ADVANCING CARE, ADVANCING CAREERS

Implementation and Evaluation of the Care Integration Senior Aide (CISA) Home Care Role in Wisconsin

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Contents

Figures and Tables

Executive Summary

In Wisconsin, approximately 75,000 home care workers assist older adults and people with disabilities with daily tasks and activities, supporting them to live independently in their homes and communities. These workers often operate in relative isolation, with minimal preparation for their challenging roles and little connection to the wider care team—which places them at risk of injury, burnout, and attrition while also undermining their ability to deliver the best possible care.

Where We Started: The Care Integration Senior Aide (CISA) Model

To address these challenges, PHI created the Care Integration Senior Aide (CISA) role, an advanced home care role that is designed to support more timely, coordinated care for home care clients, taking into account social determinants of health, while offering a career advancement opportunity for individual workers and supporting the broader home care workforce.

What We Did: Adaptation and Implementation of the CISA Role in Wisconsin

From February 2023 through September 2024, we adapted, implemented, and evaluated this advanced role in Wisconsin with two home care agencies and one managed care organization, building on a rich history of collaborating with partners in the state to develop and test home care workforce interventions.

The intervention included a robust planning process with all partners followed by a 12-month implementation period. Six CISAs were hired, trained, and deployed for one year, with some early

turnover in the role. The full intervention included a six-part webinar series to introduce, adapt, and rollout the CISA role; technical assistance around recruitment, hiring, onboarding, and employing CISAs; a 32-hour instructor-led online training program for CISAs, and an abbreviated training combined with tailored support for later CISA hires; a one-day training for other members of the care team, including regional managers, care managers, and agency leadership; and ongoing support with implementation.

What We Learned: Evaluating CISA Implementation and Impact

To assess the implementation and impact of the CISA demonstration project, we used a concurrent mixed-methods approach guided by three main questions:

1. What were the **facilitators** of and **barriers** to CISA implementation?

2. What was the **impact of the CISA project** for older adults and people with disabilities?

3. What was the impact for **home care workers and the workforce**?

To address these questions, we conducted in-depth interviews with CISAs, supervisors, home care workers, clients, and a representative from the managed care organization, and a focus group convening CISAs and leadership from all three partners. We also fielded surveys with home care workers at each agency, and obtained home care worker employment data from each agency (to calculate turnover) and emergency department and hospitalization data from the managed care partner. The findings presented in our report derive primarily from the qualitative data due to limitations with the quantitative datasets.

Our evaluation findings indicate that the CISA role was well-accepted by home care workers, clients, and other members of the care team, and positively impacted client care and workforce support and stability. Implementation facilitators included finding the right person for the role, building awareness and trust, and committing to care team integration. With regards to the impact of the role on client care, we found that CISAs build trusting relationships, enhance care quality and continuity, and identify and help address negative social determinants of health. The client data were inconclusive about the impact of the CISA role on emergency department visits and hospitalization.

With regards to the third evaluation question, we found that the introduction of the CISA role positively impacted home care workers in a number of ways. Specifically, the results showed that CISAs support the full home care workforce and the CISA role engenders professional pride for staff taking on this advancement opportunity and promotes workforce retention for both CISAs and home care workers alike. Based on PHI's multi-decade experience with workforce retention and advancement initiatives, we expect stronger retention for both CISAs and home care workers to result in further improvements to the quality and continuity of care over time, bringing deeper return on investment for all project partners.

What's Next: Summarizing and Building on Lessons Learned

Taken together, the evaluation findings illustrate the positive reception and impact of the CISA role, indicating a positive return on investment through better care team integration, a more stable workforce, and more individualized, timely care for clients. The report ends by drawing out

five lessons learned from this complex home care intervention, which are to:

1. **Establish a Strong Foundation:** Create the conditions for success through a comprehensive planning and preparation process.

2. **Facilitate Robust Engagement:** Engage all key players and partners in every step of the intervention, including those most directly affected as well as those who can help drive sustainability through systems change.

3. **Build Local Capacity:** Identify and aim to address partners' capacity constraints throughout the design and implementation process, such as with regards to training delivery and data collection—and identify efficiencies wherever possible.

4. **Strengthen Recruitment Strategies:** For advanced role interventions like CISA, pair internal promotion strategies with external recruitment strategies to maximize care continuity.

5. **Continue the Momentum:** Progressing from these positive findings, keep building the evidence base on advanced roles in home care—and integrate this evidence into broader service delivery and systems change initiatives.

Conclusion

PHI's experience designing, implementing, and evaluating this advanced role with home care agency and payer partners in Wisconsin has shown the value of this model for improving person-centered, coordinated care; stabilizing and supporting the workforce; and demonstrating a return on investment accordingly. The lessons learned in this project can and should inform efforts to replicate, scale, and sustain advanced roles for home care workers and other workforce interventions in Wisconsin and beyond.

Background

Home Care Workers and the Care Team

An increasing number of individuals with complex physical, behavioral, cognitive, and/or other conditions are receiving care and services at home, as long-term care delivery shifts away from institutional settings and new care models emerge.[1] These trends elevate the value and contribution of home care workers, a workforce that includes personal care aides, home health aides, and direct support professionals.

Depending on their specific role and their clients' needs, home care workers provide direct personal care, assistance with daily tasks, support with participation in social, educational, and/or employment activities, and much more. Through their regular and often close contact with clients, they are also ideally positioned to communicate clients' needs, preferences, and changes of status to other members of the interdisciplinary care team, such as physicians, nurses, social workers, family members, and others.[2]

Yet home care workers often operate in relative isolation, with minimal preparation for their challenging roles and little connection to the wider care team[3]—a reality that reflects the long-standing marginalization and undervaluing of the home care workforce overall.[4] This isolation and marginalization places home care workers at high risk of injury, burnout, and attrition.[5] These systemic challenges undermine the potential role of home care workers in supporting the delivery of timely, coordinated care—putting clients, in turn, at risk of experiencing significant unmet needs, worsening conditions, and adverse outcomes.

Snapshot of Wisconsin's Home Care Landscape

The Care Integration Senior Aide (CISA) project discussed in this report was implemented with home care agencies and a managed care partner in Wisconsin, a state where:

The older adult population is expected to grow from 1.06 million in 2020 to 1.31 million in 2050—**a 25 percent increase**.

The number of people age 20 to 64 is expected to **decrease by 5 percent** in the same timeframe.[6]

An estimated **279,000** older adults and people with disabilities require long-term services and supports (LTSS).[7]

Approximately **176,100** individuals receive Medicaid-funded LTSS, with **94 percent** of those individuals receiving home and community-based services.[8]

Home care workers represent approximately 75,000 **(74 percent)** of the state's more than 100,900 direct care workers.[9]

Home care workers earn a median of $15.30 per hour and $21,662 annually; **nearly 40 percent** live in or near poverty; and **51 percent** access public assistance programs to meet their essential needs.[10]

Approximately **29 percent** of the population lives in rural areas, as compared to approximately **14 percent** of the total U.S. population.[11]

Taken together, these data points illustrate the critical need to test workforce interventions that grow and stabilize the home care workforce while also maximizing home care workers' contribution to the delivery of care to a growing population in need.

Pairing Care Team Integration and Career Advancement

Models of care team integration that include and elevate home care workers offer a promising way forward. Such models are premised on meaningful, bi-directional communication between home care workers and other members of the interdisciplinary care team about clients' clinical and social care needs.[12] Although limited, the evidence base on care team integration models in home care indicates that they can improve workforce recruitment and retention as well as drive better outcomes for clients and family caregivers and reduce costly outcomes such as avoidable hospitalizations and early nursing home admissions.[13]

Building on this evidence, PHI has created an advanced home care role that codifies the integration of home care workers into the interdisciplinary care team while also improving support for the full home care workforce and creating a career ladder opportunity within home care—a job sector that is notoriously lacking in advancement opportunities.

We initially tested a version of this role, called the Care Connections Senior Aide, through an 18-month demonstration project with three home care agencies and a managed care partner in New York City.[14] With additional training and compensation, the participating Care Connections Senior Aides served a recognized role on clients' care teams, supported and upskilled other home care workers, and helped with care transitions and caregiving challenges. The demonstration project showed an eight percent reduction in the emergency room admission rate among clients, reduced family caregiving strain, and improved job satisfaction among home care workers.

Development and Testing of the Care Integration Senior Aide Role

Learning from that demonstration project, PHI developed the Care Integration Senior Aide (CISA) role, integrating many of the foundational core competencies and design elements of the Care Connections Senior Aide model while also introducing a stronger focus on social determinants of health. This added focus reflects growing evidence that addressing negative social determinants of health improves health equity, enhances care outcomes, and reduces costs,[15] and explicitly leverages the contextual knowledge of home care workers, who spend more time with clients in their homes than any other members of the care team (aside from family caregivers).

