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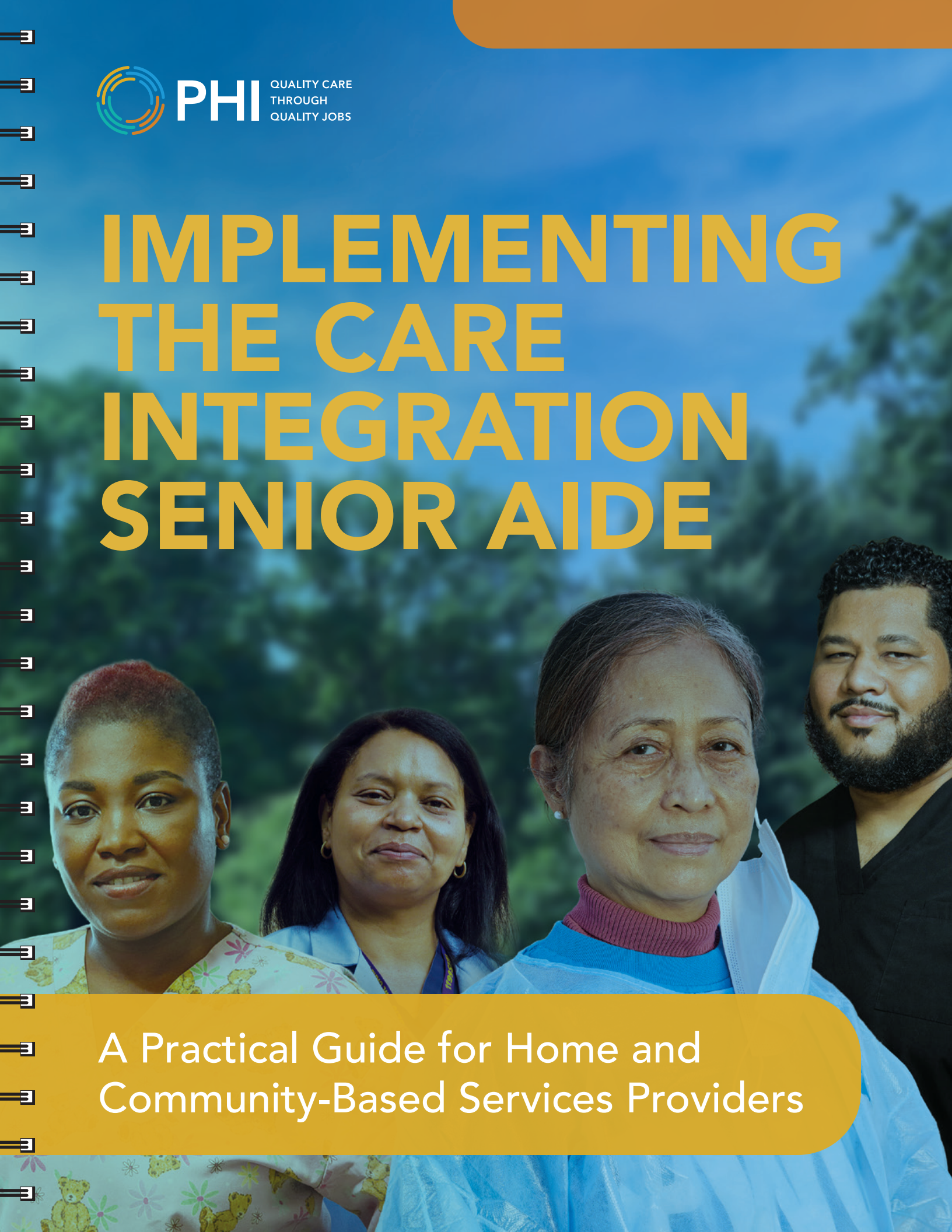
IMPLEMENTING THE CARE INTEGRATION SENIOR AIDE



A Practical Guide for Home and Community-Based Services Providers

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INTRODUCTION

Care integration models hold enormous promise for home and community-based services settings and other long-term care environments, as demonstrated by a growing body of evidence and providers' experiences nationwide.[1] Home care workers who are adequately trained, supported, and integrated into the interdisciplinary care team are well-equipped to observe, record, and report changes in clients' conditions and any environmental challenges rooted in the social determinants of health. As a result, care quality improves, and costly outcomes such as preventable hospitalizations and emergency room visits decrease. Elevating home care workers into advanced roles focused on care integration also benefits workers themselves—providing a career advancement opportunity linked to an elevated job title, enhanced compensation, and increased job satisfaction.

"Working in these advanced roles has given me a lot of confidence in what I do. I feel good about being able to help more clients, more workers, and more family members. I continue to learn, which is also good for me. And I am proud of the example I have set for my daughters."

MARISOL RIVERA

Care Coordinator
Cooperative Home Care Associates (CHCA), Bronx, NY

PHI's Care Integration Senior Aide (CISA) role embodies these dimensions, drawing from the literature on care integration in long-term care and our extensive experience developing and testing advanced roles for direct care workers in the field. This implementation guide for home and community-based services providers offers a step-by-step approach for implementing a CISA program in their agencies. In addition, the guide includes various practical tools and templates that each provider can modify to align with their agency's structure and priorities.

The first section of this implementation guide focuses on implementing the CISA role, which is comprised of 10 steps. The second section of the guide details five steps for creating a strong business case for the CISA program that will help agencies measure and communicate their return on investment (ROI). In today's market, providers must understand and demonstrate the cost-effectiveness of their programs to their investors, as well as their critical impact on workers, clients, and clients' family members.

While this guide offers detailed instructions on implementing the CISA model, providers who undertake this endeavor will likely need to contact PHI for additional support on various fronts. For example, a critical step in implementing this program is training—and PHI offers a comprehensive proprietary training curriculum that equips CISAs with the proper knowledge, skills, and confidence to succeed in these roles, along with a training curriculum for other care team members on how to collaborate successfully with CISAs.

Additionally, integrating a new role like the CISA requires other organizational and cultural changes that are not covered in this guide. Successfully implementing this model will be better served with support from PHI's workforce development experts across the board. For these reasons, we recommend that providers contact PHI for a consultation when implementing this program to explore pricing options for additional services.

