household tasks, and outdoor activities. Fall confidence increased substantially, moving from a high fall-risk to a low-risk. The participant also reported reduced pain interference and a decline in depressive symptoms. ***She graduated from the program feeling "optimistic".***

A visually impaired participant *was very scared to step in and out of his tub when showering. We were able to do a tub cut and added several grab bars, a hand shower, and a shower chair.* ***His self-reported safety rating increased from 40% to 80% and his accessibility rating increased from 63% to 100%.***

Female, 80 year old. *Goals: Increased safety, Increased toileting task safety, Increased safety with storage. On first visit, client was resistive to change and having someone come into her home. She was struggling with how she was going to be able to afford the repairs needed. The second visit was much better and she was willing to let OT do the home assessment and send a work order to handyman.* ***At last visit she was very happy and satisfied with everything that was completed. She stated "I now have more confidence, hope and faith."***

90 year old man living with his wife in their own home*. Addressed bathing (inclusive of transfers), toileting/toilet transfers, home access safely with the OT. Addressed medication organization, strength building, and pain reduction with non-pharmacological methods with the RN.* ***Results: 100% reduction in falls, 12% improvement in fall risk (TUG), he had zero hospitalizations or ED visits; improved ADLs by 60%, IADLs by 100% and Mobility by 50%;***

Participant was an 89-year-old female who learned about CAPABLE through a presentation at her senior living apartment. *She was experiencing pain, limited range of motion in her right shoulder, difficulty sleeping at night, decreased mobility with a history of falls, and was seeking ways to enhance her ability to participate in daily activities. She was having challenges with eating and simple meal preparation due to her shoulder limitations, pain during mobility, and difficulty sleeping because of breathing issues related to anxiety and sleep apnea, as well as difficulty positioning herself in bed due to discomfort and anxiety.*

Initially, the client appeared frustrated and discouraged. ***As her goals were achieved and she began trying new tools and strategies, she became more hopeful and more actively advocated for her needs****. Her most appreciated change was the adjustable base for her mattress, which was provided through the CAPABLE program, and significantly improved her sleep, positively impacting her daily activities.*

One of our most recent CAPABLE graduates is a 92-year-old female *with neuropathy and osteoarthritis who was frequently falling at the beginning of the program. On the initial visit with our Occupational Therapist, she complained of difficulty getting in/out of her tub, in/out of her high bed, she was in severe pain, and wanted a way to be able to call her son for help when she fell. During the Registered Nurse's initial visit she presented with anger, uncooperativeness and frustration. During the following home visit, she opened up to our nurse and began to cry and grieve about past struggles in her life. Participant became more cooperative and discussed difficulty communicating with her primary care provider and obtaining medication that reduced her pain. She also expressed frustration with obtaining a portable exerciser that she had repeatedly asked for but was told her insurance would not cover. We were able to help! We worked with her to write a letter to her PCP with a request to schedule her for a clinic visit two weeks from request (allowing her time to obtain transportation). As a result, of this intervention and support she was able to see a physician and finally obtain the medication she needed to reduce her pain. On the RN's third visit, the participant stated she was no longer in pain and was overjoyed that she obtained the medication she needed. She also expressed an increase in communication from her PCP office, indicating they were making follow-up calls to monitor the effectiveness of the medication. We assisted in getting the portable exerciser, which she shared she uses daily since receiving. With her pain better controlled and her strength increasing, her mobility and mood both greatly improved. Her home modifications included grab bars outside and inside the tub, railings added on both sides to safely navigate her steps to the basement, a wireless doorbell, and replacing the front doorknob with a lever handle to make it easier to open/close. In addition to the exerciser, she also received a walker with two wheels as her standard walker was difficult to pick up to move, a walker bag, cordless phone with long range so she could take it outside with her, a bedrail, and a step stool with a handle for getting into her high bed. By the end of the program she was no longer falling, felt much safer with mobility including shower transfers and navigating her stairs, and had significantly reduced her pain with changes to her medications. Working alongside the OT, RN, and handyperson she was able to evaluate needs, address her concerns, and fully meet 4 of her 6 goals, allowing her to more fully live and thrive at home!*

RESPONDENTS: Thank you for your participation!

For more information:
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