From early 2023 to late 2024, we supported two home care agencies and one managed care partner in implementing the CISA model in Wisconsin. Our aim was to assess implementation facilitators and barriers and evaluate the impact of the CISA role on both clients and the workforce, with a view to developing an understanding of the return on investment (ROI).

The results are very promising. Through interviews and focus groups—supported by limited quantitative data—we found that the CISA role was well-accepted by home care workers, clients, and other members of the care team, and that the program advanced key goals related to client care and workforce support and stability. Crucially, the project demonstrated the impact and potential sustainability that can be achieved through collaboration between home care employers and managed care payers—offering a template for replication and scale-up in Wisconsin and beyond.

The following report begins by providing an overview of the CISA role **(Where We Started)** and describing the implementation process **(What We Did)**, then discusses the evaluation results **(What We Found)**, and draws out their implications for policy and practice **(What's Next)**.

Where We Started

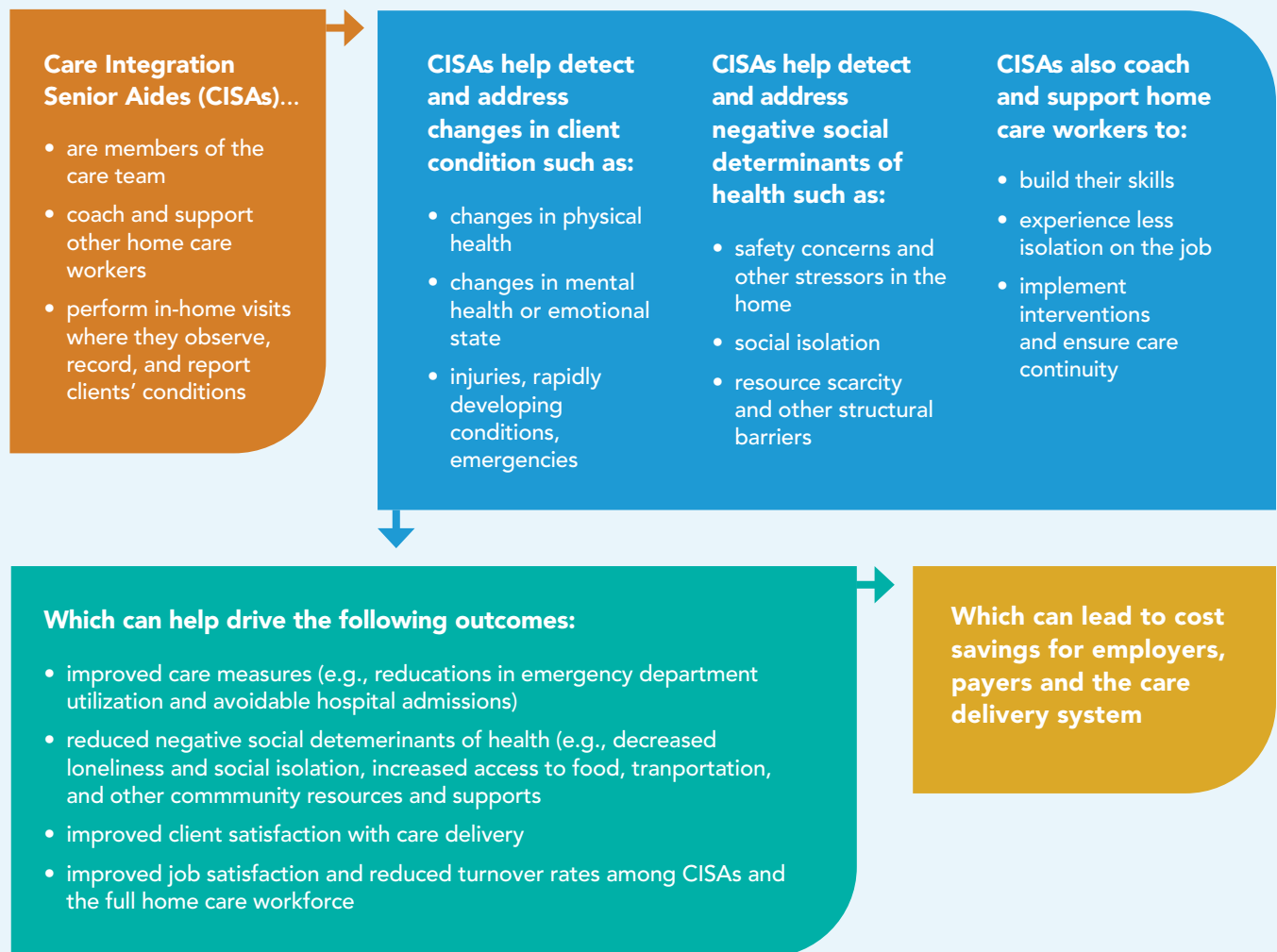## The Care Integration Senior Aide (CISA) Model

PHI developed the Care Integration Senior Aide (CISA) model over several years, most recently codifying the model in a 2022 resource titled *Implementing the Care Integration Senior Aide: A Practical Guide for Home and Community-Based Services Providers*.[16]

CISAs are advanced home care workers with enhanced training in observing, recording, and reporting both clinical changes and negative social determinants of health among home care clients. The intended outcomes of the role are improved care outcomes, reduced negative social determinants of health, and improved satisfaction among clients, as well as improved job satisfaction and retention among home care workers (see Figure 1). A key moderator of success in the model is the recognized role of CISAs on the interdisciplinary care team, meaning that they and other care team members are trained and supported to effectively communicate and collaborate.

Figure 1: Theory of Change: How Care Integration Senior Aides Can Enhance Care Delivery and Save Costs

Care Integration Senior Aides (CISAs)...

- are members of the care team
- coach and support other home care workers
- perform in-home visits where they observe, record, and report clients' conditions

CISAs help detect and address changes in client condition such as:

- changes in physical health
- changes in mental health or emotional state
- injuries, rapidly developing conditions, emergencies

CISAs help detect and address negative social determinants of health such as:

- safety concerns and other stressors in the home
- social isolation
- resource scarcity and other structural barriers

CISAs also coach and support home care workers to:

- build their skills
- experience less isolation on the job
- implement interventions and ensure care continuity

Which can help drive the following outcomes:

- improved care measures (e.g., reducations in emergency department utilization and avoidable hospital admissions)
- reduced negative social detemerinants of health (e.g., decreased loneliness and social isolation, increased access to food, tranportation, and other commmunity resources and supports
- improved client satisfaction with care delivery
- improved job satisfaction and reduced turnover rates among CISAs and the full home care workforce

Which can lead to cost savings for employers, payers and the care delivery system

What We Did

Adaptation and Implementation of the CISA Role in Wisconsin

PHI has a rich history of collaborating with home care agencies and other partners in Wisconsin to develop and test training and employment interventions designed to strengthen home care workforce stability and improve care quality. These interventions have included: a core competency-based entry-level training program for home care workers that exceeded state minimum standards in terms of content and training time; an adapted, online PHI Coaching Approach® training for self-directing clients aimed at improving their supervisory skills[17]; a peer mentoring program that included a two-day training and comprehensive implementation toolkit; and a dementia specialist role for home care workers that emphasized skills for managing dementia-related behaviors.

Building on this bedrock of experience as well as the evidence discussed above, PHI collaborated with partners to implement the Care Integration Senior Aide (CISA) role in Wisconsin from February 2023 through September 2024.

CISA Project Partners

Because PHI's previous advancement pilots have demonstrated the value of partnering with long-term care payers for supporting sustainability, we began by establishing a partnership with a leading Wisconsin managed care organization that coordinates long-term care services for Medicaid recipients. The managed care partner helped identify home care agencies within its provider network for potential participation in the pilot, prioritizing agencies that demonstrated high staff engagement and care quality as proxy indicators of readiness to implement and test the advanced role.

After exploratory discussions, we engaged two agency partners serving older adults and people with disabilities. One agency (referred to as "Agency A" in this report) delivers personal care services exclusively through Medicaid managed care contracts, while the other ("Agency B") provides personal care services through both private-pay arrangements and managed care contracts. The CISA role was piloted in two regions for each agency, representing approximately 400 clients and 200 home care workers in total.

These three partners played an integral role in guiding program development and ensuring the final model aligned with local needs.

The Implementation Process

From February 2023 to September 2024, PHI collaborated closely with our project partners to adapt, implement, and test the CISA role. The approach was grounded in PHI's CISA implementation guide described above[18] and guided by a cross-organizational Planning Committee that included leaders from the three partner organizations.

Here we describe each of the main steps of the implementation process: webinar series, recruitment and hiring, training, role definition, and ongoing support.