THE CARE INTEGRATION SENIOR AIDE ROLE

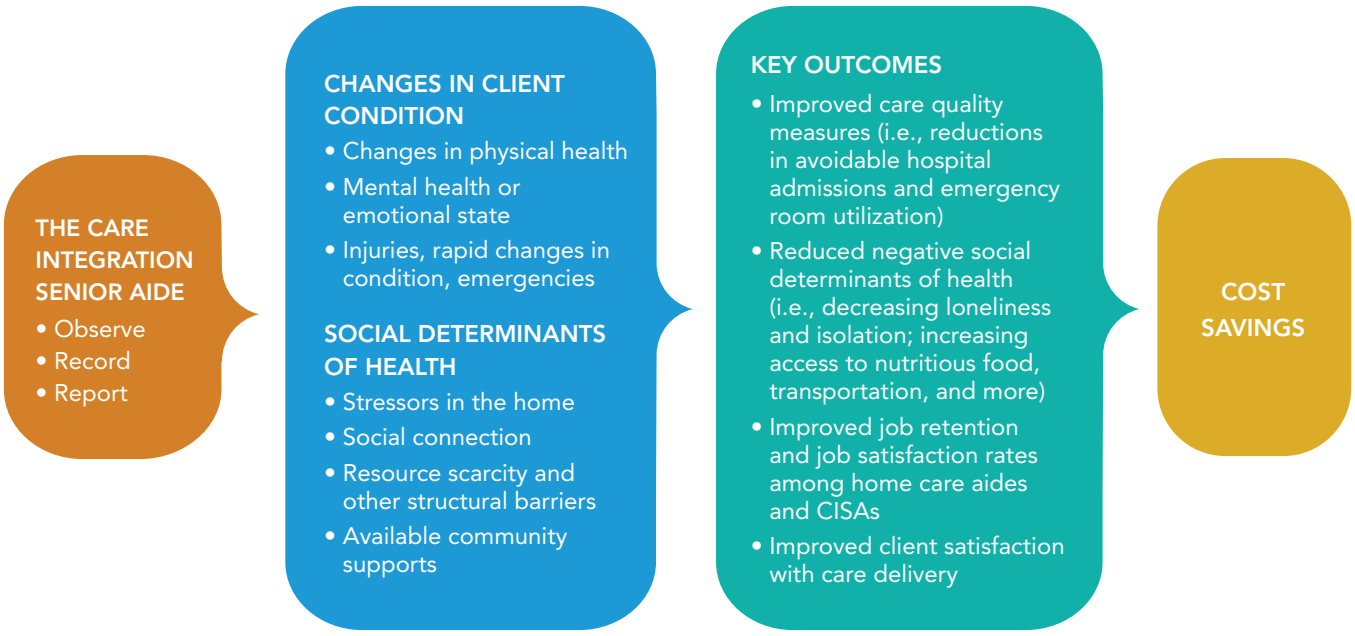
Because home care workers are in regular contact with clients—in many situations, more so than any other individual—they possess an intimate understanding of their clients' health conditions through close relationships and observations. Unfortunately, despite the critical value of this information, home care workers are not often formally trained or supported to communicate their observations to other members of the interdisciplinary care team, such as doctors, nurses, social workers, family members, and others. Without successfully sharing and responding to this information, a client's condition can remain stagnant or worsen, negatively impacting their well-being, their families, and the ability of their home care agency to provide optimal care.

Models of care team integration emerged in nursing homes several decades ago as part of the culture change movement. To varying extents, these models aim to empower nursing assistants to be more integrally involved in team-based care planning and assessment as well as care delivery.[2]

These models have been associated with increased job satisfaction and self-esteem among workers, decreased turnover, and improved care quality and efficiency.[3]

Care integration models have also begun making their way into the home and community-based services system.[4] In such models, home care workers are formally included in care teams and trained and supported to observe, record, and report information on their clients' clinical conditions and their social determinants of health. (See diagram below). These workers then report these observations from the clients' homes to the right members of the care team and transmit information back to the client and their family members—creating stronger communications pathways that improve care delivery for the benefit of clients, workers, and providers. Additionally, all care team members participate in effective communication and problem solving training to better support and work with CISAs as equal members of the care team.

How Care Integration Senior Aides Support Clients and Save Costs



WHAT ARE THE "SOCIAL DETERMINANTS OF HEALTH"?

The Centers for Disease Control and Prevention defines the social determinants of health as "conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of-life risks and outcomes."[5] Aligned with this definition, Healthy People 2030—a sweeping federal plan to improve the health of this country—categorized the social determinants of health into five areas: **health care access and quality, education access and quality, social and community context, economic stability, and neighborhood and environment**.[6]

A growing body of evidence rooted primarily in pilot demonstrations illustrates the potential of care integration models in home care. A 2012 to 2015 program led by the California Long-Term Care Education Center (now the Center for Caregiver Advancement) showed that training and care integration in home care settings led to improved recruitment and retention, a significant decrease in emergency department visits and rehospitalizations, and cost savings up to $12,000 per trainee.[7]

A similar intervention piloted in 2012 at the St. John's Well Child and Family Center in Los Angeles, California, yielded comparably impressive results related to client quality of life, satisfaction with care, and medication adherence, as well as reduced hospitalizations and emergency room visits.[8]

Building on this evidence, PHI created and tested an advanced role for home care workers in 2015-2016 called the Care Connections Senior Aide. In this model, home health aides received 240 hours of training in key topics and were elevated to salaried Care Connections Senior Aides.[9] In this capacity, they supported and upskilled entry-level home care workers, helped with care transitions, solved caregiving challenges in the home, and served as members of clients' care teams. This 18-month demonstration project led to an 8 percent reduction in the emergency room admission rate among the 1,400 clients impacted, reduced caregiving strain among family members, and improved job satisfaction among home care workers.

Advanced roles like the Care Integration Senior Aide and the Care Connections Senior Aide are critical to direct care workers and the health of long-term care system. They provide a meaningful opportunity for advancement in a job sector that generally lacks such options. Advanced roles also improve job satisfaction, reduce turnover, improve care delivery, and decrease preventable and costly health care costs, among other benefits.

10 Steps to Implementing the CISA Model

The following 10 steps will help providers implement the CISA model. While a provider might be tempted to enter this guide at the step that seems most immediately relevant to their needs, we strongly recommend taking each step in sequence since the process builds on itself.

1: Assemble the Planning Process
2: Establish an Implementation Timeline
3: Design the CISA Role
4: Develop an Internal Communications Plan
5: Recruit a Strong Pool of CISA Job Candidates
6: Hire and Onboard CISAs
7: Integrate the CISAs into the Care Team
8: Train the CISAs and the Care Team
9: Supervise and Coach the CISAs
10: Launch the CISA Model

Step 1

Assemble the Planning Process

A thorough planning process that guides the implementation of the CISA program is essential to its success. This planning process begins with forming a planning committee. This process also includes regular meetings, designating staff to key positions, and discussing the business case methodology described later in the guide.

Form a Planning Committee

Strong planning committees are central to successfully integrating the CISA model within an agency. These committees are responsible for the overall design, implementation, and communication of the CISA role. They help build buy-in, ensure that programmatic decisions reflect the needs and ideas of stakeholders throughout the agency, and position this model as integral to the organization's operations.