Webinar Series

To promote dialogue, collaboration, and effective co-design and problem-solving, PHI launched the project through a six-part webinar series with all project partners. Held monthly from February through August 2023, the webinar series guided the project partners through each stage of the planning process. Topics were as follows:

- **Webinar 1: Kick-off**
  This opening session provided an opportunity for introductions and relationship-building among participants, previewed the full webinar series, and discussed the role of the Planning Committee in guiding the project.

- **Webinar 2: Role Design**
  This session focused on defining how CISAs can be integrated effectively into organizational operations and the interdisciplinary care team.

- **Webinar 3: Organizational Communication and Feedback**
  This webinar emphasized the importance of consistent, organization-wide communication about the CISA program and highlighted the need to gather regular feedback from staff and clients.

- **Webinar 4: Recruit, Hire, and Onboard**
  This session shared best practices for recruiting, interviewing, screening, and onboarding CISAs, with an additional focus on training programs designed for both the CISAs and the interdisciplinary care team.

- **Webinar 5: Care Team and Supervision**
  This webinar further explored how CISAs can be fully integrated into the interdisciplinary care team and examined the role of supervisors in coaching and supporting CISAs.

- **Webinar 6: Launch**
  The final session served as a celebration of progress so far and a reflective opportunity to ensure all essential components of the project were in place.

Each webinar was accompanied by a detailed slide deck designed to serve as an ongoing reference, along with additional tools and resources tailored to the specific needs of each partner organization. These additional materials, developed collaboratively by PHI and the Planning Committee, included CISA job descriptions and workflows; action steps for recruiting, hiring, and onboarding CISAs; a CISA interview guide; and a communications plan.

Partners were given a set of tasks to complete after each webinar and, between webinars, the PHI team offered targeted information and assistance as needed. Altogether, this approach was designed to ensure that partners had the information and support needed to advance steadily through each phase of the implementation process.

Recruitment and Hiring

Six CISAs were hired and trained in September 2023 and assumed their new roles in October 2023. At Agency A, the majority of interest in the CISA role came from individuals in the team lead position, which is an elevated role for home care workers within the organization that includes some mentorship and coordination tasks. As a result, three of the four CISA hires at Agency A were internal promotions, while the fourth was an external hire. Agency B initially identified two internal candidates for the position, but both ultimately withdrew due to personal conflicts. As a result, Agency B proceeded with one internal and one external CISA hire.

Notably, after the initial hires, both organizations experienced turnover among the CISAs. Specifically, three of the original CISAs at Agency A left within the first quarter of the implementation phase, including the external

hire (who was replaced by an internal candidate who remains in post). At Agency B, one CISA was reassigned to a different role to address a staffing need, but the position was quickly filled through an internal promotion. This degree of turnover likely dampened the impact of the CISA role during the first half of the implementation year, particularly at Agency A—a point that we return to when presenting and discussing the quantitative results in particular.

Since the initial waves of turnover, CISA employment has stabilized, with six CISAs in place across the two organizations at the end of the project period.

CISA and Care Team Training

PHI conducted trainings for CISAs and for other care team members from each organization in September 2023 and February 2024, respectively, as well as an orientation for staff at the managed care organization in April 2024 and an additional training for CISA replacement hires in March 2024.

We conducted the full 32-hour CISA training online during a six-day period in September 2023. All original CISAs participated, along with some regional managers who attended select sessions to gain a deeper understanding of the CISA role. The training aimed to build the key competencies of the CISA role, emphasizing enhanced observe, record, and report skills for common conditions identified by the agencies and negative social determinants of health. The training also developed communication and interpersonal skills necessary for effectively participating on the care team and supporting other home care workers. Case studies, scenarios, and practical tools were built into the curriculum to leverage the CISAs' lived experience and encourage their active engagement.

The care team training in February 2024 included regional managers, care managers, and leadership from the three partner organizations. This one-day training deepened understanding of the CISA role and its unique contributions to the care team, and developed the skills needed by care team members to effectively support and coach CISAs. At the request of the managed care partner, PHI also hosted a webinar in April 2024 to introduce a broader cross-section of their staff to the CISA role and its benefits.

In response to the initial turnover among CISAs, PHI delivered a condensed online training in March 2024 to ensure that replacement CISAs gained the foundational knowledge and skills required for their roles. We then offered individualized technical assistance to the new cohort of CISAs as they acclimated to their new tasks and responsibilities. Through this combination of intensive, condensed training plus tailored support, we aimed to ensure role readiness among replacement CISAs and facilitate a smooth onboarding process, while ensuring continuity in the CISA role and program to the highest degree possible.

Role Design

At both organizations, CISAs operated in a bifurcated full-time role, spending 50 to 60 percent of their time as CISAs and the remaining time as home care workers (including within the team lead roles identified above). This arrangement allowed the agencies to continue meeting clients' assessed needs without having to replace a full home care position, and also offset the financial strain, as the agencies were responsible for covering the cost of the CISA hours (i.e., they could not bill for those hours as they do for allocated service hours).

Notably, by the end of the project, an agency partner reported the managed care organization indicated the possibility of covering CISA hours in their reimbursement rates for new clients, showing promise for the long-term sustainability of the role.

CISAs at both organizations earned a meaningfully higher wage. At one agency, CISAs earned $20 to $23 per hour, compared to the usual starting home care wage of $16 per hour; at the other agency, CISAs receive $17 per hour, compared to the entry-level wage of $15 per hour. Importantly, CISAs were compensated at this rate for all hours worked, regardless of whether they were acting in a CISA capacity or providing direct care. (To note, PHI envisions the CISA position as a full-time, salaried position, but the resources for this project did not allow us to implement the model in that way.)

The process of connecting clients with CISAs differed between the two agencies. At one agency, CISAs were integral to the intake process, meeting with new clients to determine their needs and developing a plan for CISA intervention in collaboration with each client, their home care worker, and the regional manager. At the other agency, CISAs were selectively assigned to clients based on the complexity of clients' needs.

CISAs' initial visits with clients prioritized relationship-building, recognizing that trust is a prerequisite for effective engagement. Thereafter, they operated with a high degree of independence, supported by regional managers, in scheduling and conducting client visits. They also had a number of tools to guide their work with clients. One was a checklist to help with observing, recording, and reporting clients' conditions, and another was a social determinants of health screening tool which covered each client's living situation, food

security, transportation, utilities, financial strain, family and community support, language, physical activity, stress, and emergency preparedness. PHI adapted this tool from the Centers for Medicare and Medicaid Services' Accountable Health Communities Health-Related Social Needs tool to reflect the needs of older adults in rural communities receiving home and community-based supports.[19] After each visit, CISAs provided written updates to care team members via email and collaboratively developed plans for subsequent visits.

Ongoing Support

After launching the CISA role, PHI facilitated biweekly calls with the three partners throughout the project period. These meetings provided the opportunity to collaboratively address emerging issues, such as overcoming initial client resistance to the CISA role, improving data collection and sharing, and adapting workflows to better integrate CISAs into care teams. Overall, the meetings were designed to ensure continuous improvement in the implementation of the CISA role and thereby enhance the program's effectiveness and impact.

To support the operational sustainability of the CISA program, PHI collaborated with partners to create a resource library - a centralized hub with updated CISA workflows, in-home tools, webinar slide decks, and related materials.

What We Learned

Evaluating CISA Implementation and Impact

Evaluation Design

To assess the implementation and impact of the CISA demonstration project, we used a concurrent mixed-methods approach guided by three main questions:

1. What were the **facilitators of** and **barriers to CISA implementation**?

2. What was the impact of the CISA project for **older adults** and **people with disabilities**?

3. What was the impact of the CISA project for **home care workers** and **the workforce**?

Ultimately, as shown in the conceptual model on , the long-term goal of the CISA role is to realize cost savings for participating agencies and in the broader care delivery system by stabilizing the home care workforce and thereby reducing the multiple costs associated with turnover, while enhancing early intervention on clients' evolving care needs (and thereby reducing more costly downstream outcomes). The findings from this evaluation demonstrate that the CISA model is on course to achieve this return on investment (ROI), as described throughout the results and discussion sections.

Data Collection and Analysis

We used the following methods to collect and analyze data to address the guiding questions of the evaluation.

In-depth Interviews and Focus Group

To assess the CISA implementation facilitators and barriers and the impact on workers and clients, we conducted in-depth interviews with five CISAs, three supervisors, two home care workers, two clients and a family member, one team lead, and one managed care representative. Two PHI staff conducted the interviews in May and June 2024, with interviews lasting approximately 30 minutes. Interviews were transcribed using Otter.ai transcription software and analyzed in Delve using a priori codes based on the interview questions. The coded findings were then grouped into themes that addressed the three main evaluation questions.

In addition to the in-depth interviews, PHI also held a 90-minute focus group with the CISAs and with leadership from all three partners at the end of the project (October 2024). In this focus group, PHI asked partners to reflect on their successes, challenges, and lessons learned. The focus group discussion was also transcribed and analyzed thematically.

Home Care Worker Engagement and Job Satisfaction

To assess the impact of the CISA project on home care workers at the two partner agencies, we developed a brief online survey in SurveyMonkey that the agencies distributed to their home care employees by email and at staff meetings at baseline, midpoint, and endpoint. Given limited response rates, we were only able to analyze the midpoint and endpoint data from Agency B.

Home Care Worker Turnover Data

To evaluate the impact of the CISA program on workforce stability in the participating regions, we asked each agency to provide monthly home care worker employment and attrition numbers from October 2022 through September 2024 (comprising data for one year prior to the CISAs' start date and for the full implementation year). From these data, we calculated the quarterly turnover rate at each agency in Excel.

Emergency Department and Hospitalization Rates

To explore the impact of the CISA project on health care utilization for the full client group in each partner agency's CISA regions, we obtained the total number of clients and the numbers of emergency department visits only and emergency department visits with hospitalizations per month for each agency from January 2023 through October 2024. (Given uncertainty about our ability to obtain this data from the managed care partner, we opted to ask for a smaller data set, starting one month prior to the February 2023 launch rather than starting in October 2022 as with the agency data.) Using Stata, we calculated the quarterly rates of emergency department visits alone and emergency department visits with hospital admissions for each agency.

Evaluation Results

In this section, we present the findings from our mixed-methods evaluation, organized according to the three guiding questions.

Implementation Facilitators and Barriers

The in-depth interviews and focus group provided rich insights on participants' experiences implementing the CISA role. Through thematic analysis, we identified three key facilitators, namely:

- Finding the right person for the role;

- Building awareness and trust; and

- Committing to care team integration.

Finding the right person for the role.

Interview respondents indicated that a combination of leadership experience and commitment to caregiving positioned CISAs for success.

With regards to experience, CISAs and supervisors both highlighted the importance of having experience as a home care worker paired with having shown leadership or played leadership roles (whether formal or informal). For example, a supervisor characterized the role as *"not an entry-level position, but a little bit more advanced, a little bit more experience"* and described looking for candidates *"that were team leads already or… who had at least a little bit of maybe managerial experience or [were] used to being … in that position that people kind of looked to them [for authority]."*

In parallel, a CISA indicated the value of having prior experience in an intermediary role on the care team: *"Coming from the background that I have as a team lead, I was already sending emails to the care team. That is kind of why my manager at the time was like, 'you seem like a really good fit for this role, like you're already doing the things that they would be asking of you.'"*

Relatedly, respondents also described the importance of demonstrated commitment to caring. A supervisor described how they identified a successful candidate on this basis: *"What made [them] a good candidate for the role is that [they] really care about the people and the services that we provide. … [S]omeone with a big heart who wanted to make sure we can make things better for the people that we were with."*

Conversely, a lack of fit appeared to potentially undermine success in the CISA role. One supervisor illustrated this point by describing how implementation improved after positive turnover in the role: *"The CISA role was in place, but we've had a change in the person that was actually in that role. There wasn't a lot of activity, I guess you'd say, with [the original CISA]. So as that has changed out, we're seeing a lot more progression in that role and more client participation and expansion."*

Building awareness and trust.

Interview respondents also spoke to the importance of building awareness and acceptance among all those who will be impacted by the CISA role.

A key step was communicating the role effectively to home workers, supervisors, and CISAs themselves. The supervisor quoted above said, *"I think initially, when I first came in, I didn't understand ... the process. I don't know that the person that was in that role understood it as well."* This lack of awareness was an initial barrier to implementation that was subsequently overcome through more targeted communications.

Building awareness and agreement about the value of the CISA role among clients was also critical. In the final focus group, agency representatives reported that some clients were initially resistant to working with CISAs, preferring not to engage with "another" new person—but regional managers and CISAs were able to resolve this initial resistance by building trust and collaboration. One supervisor discussed how those with an existing relationship with the client can also

> "
>
> **I think it's a great program … and I'm really glad that it's something we've been able to implement.**
>
> — SUPERVISOR
>
> "

help spread the word and overcome suspicion or resistance. They suggested two approaches: *"having the [current] caregiver advocate like, 'I know [the CISA], he's a nice guy, I'll be here for you with you when they come in'—or I call in and I explain what the role is a little bit more in detail and then we get in."* Otherwise, the supervisor noted, clients may not keep their CISA appointments *"because sometimes there's apprehension or 'I'm just not in the mood today' or whatever."* On the other hand, the supervisor underscored the importance of honoring client choice, saying *"if they just flat out shut us down, we don't push it."*

Committing to care team integration.

By definition, the CISA role requires meaningful integration of each CISA into the interdisciplinary care team, meaning that their voice is heard and respected by other care team members. Otherwise, the ability of CISAs to drive changes in client care can be limited.

The following example illustrates this imperative. In their interview, one CISA described a client who was having medical issues and required hospitalization. When the client was discharged from the hospital, the CISA arranged to be present for the

client's home health intake—a process led by a registered nurse (RN) that does not usually include home care workers. The CISA said, *"I was able to arrange that I could be there with the intake with the RN and we were able to get all the information that we needed, because sometimes that doesn't always get passed along. And [I learned about] things that they would like to see us do or that we're not doing already for [the client's] heart failure. We've been able to implement those things to better meet his needs. Like, we weren't doing weights before, but weights are important for water retention. And now we're able to kind of figure those things into our care plan to try to keep him in better health."* This example indicates the importance of including CISAs in care planning and assessment but also empowering them to follow-through on the information they offer and receive. Another CISA described their enhanced role on the care team as having *"more of an input ... As a CISA, I have more of a say."*

Conversely, CISAs spoke about the barrier of not being fully acknowledged by clinical partners. One CISA described a scenario in which they felt dismissed by a physician. (Physicians did not participate in the interdisciplinary care team training led by PHI.) In this scenario, the CISA observed discoloration on a client's leg and, suspecting cellulitis, took them to the doctor, but the doctor sent the client home. Two days later, the client went to the emergency room and was diagnosed with cellulitis. This example illustrates how CISAs can potentially drive more timely care and thereby help save health care costs—when their perspectives on clients' needs and status changes are acknowledged by other care team members.

Another CISA described how information blockages can impede care team integration: *"We don't have medical access to our clients, so that's kind of the tough part of it, too. It's kind of not our business, but we are sending caregivers in... We don't have their medical history, and that's their choice to share it or not. What if someone is "do not resuscitate" and they're not wearing their bracelet and we do CPR on them? That's a big no-no."* These quotes highlight both gaps in current structures and practices and the potential for greater impact of the CISA role through systems change.

Impact on Care Quality

Interview and focus group respondents at both agencies overwhelmingly emphasized the positive impact of the CISA role on client care, confirming that CISAs facilitated earlier intervention and consistent follow-through on emerging client needs. Specifically, our thematic analysis indicated that CISAs:

- Build trusting relationships;

- Enhance care quality and continuity; and

- Identify and help address negative social determinants of health.

CISAs build trusting relationships.

A key indicator of success of the CISA role was the creation of trusting relationships with clients. One CISA summed up their relationship with clients as, *"I feel like they trust me a lot with their needs, and I really appreciate that."* Another CISA said, *"The clients need that security... where they can reach out to someone who can do something on the other end of things for them, so they don't have to be stressed. They need someone to rely on."*

The family member who participated in a client interview summarized the positive impact of this trusting relationship as follows: *"Her mood is a lot better [when the CISA comes]. She does enjoy the time that she spends with [the CISA]. They talk about things that [the client] has been doing that week. If she's got questions or anything, she has problems or anything, she talks to [the CISA] about it. And I just think she really is a lot better, especially the day [the CISA] says she's coming."*

When asked about recommending the CISA role to other clients, a client replied in their interview that they would recommend the role **"*as long as it doesn't cut down on my time [with my CISA]!*"**

CISAs also helped build clients' trust in their agencies. In the words of one supervisor, *"One of our clients, who was very apprehensive about the main office and about getting new workers or having new people in—she has now gotten to meet everyone in our office because she has asked [the CISA] to bring her along and introduce her to different people. She's like, 'I hear these names; I never get to see them,' and now she feels much more comfortable with us, and she trusts us a lot more."* Similarly, a CISA said, *"It's made the clients so much more comfortable with [this agency], and it's made us more approachable when they are having issues, whereas before, they didn't know that [this agency] really cared about them. And now, with me going to their homes and talking to them, they're like, 'Wow, these guys, they're the real deal. They got this guy coming out, talking to us.'"*

These trusting relationships supported effective communication and conflict resolution between clients, family members, and other care team members, including other home care workers. For example, one supervisor described how CISAs can act as a trusted "buffer": *"There have been conflicts that arise between [home care workers] and the clients, maybe because they're in there all the time—and that CISA role really is a buffer... There's that connection that is unique, and outside of that service piece ... so if you have someone that's maybe frustrated, it's a person that can come in, from the outside and have that conversation, because they have that connection, and smooth over those troubled waters."* In turn, these trusting relationships appeared to be the mechanism by which CISAs could promote the delivery of more individualized, timely care.