The CISA planning committee should be interdisciplinary, involving senior leaders, clinical staff, home care workers, and administrative staff, among others. Where relevant, this committee should also include a representative from the managed long-term care plan associated with the agency—or other payers—to ensure they understand and can inform various items such as service and intervention authorizations (especially when they occur outside of existing care plans), data collection and analysis, protocols for communication about client care between the agency and the related payer, and other items.

Schedule Regular Planning Meetings

The planning committee should establish a regular meeting schedule for the full implementation timeline, beginning with a one-hour weekly meeting. Planning committee members should expect to commit about one to three hours per week to support committee-related activities. Before the first meeting, committee members should receive and review all pertinent documents, including materials generated through this CISA guide.

The first planning committee meeting presents an opportunity to establish a shared understanding and vision for the CISA role, guided by a series of questions (see "Key Opening Questions for the CISA Planning Committee" below). The goal of this first meeting is to begin a dialogue that helps center the group on what changes they hope to achieve by introducing the CISA role. This meeting can also answer any questions from committee members about their individual roles in leading the CISA model implementation.

KEY OPENING QUESTIONS FOR THE CISA PLANNING COMMITTEE

- *Why are we committing to the CISA role?*
- *What do we hope will change for our clients because of this CISA role? For home care workers in our agency and the rest of our clients' care team members?*
- *What will implementing the CISA role mean for our agency's operations?*
- *Who should be involved in this program from our agency?*
- *How will we know if we're successful?*

Designate Staff to Key Positions

Two roles are essential to the CISA model implementation: the program coordinator and the CISA supervisor. These positions work together closely and in partnership with the planning committee to drive this process. (In practice, the same person could fulfill both roles, time permitting.)

The program coordinator provides general oversight and guidance for the CISA role, acts as the model's primary point of contact for agency staff and leadership, and plays an active role with the planning committee, among other responsibilities. The CISA supervisor works closely with other members of the CISA planning committee and care team to ensure that CISA workflows support improved clinical and social outcomes.

"It takes courage and patience to take good care of others. It can be so hard dealing with sick people, but I have empathy for others and really enjoy this work."

MARICHU BUENAVENTURA

Caregiver at Courage LLC and Member of Pilipino Workers Center, Los Angeles, CA

The supervisor is the primary coach and point of contact for CISAs as they work to support clients, home care workers, and family caregivers in the field—they also help CISAs work through communication and/or relationship-related challenges, and they support the CISAs in their role as member of the care team. (See "Step 9: Supervise and Coach the CISAs" for additional context.)

The best candidates for these positions are employees who are comfortable leading a new initiative and who exhibit high confidence, flexibility, and the ability to juggle multiple demands. Also, because each of these roles requires about five hours per week supporting the CISA model, it is important to consider how an employees' current workload will need to be adjusted to ensure they have adequate time to meet new expectations.

Discuss the CISA Business Case Methodology

The CISA model provides a range of benefits for clients, home care workers, and the entire care team—and it creates economic benefits and a healthy return on investment for home care agencies. Measuring the impact of the CISA model helps agencies make needed adjustments during the program and develop credible evidence for sustaining the role in the long term, among other benefits.

In the initial stage, the planning committee should define the outcomes for this model—including financial return, among others—and create a data collection plan for at least the first 12 months of the CISA program. (See "The Business Case for Care Integration and Advanced Roles" on page 35 for detailed guidance.)

Step 2

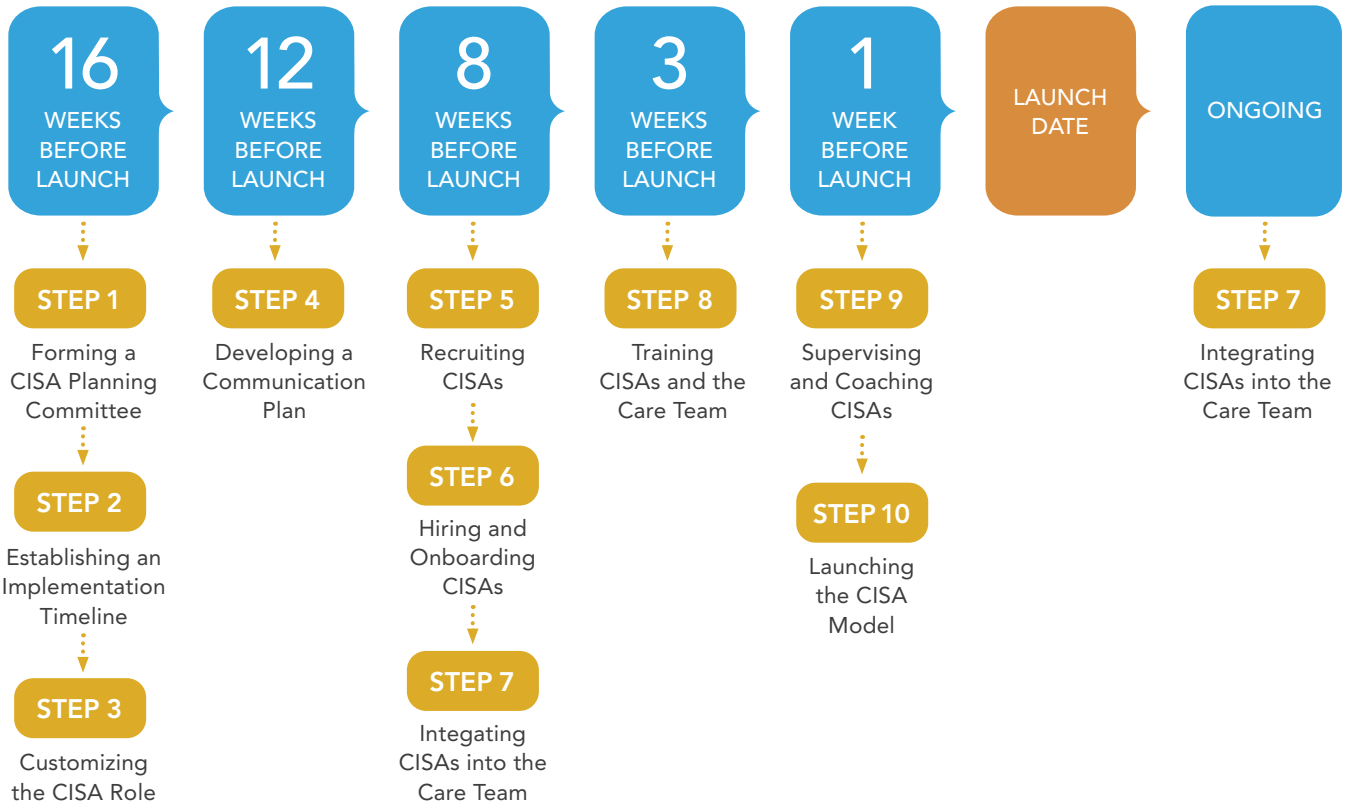
Establish an Implementation Timeline

Once the planning committee has been established, an implementation timeline should be created for the CISA model that feels attainable and reflects the scheduling needs of the agency. It can take at least four months to plan, design, and implement the CISA model, though the timeline will vary by agency.