CISAs enhance care quality and continuity.

Interview and focus group respondents spoke profusely about the CISAs' positive impact on the continuity and quality of care for individual clients at both agencies. CISAs' enhanced knowledge about clients' specific needs coupled with effective communication and follow-through appeared to drive this impact. Interview respondents offered a number of examples to substantiate this claim. One supervisor talked about how, in the day-to-day delivery of care, *"there's a lot of information that may get missed"*—but, the supervisor went on, *"that CISA role stops you and says 'we've got this specific thing that needs to be addressed. What about the follow up on the handrails? [Or] Where are we at with spending some more additional time with—whatever the activity is?' There's always that pulse that the CISA provides on whatever that activity is."*

Similarly, a team lead gave an example of the CISA liaising with a client's home health nurse and the rest of the care team: *"We have one client that has a nurse in-home. So [the CISA's] been really on top of that communication. She does that communication once a week with all the [care team members] that are involved with it so it's very on track. Nothing gets missed. Overall, their health is in better shape."* And a client described how the CISA coordinates their care as follows: *"This person did this, and this person did that. Still needed this over here, and [the CISA] is gonna grab that all together and do it."*

CISAs themselves echoed the dual importance of both gathering person-centered information and sharing it

effectively with the rest of the care team to support care coordination. One CISA gave an example of a client with intellectual disability who struggles to communicate and becomes anxious as a result. The CISA said that their role is to communicate in real-time with other care team members, so that they can be prepared to respond effectively and consistently: *"I can reach out to their care team, let them know that she's really struggling that day. And so then other people can be aware."* When queried how this differed from their approach before becoming a CISA, the respondent replied, *"It's different because we didn't have that type of communication before with the care team ... She'd tell one person one thing, and then explain it to another person, but there's still no way to help her, because there's no team of people that are helping her."* Another CISA said simply, *"[The care team] is very appreciative... I'm their eyes and their ears."*

In the final focus group, the managed care representative echoed how well-established CISAs had become as members of the care team: *"In general conversations with my colleagues, CISAs will come up as just a normal part of working with [these agencies]—for example, 'Oh yeah, the CISA was at the meeting too.' It's becoming the norm they're used to, and I think that speaks volumes."*

Underscoring the value of the CISAs in supporting quality person-centered care, one agency supervisor said that they would like to have CISAs conduct intake interviews with all newly enrolled clients going forward. In their words, *"I'd really like*

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> **I would absolutely recommend a CISA role in any integrated service agency just because they add so much additional support specifically to the clients, but, expanding out, not just with the clients, but for the staff, for the families, for the continuity of care. It really is ... that whole wraparound service, providing that comprehensive, cohesive plan of care ... Wrapping it around whatever the social determinants of health are deemed to be.**
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> **— SUPERVISOR**
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to see almost all new clients ... introduced to the CISA and have the CISA do the interviews and see if maybe there's something that they could develop through that interview process to see if there's specialized needs. I'd like to see that as part of the whole enrollment process for each new client."

CISAs identify and help address social determinants of health.

CISAs also played an effective role in identifying clients' negative social determinants of health and advocating for solutions.

In particular, CISAs played a key role in mitigating social isolation and loneliness, a key social determinant of health.[20] Several interview respondents spoke to this aspect of the role, which seemed to be informed by the trusting relationships they established and the flexibility of their role. For example, a CISA said, *"[There] doesn't always have to be something wrong. It's just some of them don't get that companionship. I will definitely make time for that, just go over there for an hour if they just want to talk."* This quote underscored the importance of flexibility and independence in the CISA role, which allowed CISAs to tailor the timing and duration of their visits.

One focus group respondent offered the following story to illustrate how the relationships that CISAs establish with clients help offset social isolation: *"We have a particular client that was struggling with her blood sugars, and she started to self-isolate.*

She was just withdrawing from society, and we were seeing her, but we weren't seeing her as often as we were able to. Once we implemented CISA, the CISA was asking specific questions, which kind of got this person thinking and sharing in a way that she wasn't sharing with us before. We were able to target what was happening, realize it, and help bring her back from that, which was just phenomenal. Now she's not isolating. She's actually engaged and out in her community, and I really feel like it's because of the CISA program, and us being able to have those specific questions to help get her thinking and having those conversations."

Further confirming that CISAs' flexibility allowed them to effectively support social integration, a team lead said, *"Like, if they want to go to the park or walk the dog at the humane society ... the CISA role is able to, like, cut out a time for them and go do things like that that they enjoy."* The team lead went on to say, *"It's really, really opened my eyes to see that we do more than just take care of them."*

Other examples included helping with home safety and repairs; asking about food security and assisting with meal planning; and addressing issues with durable medical equipment. Summing up this part of their role, one CISA said, *"That is my goal, to [manage] even the littlest things. You should not be stressed out about how you're going to eat this week. You shouldn't be stressed out about [being] diabetic and you can't afford your pen because they switched your insurance. So I jump right in there."*

Did the CISA program reduce emergency department visits and hospital admissions?

The CISA model is designed to drive measurable returns on investment in part by reducing avoidable health care utilization, such as emergency department visits and unplanned hospital admissions.

The quarterly data from this demonstration project showed considerable variability in these indicators across both agencies and throughout the data collection period. (As noted, we obtained these data from the managed care organization for January 2023 through September 2024, i.e., from one month prior to the overall launch through the end of the one-year implementation period.) For Agency A, both rates showed some stabilization and then decreased from just before the CISA training in September 2023 through June 2024, which was promising, but then increased again in the final quarter of the implementation year (Figure 2). For Agency B, the rates showed a relatively steady increase through the first half of the implementation year, before declining and then increasing again in

the second half (Figure 3). Respiratory illness-related ER visits in Wisconsin (for COVID-19, influenza, and RSV) varied over the course of the implementation period,[21] a factor for potential consideration in future research.

These findings suggest that, not surprisingly, emergency department visits and hospitalization rates are shaped by individual, organizational, and other factors that we did not capture in this evaluation. The time horizon may be a limiting factor as well, since the CISA program may have a greater impact on these health care utilization outcomes over time as it becomes further embedded in each agency's structures and processes. The anecdotes above illustrate CISAs' potential role in helping prevent emergency department visits and avoidable hospital admissions, with promise for greater impact over time.

Future evaluation research should aim to control for additional variables that may affect these important but highly variable health care outcomes, as well as measure the data for a longer period of time to measure more distal impacts.

Figure 2: Rate of Emergency Department Visits Only and Emergency Department with Hospital Admissions for Agency A's CISA Region, 1/2023 to 9/2024
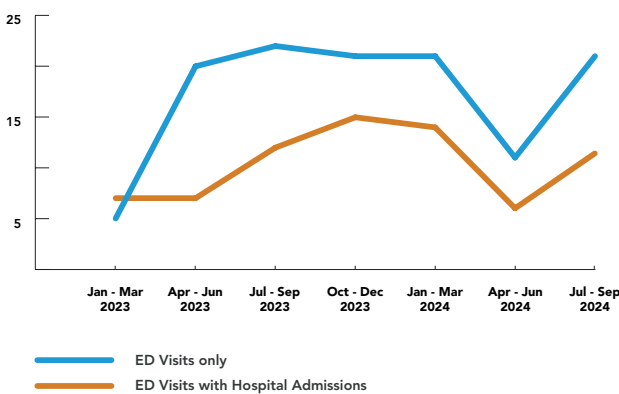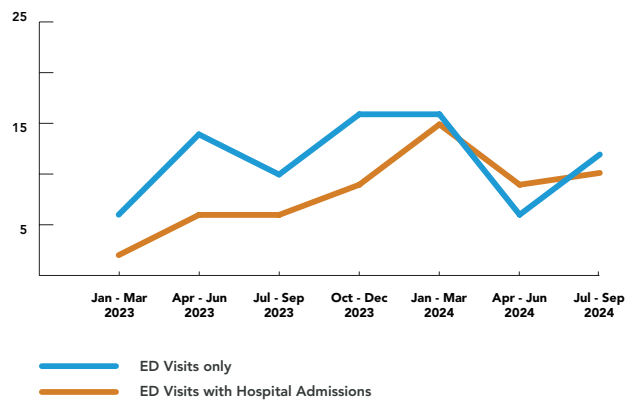

Figure 3: Rate of Emergency Department Visits Only and Emergency Department with Hospital Admissions for Agency B's CISA Region, 1/2023 to 9/2024

Impact on Home Care Workers and the Care Team

The evaluation findings show that the introduction of the CISA role positively impacted home care workers in a number of ways. Specifically, we found confirmation that:

- CISAs play an important role in supporting other home care workers;

- The CISA role engenders professional pride; and

- The CISA model promotes workforce retention.

CISAs support the broader home care team.

The interview data indicated that the CISAs were well-accepted by the broader home care team and valued for their enhanced communication skills and ability to manage challenging dynamics.

One supervisor noted that there was some initial wariness about the CISA role among home care workers, saying *"at first, [the workers] thought it was like some way for us to check up on them and they were a little bit nervous. But now we've had nothing but positive feedback."* Demonstrating how well-accepted CISAs had become, the same respondent went on to say that now, *"[Home care workers] will actually come back into the office like, 'Hey [CISA's name], do you mind meeting or following up with [a certain client] about this because X, Y, and Z is happening? And would you be able to help us out with this situation?'"*

Other home care workers talked positively about observing and learning from the CISAs. For example, one said *"I feel like it's all been pretty helpful. It [helps me] learn more about my clients as well. Because like, sometimes I'm there when they ask the clients the questions and everything."* Another said, *"[The CISA that I work with is] really organized, she has everything together. She tries reaching out to clients whenever she can. She goes out and helps when she can too... I actually really enjoy it because she does a lot of work that helps me out more since I'm newer. [She helps me] to understand a lot."*

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> **It's definitely done a lot of good for me personally, just like even my communication skills and learning how to build new relationships with clients.**
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> — CISA
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A CISA described their role as providing a combination of practical and emotional support to home care workers. In their words: *"They know they can come to us for anything too, and they're very confident of that because I let them know right away, like, 'you know you're in [your client's] home and it is [about] their rights, but it also is your rights too. You don't need to be yelled at, you don't need to be anything—that's not okay, so reach out'—and they seem to be comfortable with that. Some of them pop in; I told them to pop in if them need anything because I have gloves and whatnot, materials that they may need for the homes."*

The managed care representative confirmed this observation: *"It's nice that the people that are on the ground doing the caregiving have somebody to look up to or consult with or maybe brainstorm how to approach something. Those are the things that I'm hearing. All positive."*

One CISA noted that their role involves supporting the autonomy of individual home care workers as well, such that workers are more confident in asking questions when needed but also independently problem-solving when possible. In that CISA's words, *"I feel like I'm giving—I don't know if it's the right word, but I'm going to use it anyway—I'm giving [them] more rein on when to give me a call on things. They feel like I trust them more to make certain calls too, if that makes sense."*

The data also indicated that CISAs provide a supportive bridge between home care workers and the agency, just as they do for clients. One CISA shared the following example: *"One of the caregivers, per se, isn't a big fan of anyone in the office, is just, you know, one of those Miss Negative and since she's gotten to know me as the CISA, she has warmed up to everyone in the office."*

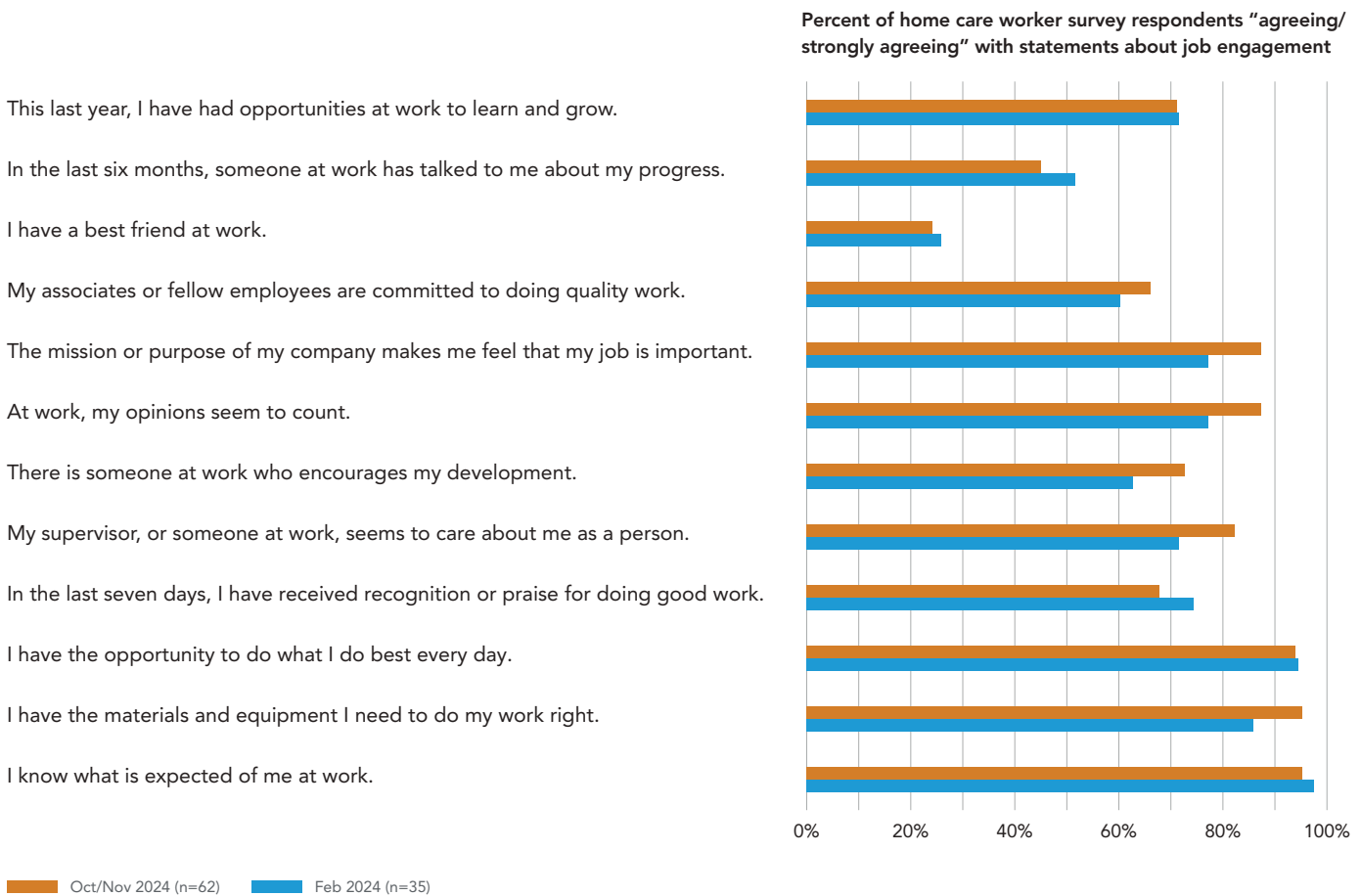# The impact of the CISA role on home care workers' job engagement

As noted, we created a survey for home care workers that each agency distributed before, during, and after implementation of the CISA project. Due to data limitations (driven by lower than anticipated response rates), we were able to generate descriptive statistics from the February 2024 (midpoint) and October/November 2024 (endpoint) surveys with home care workers from Agency B only.

The survey data indicated modest improvements at Agency B from February 2024 to the end of the measurement period across a number of indicators, as shown in Figure 4. Notably, there was a 10 percent or more increase in agreement with statements about: having the right materials and equipment; feeling cared about; feeling like their development was encouraged; having opinions that count; feeling motivated by the mission/purpose of the organization; and feeling that coworkers are committed to the job. Conversely, there was no change in two indicators and minor decreases in four indicators, but by less than 10 percent in each case except for "In the last six months, someone at work has talked to me about my progress" (which decreased by 12 percent).

Supported by the strong qualitative findings, these indicators of increased staff engagement from the midpoint to the end of the implementation period suggest how the CISA role may be positively impacting the full home care workforce.

Figure 4: Home Care Workers' Job Engagement During and at the End of the CISA Intervention (Agency B)

Percent of home care worker survey respondents "agreeing/strongly agreeing" with statements about job engagement

Statement	
This last year, I have had opportunities at work to learn and grow.	
In the last six months, someone at work has talked to me about my progress.	
I have a best friend at work.	
My associates or fellow employees are committed to doing quality work.	
The mission or purpose of my company makes me feel that my job is important.	
At work, my opinions seem to count.	
There is someone at work who encourages my development.	
My supervisor, or someone at work, seems to care about me as a person.	
In the last seven days, I have received recognition or praise for doing good work.	
I have the opportunity to do what I do best every day.	
I have the materials and equipment I need to do my work right.	
I know what is expected of me at work.	

Oct/Nov 2024 (n=62)   Feb 2024 (n=35)

The CISA role engenders professional pride.

CISAs and other care team members strongly endorsed the positive impact of the role on CISAs' sense of professional pride and purpose. Summarizing their experience, one CISA simply said, *"I didn't think it was going to turn out to be as good as it [has]."*

A key driver of their positive assessment appears to be the individualized attention that CISAs can provide to particular clients, along with their enhanced engagement with the full client population and the interdisciplinary team—all of which helped them feel that they were making a greater impact.