Set the Program Launch Date

The best approach to creating an implementation timeline is to set the program launch date and work backward to complete the timeline, using the diagram below as a guide. Note that steps 7 and 9 are included in the "ongoing" column to signal the importance of continued commitment to supporting the CISAs and other care team members. Also, the timeline should account for internal obligations that could impact implementation, such as in-service training sessions, planned vacations, office closures, and more.

Suggested Implementation Timeline for Implementing the CISA Model



Step 3

Design the CISA Role

The CISA role has been designed to operate within three domains: the home environment, the care team, and follow-up. To assist with operationalizing this role, on the following pages are the CISA's specific roles and responsibilities within each domain.

Understanding the Role of the CISA

THE HOME ENVIRONMENT

The CISA will be deployed on home visits to work directly with clients, their assigned aides, and family caregivers. Once in the home, CISAs will take on a range of responsibilities:

Establishing trust. The ability of CISAs to learn critical information about a client relies on the extent to which clients, other aides, and family caregivers understand the role of the CISA, the goals of their home visit, and what CISAs can influence. In their first home visit, given that it will likely be the first time CISAs meet their clients and assigned aides in person, they will need to establish themselves as a trusted, well-intentioned resource whose goals are to improve the client's care experience and to act as a peer coach for other aides in the home. See diagram on page 3.

Observing for worsening clinical conditions. One of the primary responsibilities of the CISA is to observe changes in a client's health and well-being. Training is critical for CISAs to succeed in fulfilling this responsibility, as described later in step 6. In addition, the agency should create simple, condition-specific checklists to guide CISAs through essential questions and observations that help them spot signs of a worsening condition. (See Appendix 1.)

Observing for environmental challenges. CISAs must also observe the social determinants of health that might be impacting the clients' health and well-being, including food and housing insecurities, limited transportation options, isolation, loneliness, and unsafe living conditions, among others. As noted above, CISAs will need training and practical tools to capture this information respectfully and effectively.

Taking immediate mitigating action. CISAs should be clear—with the help of tools that contain clear prompts, for example—on the types of mitigating actions they are allowed to take to address worsening conditions and social determinants of health. These actions will likely be coupled with clinical or behavioral interventions from other care team members.

Recording observations. To ensure the free flow of information between CISAs and the care team, CISAs must be able to access the client's care plan, which will help inform how they focus their time and attention while in the home. CISAs should also be able to access the care plan or another data management platform to record their observations and any other important information gathered during home visits.

"You have to love your job to be a caregiver, but you also have to be strong. Not just physically, but mentally, too. It requires a lot of emotional attachments that can drain you... It requires a lot of intelligence. It requires a lot of agility to be able to respond to a need or an emergency. You have to solve problems quickly. You have to be alert. And you have to know how to communicate, because we are caring for someone's life."

ALLEN GALEON

Caregiver and Care Team Leader for private client, Worker Leader at Pilipino Workers Center, Los Angeles, CA

THE CARE TEAM

Participating as a full member of the care team. CISAs should be integrated into existing communication channels among care team members to ensure they can contribute to care team coordination efforts outside of care team meetings. CISAs should also participate in scheduling care team meetings and have access to any electronic platforms and devices being used by the agency to coordinate schedules and communication among care team members.

Reporting results from in-home visits during care team meetings. During care team meetings, CISAs should have ample opportunity to share their observations and experiences from their home visits, including the items noted in their checklists, areas of concern, family dynamics, and any outstanding questions. Additionally, CISAs should collaboratively problem-solve with other care team members to identify appropriate courses of action in response to their observations from in-home visits.

Receiving feedback and direction from the care team. CISAs should receive guidance from care team members on how best to follow up with clients and other aides to mitigate any challenges and reinforce best practices after their initial in-home visit. This feedback approach should be intentional because some mitigating actions might need clear direction from a care team member to ensure that CISAs operate within their scope of practice and according to agency policy. It's also important for CISAs to clearly understand how their follow-up actions will align with—and support—those of other care team members.

FOLLOW-UP

Following up at the direction of the care team. With direction from other care team members, the CISA will continue engaging and supporting their clients and their clients' family members after their first in-home visit. CISAs can perform any follow-up actions over the phone or through additional in-home visits, depending on the tasks. Possible measures include: reinforcing and clarifying the steps needed to manage chronic conditions and acute illness; helping clients access and navigate services from community-based organizations to address their social determinants of health; assessing any changes in condition or the environment since the previous visit; and providing additional coaching and support to other aides, among other actions.

Following up with assigned aides and family members. In addition to the delegated follow-up tasks from the care team, CISAs should remain in contact with the assigned aides in the home through periodic check-ins over the phone. It will be vital for CISAs to continue their coaching relationship with the aides, follow up on any changes in condition in the client, and reinforce best practices introduced during the in-home visit. Aides and family members should also be encouraged to reach out directly to CISAs with on-the-job questions.

Develop CISA Workflows

The following six workflows describe how the CISA program can be best integrated into an agency's operations. For each workflow, we pose one or more high-level questions, followed by detailed guidance.

WORKFLOW 1 | IDENTIFYING CLIENTS FOR THE CISA PROGRAM

How will clients be identified for the CISA program?

Clients for the CISA program can be identified based on quality improvement goals that align with the business case methodology, described later in this guide. For example, an agency might observe an increase in client falls that is leading to emergency room use. By understanding the common causes for a fall (e.g., certain medication regimens, impaired vision, chronic disease, or recent surgery), the agency could create a screening process to identify at-risk clients and assign them to the CISA program. The CISA's in-home visit would then focus on mitigating falls risks and coaching the client and assigned aide on taking preventative actions to avoid future falls.

What communication needs to happen with clients to ensure they are informed and on board with participating in the CISA program?

The CISA is more likely to succeed if the client and the client's assigned aide and family members understand the purpose and value of their participation in the CISA program, which will significantly decrease resistance and allow for more information-sharing while the CISA is in the home.

A description of the CISA role should be incorporated into existing communication channels for clients, such as video or phone calls, email correspondence, letters, newsletters, and other platforms. This explanation of the CISA's purpose should come directly from the agency to establish the CISA's credibility and to set expectations with clients, while also communicating to clients the purpose of the CISA role, how long CISA visits might take, what information the CISA may gather, and how any retrieved information might inform their care. This preemptive communication approach allows the CISA to reference and reinforce agency communication instead of presenting themselves as the sole authority.

WORKFLOW 2 | PREPARING FOR THE CISA'S IN-HOME VISITS

How will the CISA's in-home visits be scheduled?