One CISA described these enhanced levels of engagement as follows: *"What I love the most about the CISA role: I'm with all the clients. I'm a part of all of their lives. I'm a part of being in the middle and helping them more. And I already like helping, being a caregiver with my individual clients, because I would have four different ones, or like, five different ones throughout the week, but it was only them. So now I get to know everybody, and I get to reach out with concerns, and I get to push and drive and make sure that we have everything under control and that their needs are met and they're safe and so I really like helping, and I think just that kind of rolled me into the CISA role. And that's my favorite part about it."*

With regards to providing more individualized care, several comments emphasized the flexibility built into the CISA role (as named above). For example, one CISA said: *"I like knowing that their needs are met. I like knowing that they know they can rely on me ... keeping stuff confidential and still trying to get things worked out, and ... following up with them,*

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> **And when she first got that acronym by her name on her email, she messaged me. She said, 'you have no idea how proud I feel right now.**
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> **— SUPERVISOR**
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even if it's on the phone, like they know that I'm caring. I want them to have that." Another CISA said, *"You get that more independent time with people, and you can kind of get your creativity going ... outside the box, and your restrictions are less with the CISA role than just doing [direct care]."* Offering a specific example, one CISA said, *"[I]f someone's on oxygen, and I know they've had an appointment recently, then I'll wait a little bit and I'll call and be like, 'Hey, how you doing?' You know, check up [on them]."*

The managed care representative made a similar observation: *"[CISA] appreciate getting to take the time to get to know the individual, versus just trying to get in there, get the caregiving work done and move on to the next person. They're really able to focus on the individual, and they really find value in that meaningful purpose for their work."*

About broader engagement with the client population and the care team, one CISA said, *"[Performing the CISA role] just makes my weeks go by, not only quicker—it's just nice to know everyone outside of this office, our clients."* Another said, *"This is the first time I've ever had to work with caseworkers and get that aspect of it with insurance companies. So that's all new. I feel like I'm just adding on to my experience as I go throughout life, which is really cool. I love that."*

One CISA translated their positive experience into a recommendation for other home care workers: *"I think it's just a good learning opportunity for everyone, and I think it's just a good opportunity for people that want to grow in their position and want to do more for their clients."*

The CISA role promotes workforce retention.

Finally, the interview data indicated that the CISA role is supporting retention for CISAs themselves and the home care workforce overall.

One CISA talked about how this role offered an opportunity to advance without having to leave the organization: *"I didn't want to leave the company, and I didn't want to leave the*

people. I just wanted to get higher up in my position." Similarly, a supervisor said, *"When I see the feeling of pride and the commitment to doing this well from the folks put in the CISA position at least in my area… [the current CISA] tells me all the time, [they're] not going anywhere."*

One agency leader spoke confidently about how the CISA role promotes retention among CISAs, saying *"[O]ur CISA representatives have stated that they feel more committed to the company since being given the additional responsibility of the CISA role. They feel they are making a difference in each client's life, by making sure needs are met and … concerns are addressed immediately."* Offering a somewhat different perspective, the other agency leader shared that the CISA role has served as a "stepping stone" to other health care training and career opportunities for a couple of CISAs, while others have been retained because they *"love the flexibility of the role while still being able to carry a higher-level position in this field."* The latter comments reflect the value of the CISA role in providing an advancement opportunity both for those who wish to remain in a frontline direct care role and those who seek further career development opportunities.

More broadly, one supervisor noted the impact of the CISA role on their overall home care workforce retention rate: *"I've been doing really good with turnover lately, so I would say [the CISA program] would probably have had to help with it…. Only reason I've lost caregivers recently is because they're having a baby. Every little thing helps."* Similarly, an agency leader

noted, *"I think the CISA role has impacted our turnover rate and our [home care workers'] longevity with the program… They have another person/resource to tap into for information and to partner with in tough situations and…. they have less tough situations because the CISA role mitigates them."* The other agency leader emphasized how, by directly managing clients' concerns, CISAs support other home care workers and allow them to focus on care delivery: *"I feel that caregivers are more apt to remain in their positions … when there is a CISA representative present. The CISA representative offers the client a person to vent to and voice concerns to. This allows the [home care worker's] relationships to be centered around [caregiving] and not having to address conflicts while still [providing care]."*

One supervisor talked about how the CISA program offers an aspirational opportunity for other home care workers, which may help with retention: *"They know that if they are interested in furthering their careers, there's another step there that they can be aspiring to. They have that option: 'Oh, this is something I could also be doing.'"*

What's Next

Summarizing and Building on Lessons Learned

This report has described PHI's development, implementation, and evaluation of the Care Integration Senior Aide (CISA) role with two home care agencies and a managed care organization in Wisconsin. The CISA role is designed to support timely, coordinated care for home care clients, taking into account social determinants of health, while offering a career advancement opportunity for individual workers and supporting the broader home care workforce.

The evaluation indicated that this advanced home care role was well-accepted by home care workers, clients, and other members of the care team, and that the CISA program positively impacted client care, as well as workforce support and stability.

For CISAs themselves, the ability to engage with clients in flexible, person-centered ways appeared to be a key success factor. Rather than adhering to a pre-defined schedule and list of tasks, CISAs were able to tailor the cadence and structure of their visits to individual clients' needs (as well as to home care workers' support needs). This flexibility enabled CISAs to cultivate strong, trusting relationships with clients, which laid the groundwork for identifying and responding to their emerging needs. Because they were also better integrated into clients' care teams, CISAs were able to promote more timely, individualized care. Contributing directly to high-quality, person-centered care informed CISAs' positive experience in the role and their job satisfaction.

The two partner agencies reported high acceptance of the CISA role by other home care workers, reporting that workers proactively requested additional CISA visits and ongoing involvement, given CISAs' enhanced communication with the care team and their support with navigating different care dynamics.

Describing the success of the CISA program, one partner agency shared their plans to roll it out more broadly: "I am really excited, we're in the process of doing some major restructuring, and the CISA role is one of my main things—getting it rolled out to all of the [agency's] offices. So my fingers are crossed that it comes out, you know, right away. … I'm excited about making it happen."

— AGENCY LEADER

The agencies also reported that although some clients were initially uncertain about working with CISAs, the regional managers and CISAs effectively collaborated in fostering open dialogue and resolving those concerns.

Agency leaders were also quick to emphasize the positive impact of the CISA role on care coordination and quality. Echoing the point above about timely, individualized care, they noted that CISAs prompted earlier interventions and consistent follow-through on emerging client needs. One agency leader also noted that having CISAs in place allowed them more time to focus on strategic initiatives, because care managers were able to resolve issues directly with CISAs rather than seeking involvement from senior leadership. This additional layer of care expertise appeared to improve efficiency and enhance the care experience for clients and families alike.

Given these outcomes, both agencies expressed interest in expanding and sustaining the CISA role across their entire service regions. Our managed care partner also recognized the value of the initiative— requesting a bespoke training on the CISA model for their staff and reflecting in the evaluation on the successful integration of CISAs into service delivery. Notably, as the initiative moved forward, the managed care partnered shared openness with a participating agency about including an allocation for CISA-related costs in their negotiated payment rates for new client referrals.

These endorsements and the willingness to invest material resources from both the agencies and the managed care partner serve as powerful indicators that all three partners saw positive returns on investment through better care team integration, a more stable workforce, and improved care for clients.

The emerging economic case for the CISA role

Positive impacts observed by the home care agencies and managed care organization partnering in this demonstration project offer promise for other organizations looking to reduce workforce turnover, provide real opportunities for advancement, and improve the quality of care in cost-efficient ways.

For example, although the quantitative data were inconclusive, both agencies reported that they believed the CISA program improved home care worker retention. Reducing turnover can save as much as half the annual earnings of each worker[22] by lowering the costs associated with recruitment, onboarding, and training, as well as minimizing disruptions to client care.

Further, improving care coordination and addressing negative social determinants of health such as social isolation can also save considerable costs to agencies and payers. Although estimating these cost savings would require more data on clients' health care needs and utilization than we had in this project, our qualitative findings suggest that the program is well-positioned to drive meaningful cost savings due to CISAs' demonstrated ability to coordinate care around individual clients and bring more attention to their evolving needs and social determinants of health.

The evaluation findings above illustrate the CISA role's positive reception and impact. Here, we draw out specific lessons learned for replication and sustainability.

Establish A Strong Foundation

The CISA intervention began with an extensive planning process (from February through August 2023), culminating in the delivery of robust adult learner-centered training programs for newly hired CISAs and for other care team members. Paired with ongoing technical assistance and additional trainings for replacement CISAs, this comprehensive approach appeared to play an important role in preparing CISAs to step confidently into their roles and in preparing other care team members to accept and engage with them as equal members. This successful care team integration was underscored in the interviews by CISAs themselves, agency leaders, and the managed care representative.