The scheduling of CISA in-home visits should be integrated into existing scheduling practices and should consider the average length of visits, travel time between households, breaks, care team meeting participation, and documentation and reporting among other factors. To begin, CISAs' initial in-home visits should be scheduled for two hours to ensure enough time for relationship building, observation, and peer support. Subsequent follow-up visits may require less time, based on the task.

How should the CISA prepare for in-home visits?

To enable the CISA to prepare for their in-home visits, the CISA should be incorporated into the agency's case review workflows. For example, the CISA should have access to the client's care plan and an opportunity to discuss any questions and areas of concern with their supervisor or another clinical manager, such as the agency's registered nurse (RN), who can guide the CISA in managing their time in the home. For example, the RN might want the CISA to both observe how the client's diabetes is being managed and present a checklist of recommended daily strategies for the client and aide to use moving forward. Knowing these details in advance will help the CISA gather the right materials and prepare for their visit accordingly.

WORKFLOW 3 | IN-HOME VISIT

How will the CISA identify and mitigate worsening client conditions in the home?

When the CISA is in the home, they will work with the client and the client's assigned aide and family members to understand and identify any worsening clinical conditions using a tool like the INTERACT Stop and Watch tool.[10] As part of this process, the CISA will record their observations and the results of the tool in the care plan or through another data collection platform. Here, workflows should detail when and how the CISA should escalate their questions and concerns. For example, the workflow should allow the CISA direct access to their supervisor or another clinical manager, who can then delegate any necessary and immediate mitigating actions that the CISA can undertake within the parameters of their job description and agency policy. Additionally, the CISA will coach and support the client, aide, and family member with continuing health maintenance tasks and best practices for optimizing health outcomes.

To meet this need, the CISA could also provide the client and family members with print resources, such as a falls prevention checklist.

How will the CISA identify and mitigate worsening environmental conditions in the home?

When the CISA is in the home, they will use an interview tool to work with their client on identifying negative social determinants of health. For example, the CISA could use PRAPARE, a social risk assessment tool developed by the National Association of Community Health Centers.[11] Additionally, workflows should identify when and how a CISA should escalate their concerns about the client's social conditions. Here, the CISA should have direct access to a social worker or case manager connected to an organization in the community with service lines that address the client's environmental challenges.

"IMPORTANT THINGS TO KNOW ABOUT ME" FOR IN-HOME VISITS

- **Primary information** (preferred name and gender pronouns, birthday, marital status)
- **Family details** (names of spouses/partners (including marriage and decease dates, if applicable), children, grandchildren, and other important family members and friends)
- **Occupation or former occupation** and retirement date
- **Religious affiliations** (church/house of worship, level of engagement, etc.)
- **Daily pleasures** (i.e., the activities that make a day feel normal and complete, such as a cup of coffee in the morning, watching a particular TV show, etc.)
- **Social patterns** (i.e., daily contact with friends and relatives, pets, leisure time preferences, interest in group activities vs. alone time, etc.)
- **Food preferences** (i.e., special diet, favorite foods, food restrictions or dislikes, the timing of meals and snacks)
- **Goals** (i.e., "what makes you feel comfortable, healthy, and happy?", health-related questions and worries, short- and long-term goals)

How will the CISA build relationships with the client and their assigned aide and family members?

Upon arrival, the CISA should begin by introducing themselves to each person in the home, review the nature of their role as part of the care team, and describe the goals of their visit. A thorough and honest introduction will help establish clear expectations and decrease anxiety for the client and their assigned aide about a "new person" from the agency entering their home. The CISA should also use a tool to help them get to know the client as a person, including their history, goals, and concerns (see "Important Things to Know About Me" on page 15). By beginning with relationship-building, the CISA will demonstrate their commitment to understanding and keeping the client's preferences at the center of all care-related decisions. If possible, it would be helpful to integrate this interview tool into the care plan since the information gleaned from this tool will help other agency staff understand this client's background and preferences.

WORKFLOW 4 | THE CISA AS A MEMBER OF THE CARE TEAM

How will care team meetings be scheduled to include the CISA as a full member?

Workflows should specify how and when the CISA will be included in care team meeting scheduling. The CISA should attend and participate in care team meetings as a full, equal member of the care team. Treating the CISA as a valued and empowered care team member signals to the CISA and other care team members that the CISA's full participation is a priority. The CISA should begin to join a client's regular care team meeting as soon as the client is assigned to their caseload. If possible, the CISA should attend a client's care team meeting before their first in-home visit to provide greater context and direction for the visit.

How will care team meetings be facilitated to include the CISA?

Presumably, care team meetings adhere to a consistent structure or series of agenda items. Workflow considerations should fully incorporate the CISA's participation into care team meetings, which is especially important for transforming previous culture norms that might have excluded home care workers from the care team. For example, to help create a welcoming and inclusive environment, the care team members should facilitate an exercise to establish the group's working norms during the CISA's first care team meeting. The workflow should also create enough time and space for the CISA to share their in-home observations and any updates from follow-up activities, as well as allow time for other care team members to respond, offer feedback, and provide direction for additional follow-up.

How will the care team respond to the CISA's reports?

A critical component of the CISA model includes bridging the CISA's in-home observations with other members of the care team, which will help care team members quickly identify and deliver the appropriate intervention. While the CISA should have a clear sense of when and how to report their observations, it is equally important to identify the capacity that is needed on the care team to respond to the CISA's clinical and service-related concerns. Workflows should also pinpoint which care team members and support staff will be responsible for fielding and responding to the CISA's reports. As a result, the agency will need to assess and adjust its capacity to ensure a timely response.

How will the agency coordinate with the managed long-term care plan or other payer?

Often, intervening actions require authorization and coordination with a managed long-term care plan or another payer. Establishing a workflow that creates a clear pathway between the CISA's in-home observations and the payer's care coordinators will help expedite mitigating actions.

The composition of care teams can vary across agencies and states—some care teams include representatives from the payer, in which case the CISA would directly communicate with this representative during care team meetings. In other

cases, certain agency staff might hold relationships with payer representatives and act as the primary communication channel between the agency and the payer. If the payer is not a member of the care team, or if the CISA does not have direct access to payer staff, employers should design a workflow that addresses how the CISA's observations will influence communication between the agency and the payer.

WORKFLOW 5 | CISAS SUPPORTING AIDES IN THE HOME

How will the CISA provide ongoing support to aides and family members?

After their initial in-home visit, the CISA will remain in contact with the client's assigned aide and their family members, offering ongoing coaching and support and reinforcing the best practices introduced during the in-home visit for mitigating worsening clinical or environmental conditions. Continuous relationship-building also provides an opportunity for the CISA to hear and report any new changes in the client's condition. The workflow should create reciprocal communication channels between other aides and the CISA so that aides feel comfortable contacting the CISA. Enabling ongoing access to the CISA will equip aides with a new, trusted peer resource who will help them feel more supported and confident in their daily work.

The workflow should also specify how frequently the CISA should check in with the client's aide after the initial visit and how much time will be allocated for support activities. For example, the agency may decide that the CISA should call the assigned aide once per week for up to three months and should plan to speak for about 15 to 20 minutes each time.

WORKFLOW 6 | SUPERVISING THE CISA

How will the supervisor support the CISA?

Inevitably, the CISA will encounter unforeseen situations or circumstances in their new role, clinical or otherwise, that will require collaborative problem-solving and continued professional development in partnership with their supervisor. The workflow should detail how and when the CISA will connect with their supervisor. Ideally, this supervision approach should include brief, daily huddles (15 minutes or less) where the CISA and their supervisor review schedules, ensure the CISA has any needed tools or checklists, and more.

Additionally, the supervision approach should include more substantial (30 minutes to one hour) weekly or bi-weekly meetings where the CISA and their supervisor can talk in greater detail about the progress the CISA is making in their role and toward their professional development goals. Dedicated time for the supervisor to learn directly from the CISA about how the CISA model functions will help supervisors work cross-functionally to support greater efficiency.

The workflow should also consider how the CISA's supervisor—in partnership with the program coordinator—will connect information about the CISA model across the organization through existing meetings and other communication channels, such as planning committee meetings, standing leadership meetings, and all-staff meetings.

Create the CISA Job Description

As part of step 3, which involves designing the CISA role, the CISA job description should be created, reflecting the role's workflows and the agency's hiring policies and procedures. See Appendix 2 for a sample CISA job description.

Determine Hiring Need and Hourly Rate

Determining the number of CISAs for the program is largely based on the program's workflows, the anticipated number of clients who will be supported through the CISA program, and the amount of total staff time that will be available to meet these expectations. It is crucial to design a wage and benefits package for the CISA role that reflects the value and responsibilities of the CISA and that establishes the CISA role as a credible career pathway. In addition, because the CISA role is designed to be a full-time, salaried position, CISAs should be eligible for the same benefits package offered to other full-time employees in the agency.

Step 4

Develop an Internal Communications Plan

A strong internal communications plan will help the agency's leadership and planning committee talk uniformly about the CISA role throughout the organization. This plan will help generate support for the role and minimize confusion and misunderstandings, helping leaders and committee members to serve effectively as ambassadors and champions for this program. The communications plan should also be informed by a range of staff, ensuring their core questions are addressed and the talking points resonate with all staff across the agency.

Develop Talking Points

Talking points are one of the most critical aspects of this internal communications plan. The talking points should describe the defining elements of the CISA role, why it's needed, and what it will achieve. The committee should have informal conversations with staff to identify their questions and make sure the talking points speak to those questions. These talking points should be updated regularly and made widely available.

Once talking points are in place, staff should have the opportunity to offer reactions and feedback. The insight provided during feedback sessions can help inform program design and future communication, as well as reveal anticipated challenges.

Communicate Through Different Platforms

Information about the CISA program should be delivered in various ways to meet different communication needs and preferences. For example, some staff members will feel more comfortable learning about the CISA program and offering feedback during a one-on-one conversation or an online survey. In contrast, other employees might be confident learning and sharing their reactions in a large group. Consider a variety of outreach opportunities: one-on-one conversations, executive team meetings, staff gatherings or meetings, in-service and training sessions, intranet postings, email blasts, online surveys, paycheck stuffers, and text messages.

Share Results

The work required to implement the CISA role requires an extraordinary amount of teamwork and coordination. For this reason, celebrating accomplishments is as important as providing regular updates on this program (which should include lessons learned and how the agency will address key challenges and opportunities moving forward). A graduation party could be thrown after CISAs and care team members complete their training. Inspiring anecdotes could be widely shared from CISAs, other home care workers, clients, and families that denote the early impact the program is having on their lives. Gratitude should be expressed for every employee's contribution to the program. Ultimately, everyone in the agency should feel valued for contributing to the program's success and know that their efforts are noticed.

KEY QUESTIONS FOR DEVELOPING CISA TALKING POINTS

- *What is the CISA program, and why did the agency choose to invest in developing this advanced aide role?*
- *What does the agency hope will change by introducing the CISA program? What are the program's specific objectives and goals?*
- *What are the CISA's roles and responsibilities? How will the CISA work with the care team?*
- *What is the implementation timeline?*
- *Where will the CISA sit in the organizational chart? To whom will they report, and what will be their workflows?*

KEY QUESTIONS FOR ELICITING FEEDBACK ON CISA TALKING POINTS

- *Overall, what questions are coming up for you?*
- *How do you see the CISA role benefiting the agency? How do you see the role benefitting clients?*
- *How do you anticipate that you and your department will work with the CISA?*
- *What obstacles might get in the way of implementing the CISA role?*
- *What else should the planning committee take into consideration?*

Step 5

Recruit a Strong Pool of CISA Job Candidates

Recruiting a strong and diverse applicant pool to the CISA role is key to the program's success. Once the CISA program has been introduced throughout the agency, it will likely generate interest and enthusiasm from staff who are interested in the position. It is important to capitalize on this energy and target suitable internal candidates, as well as to strategically promote the new position outside the organization. Notably, CISAs should be recruited internally whenever possible to offer an advancement opportunity for existing staff. Furthermore, developing this career ladder can help recruit and retain new applicants into open home care worker positions.

Promote the Opportunity

Once the CISA role has been introduced throughout the agency, the focus will be on recruiting qualified candidates from within the organization. In addition, existing staff should be encouraged and prepared to share the opportunities within their own networks.

Informational sessions will help existing employees and potential external job candidates learn more about the CISA role, its responsibilities, qualifications, and other details. Scheduling these sessions at various times throughout the day will help accommodate scheduling needs, and a virtual session will allow for greater participation. These sessions should also create enough time for questions and answers so that candidates will feel confident about applying and have the information they need.

Target the Outreach

Candidates within the organization who meet the qualifications for the CISA role should be contacted directly and encouraged to apply. (To note, a worker's ability to excel in their current role does not automatically equate to suitability and readiness for the CISA role. Invitations to apply for the role should be carefully considered and targeted.)

The boundaries of the position should be clarified from the onset (i.e., the CISA is a source of information, support, and connection, not a friend nor a supervisor) to avoid confusion and set clear expectations from the outset. It is also essential to develop a systematic and objective hiring process that equally considers all internal and external candidates without favoritism. This approach will promote greater credibility and integrity of the program and ensure selection of the best possible candidates.

"I'm there for my clients if they need or want anything, offer an extra hand to help or an extra ear to listen, and let them know they are not alone and that there is somebody out there who cares about them."

KAO SAEPHAN

Home Care Provider,
Caregiver Emergency Response Team (CERT)
Provider, Homebridge, San Francisco, CA

Step 6

Hire and Onboard CISAs

Hiring suitable candidates for the CISA role and onboarding them successfully are critical steps toward successful implementation.