Facilitate Robust Engagement

Importantly, the planning and implementation process relied on meaningful engagement from all key partners. The agencies were deeply engaged in shaping program elements and rollout. Once on board, the CISAs themselves also participated in bi-weekly meetings with PHI, offering their firsthand experiences to inform continuous process improvements (such as identifying and implementing strategies for addressing client reluctance). Our payer partner was also actively involved in identifying the agencies to participate and helping shape the program with a view to sustainability. This user-centered design

approach[23] ensured that the project was informed and endorsed by all participants, from those most directly affected through those who can help drive sustainability through systems change.

Build Local Capacity

The CISA program is a complex intervention involving multiple training curricula, an entirely new staffing role, and new ways of working and delivering care. As such, the program requires extensive engagement from participating agencies, as discussed above, but also considerable local implementation capacity. One capacity challenge relates to training and onboarding, since agencies need to be able to conduct additional training as new CISAs and other staff join the agency. Another capacity challenge pertains to data collection and monitoring, which is essential for continuous quality improvement and evaluation—but which requires infrastructure and dedicated expertise that many agencies may not have.

During the intervention period, PHI worked closely with our agency partners to build their implementation capacity. We also learned from this process about how agencies might overcome capacity challenges to sustain the program going forward. One option is for a multi-agency group of staff to complete a train-the-trainer program, thus becoming a training team that can provide CISA trainings as and when needed. Another strategy is to leverage a learning management system (LMS) to build self-sustaining communities of practice among agency leaders and staff. With regard to data and evaluation, this project highlighted the importance of providing strong

training, resources, and support for dedicated data leads at each partner agency, as key steps to ensuring that they have the expertise, ability, and authority to identify and overcome data-related challenges. Based on our experience in this project, we will work closely with data leads in future efforts to adjust data collection based on local needs and capacity, for example by deploying surveys by text message and other channels as well as by email to enhance response rates.

Strengthen Recruitment Strategies

As noted, the two partnering home care agencies experienced some challenges with promoting home care workers into the CISA advanced role, given a limited number of internal candidates and high caseloads among existing workers. Relatedly, hiring CISAs from within created new home care job vacancies, causing disruptions in care at the frontline and necessitating additional hires. Both agencies also experienced CISA turnover during the first months of the implementation period.

Given these challenges, each agency sought to hire external candidates as well as promoting from within. Each agency also created hybrid CISA/traditional home care roles to support care continuity. This adaptation of the model highlighted how implementation of the CISA program could be strengthened by pairing it with a targeted recruitment strategy—as a particularly important program element for small, rural organizations operating in a field characterized by considerable workforce shortages. This recruitment strategy could help agencies align

their external recruitment efforts with their internal advancement goals, such that they are able to promote individuals into full-time CISA roles while also quickly filling the frontline positions that they vacate.

Continue the Momentum

Given the positive results reported here, PHI will continue refining and testing the CISA model to further build the evidence base for replication and scale-up, and promote broad adoption of the model. We will also focus on advocating with payers and policymakers to build the CISA role and other advanced direct care roles into long-term care payment structures.

Beyond the CISA project, PHI will continue to engage with a range of partners in Wisconsin to lead innovations in home care worker training, job quality, and career advancement. Specifically, the next steps in our work in Wisconsin are to test out a "universal direct care training and credentialing" demonstration program in the state. Wisconsin is already a national leader in building out a statewide training and credentialing system in home and community-based services that includes an entry-level training leading to a Certified Direct Care Professional (CDCP) certification, as well as portable micro-credentials to support career mobility and advancement. Aligning with and complementing these efforts, PHI's forthcoming universal direct care training and credentialing demonstration will test additional entry-level and specialty training approaches as well as another advanced role for direct care workers, building

on the lessons learned from the CISA project. The broad aims will be to strengthen the case for core competency-based training, portable and stackable credentials, and career advancement opportunities for home care workers and other direct care workers, enhancing job quality, stabilizing the workforce, and optimizing care delivery. Through these efforts, we will continue to build the evidence base for workforce investments that advance direct care workforce careers—as a powerful way to advance high-quality care for older adults and people with disabilities.

Conclusion

Programs like the Care Integration Senior Aide (CISA) model have never been more critical for the home and community-based services sector, as client demand and acuity continue to increase while home care workforce shortages worsen. PHI's experience designing, implementing, and evaluating this advanced role with home care agency and payer partners in Wisconsin has shown the value of the model for improving person-centered, coordinated care; stabilizing and supporting the workforce; and demonstrating a return on investment. The lessons learned in this project can and should inform efforts to replicate, scale, and sustain advanced roles for home care workers and other workforce interventions in Wisconsin and beyond.

Appendix A

Turnover Findings

While the qualitative findings clearly indicated the positive impact of the CISA program on home care workforce retention at both agencies, the quantitative turnover data were less conclusive. For Agency A, turnover appeared to spike before steadily declining during the year prior to CISA implementation (October 2022 through September 2023), then varied between nine and 29 percent during the implementation period (October 2023 through September 2024). At Agency B, the turnover rate ranged from a low of six percent in the first quarter of data collection to a high of 20 percent in the final quarter, but with considerable variation in the intervening quarters.

Turnover was likely impacted by a number of factors that were beyond the scope of this analysis, including local labor market competition. Importantly, turnover was already fairly low at both agencies compared to industry norms, which was estimated at nearly 80 percent for home care providers nationally in 2023,[24] even acknowledging the higher starting turnover rate at Agency A. We might expect to observe a great impact on turnover at agencies with higher starting turnover rates in future CISA implementation efforts.

Figure 5: Quarterly Turnover Rate for All Home Care Workers in the CISA Regions, 10/2022 to 9/2024
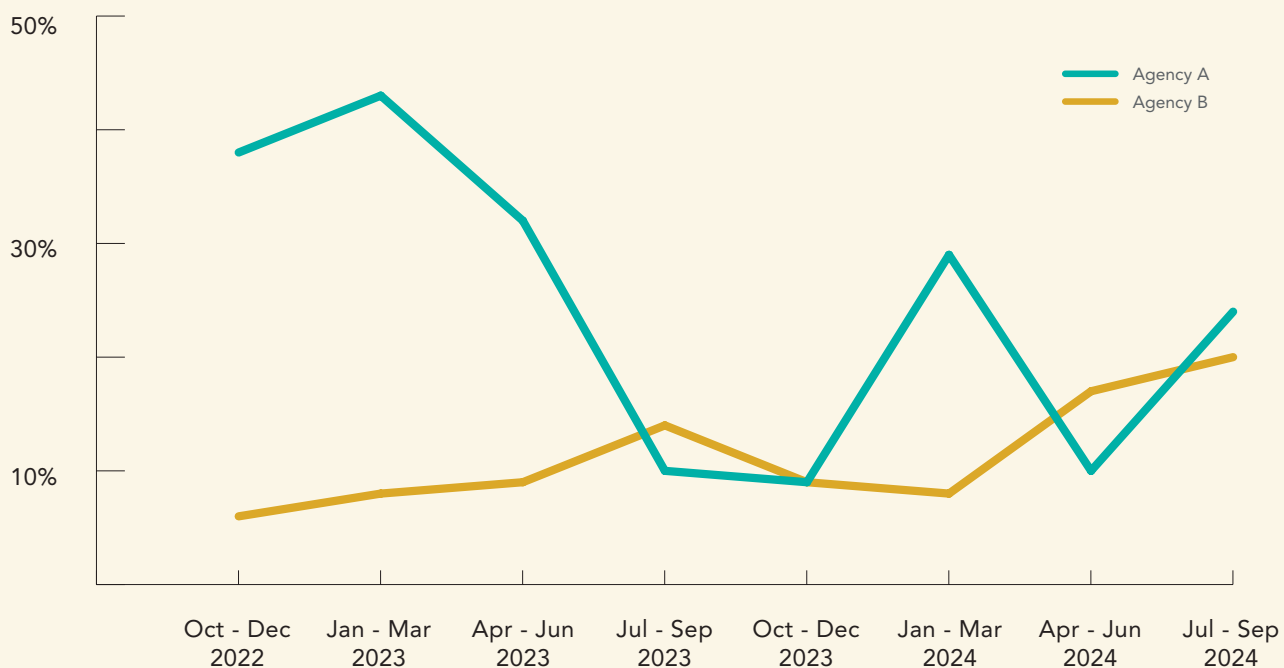
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About PHI

PHI is a national organization committed to strengthening the direct care workforce by producing robust research and analysis, leading federal and state advocacy initiatives, and designing groundbreaking workforce interventions and models. For more than 30 years, we have brought a 360-degree perspective on the long-term care sector to our evidence-informed strategies.

As the nation's leading authority on the direct care workforce, PHI promotes quality direct care jobs as the foundation for quality care.

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