Define the Interview and Selection Process

The interview and selection process should be coordinated with the agency's HR department, ensuring that all legal requirements are met and that the proper application, screening, interview, and selection methods are employed consistently and seamlessly from beginning to end. In particular, the interview process should include key staff members tied to the CISA role, including supervisors, program coordinators, and at least one member from the planning committee.

Additionally, the hiring process should outline how to notify candidates who are—and are not—selected, especially those who currently work for the agency. For internal candidates who are not selected, management best practice is to speak to each person directly, offer feedback about why they were not selected, and ask if they would like professional development support so they can apply again in the future. Handling applicants who are not selected in this manner models the agency's commitment to employees' long-term growth and development.

Customize the CISA Interview Guide with Situational Questions

An interview guide will create consistency by ensuring that candidates are assessed for their suitability and readiness based on their responses to similar questions. These questions should explore each candidate's work experience, interest in the role, leadership style, expectations, and more. In addition, the interview guide should include a few customized situation-based questions that explore how the candidate would respond in some of the most common challenging situations. Situational questions also help reveal how CISA candidates might draw from their lived experiences to step into the realities of an advanced role. The tool that begins on this page provides a series of helpful questions to guide this interview.

KEY INTERVIEW QUESTIONS FOR CISA CANDIDATES

- *Tell us about yourself. What brought you to the caregiving profession?*

  This question explores the candidate's personal motivations and heart for the work.

- *How would you describe this agency to someone who's interested in applying for a job here?*

  This question explores how much the candidate knows about the organization and mission.

- *What is your understanding of the CISA role? What do you think it's all about?*

  This question allows for early clarification of the roles and responsibilities.

- *What about this position do you think will come easily to you? What areas might be more challenging?*

  This question explores the candidate's communication skills and self-awareness.

- *The CISA is not the aide's supervisor, and they're not the aide's friend. What do you think that means for the relationship between the CISA and the aide?*

  This question explores the candidate's understanding of and attitude toward being in an advanced role.

(cont. on p. 24) >

(cont. from p. 23)

- *Think back to your own time as an aide in a client's home. What's an example of a situation when it would have been helpful to have someone like the CISA supporting you?*

  This question explores the candidate's critical thinking and understanding of the role.

- *You're a CISA, and you just said goodbye to a client and their aide after completing a visit. What do you want them to say about their experience after you've left? What difference do you hope to make?*

  This question explores the candidate's personal values and perception of client/aide needs.

- *During an in-home visit, a family member arrives unexpectedly, and you observe a negative change in the client's mood and demeanor. You also note that the client's assigned aide avoids being in the same room as the family member. How would you respond to this situation?*

  This question is situational and explores how a candidate would react in a complicated, high-stress scenario.

- *What questions do you have for us? What questions do you have about the CISA position?*

  This question explores the candidate's curiosity and ability to identify and ask questions.

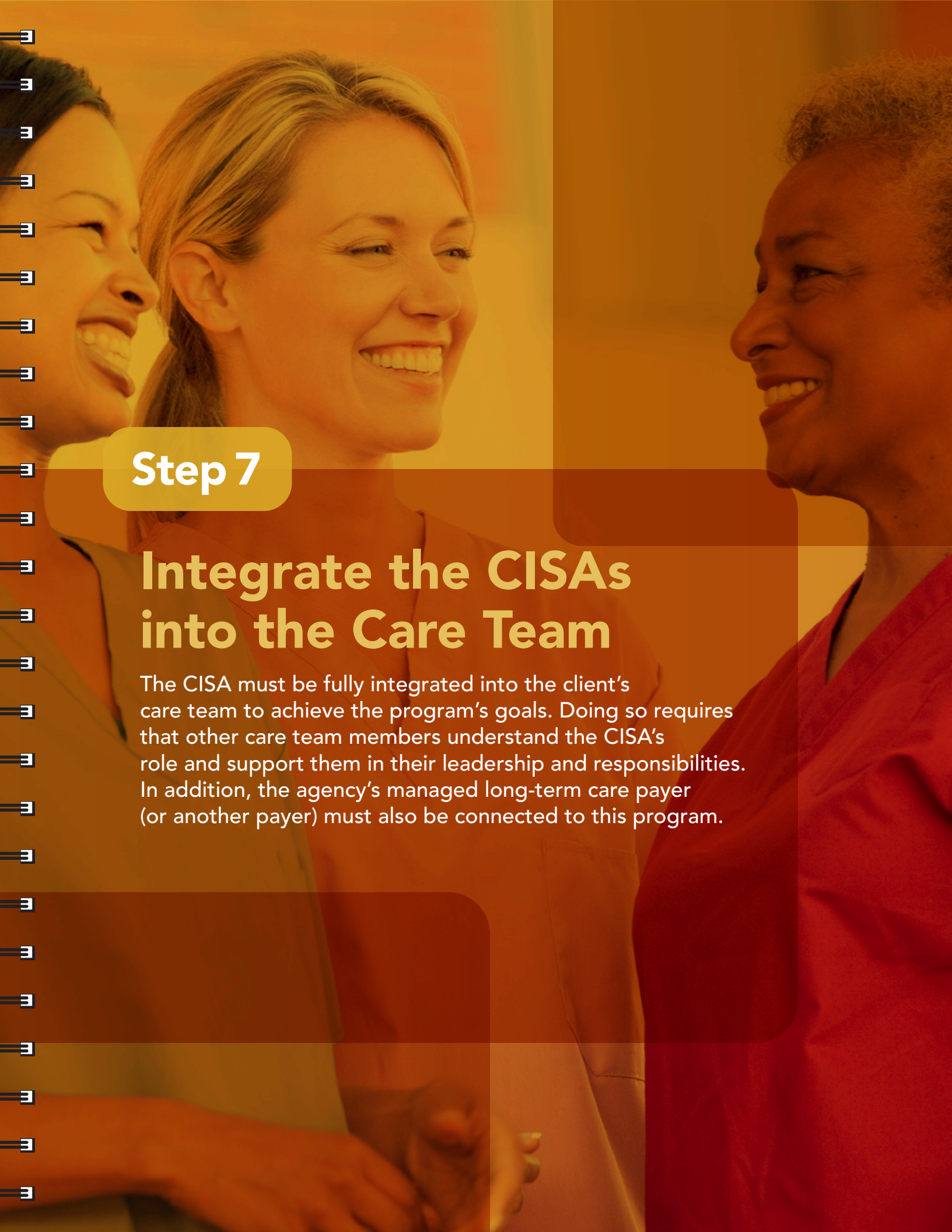
Develop a Robust Onboarding Process

A robust onboarding process should be completed before the CISA training. During this process, the CISA should closely review the policies, procedures, and workflows connected to the role, with ample opportunity to pose questions. The CISA should also be introduced to key individuals such as their supervisor, the program coordinator, the scheduling manager, and other care team members.

The CISA should tour any office space they will be using and review (or revisit) the office rules and norms. They should also become comfortable—and trained when necessary—with using the range of technologies required for the role, including the technology they will use during in-home visits, such as computers, smartphones, tablets, and others. Training on how to accurately record their observations using the agency's care planning or other data-management software will be an important part of the onboarding process as well.

The CISA should be formally introduced to other aides to establish a supportive professional relationship. If possible, they should be introduced to these aides before they begin in-home visits, either on a day when aides come to the office for administrative reasons, during an in-service training, all-staff meeting, or another office visit or gathering.

Other aides must see the CISA as a support and not as an inconvenience. Therefore, when the CISA is introduced to the aides, it should be clearly articulated that the CISA is not a supervisor but will act as a peer resource and support. If the CISA has been hired internally, this introduction is also a key opportunity for the CISA to redefine themselves among their co-workers in their new advanced role.



Step 7

Integrate the CISAs into the Care Team

The CISA must be fully integrated into the client's care team to achieve the program's goals. Doing so requires that other care team members understand the CISA's role and support them in their leadership and responsibilities. In addition, the agency's managed long-term care payer (or another payer) must also be connected to this program.

Orient Care Team Members to the CISA

Shifting the existing team-based care model to include the CISA will require internal culture change and realignment. Before the CISA training and without the CISA present, which is described in the next step, the organization's care team members and planning committee should meet to discuss various items, including workflows, communication channels, scheduling processes, and meeting planning, including how to integrate CISA items into agendas and how to provide feedback and direction to the CISA during care team meetings.

During this meeting between care team members and the planning committee, the goals of the CISA program should be fully explained, including the goals tied to the business case. As noted earlier, it is essential to emphasize in this meeting that care team members are not being asked to serve as the CISA's supervisors. Instead, their role is to coach the CISA and provide directions for follow-up based on the CISA's reports during care team meetings. If care team members have concerns or questions related to the CISA role or the CISA's performance, it will be important to communicate those to the CISA's supervisor or the program coordinator, who will address them directly with the CISA.

Support the Care Team

Following the launch of the CISA program, the program coordinator and CISA supervisor should check in regularly with the care team. For example, a follow-up discussion should be scheduled one to two months after the CISA has been on the job.

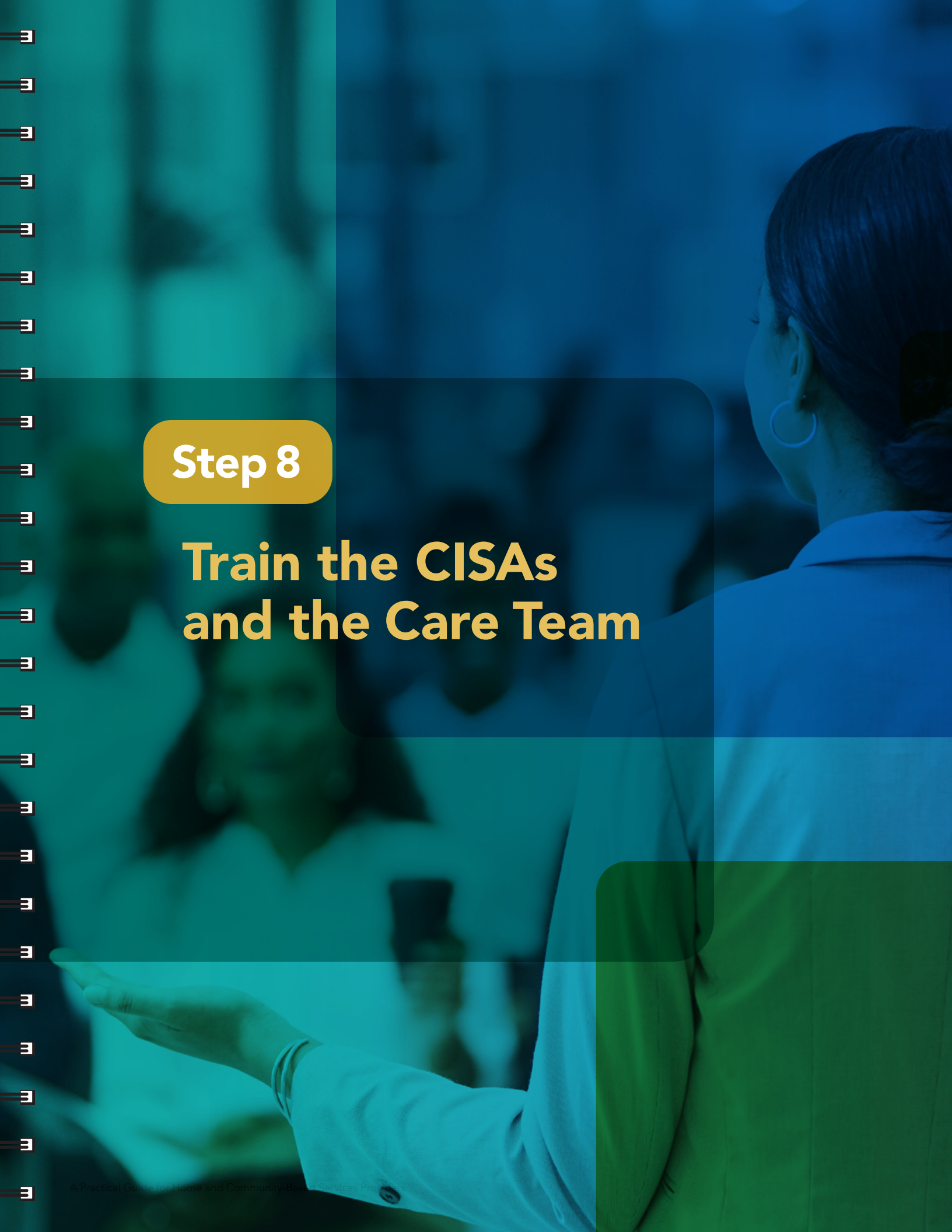
Here are some key questions for this check-in:

- How well do you feel the care team training prepared you to meet expectations in the CISA model? What training or support do you feel would be still be helpful?
- Can you share a story of a time when the CISA made a positive difference in how the care team responded to the needs and preferences of a client?
- What information or insight would the care team be missing if the CISA was not a part of the care team?
- What suggestions do you have for making the CISA model more efficient and impactful?

Connect to the Managed Long-Term Care Plan or Other Payer

As discussed earlier, the agency's primary payer—the managed long-term care plan or another funding source—should be included thoughtfully in the CISA model development and implementation. As noted earlier, because the payer might need to authorize services or interventions outside of the existing care plan, they should be clear on how they will receive information from the CISA's in-home visits and follow-up activities.

If possible, a representative from the payer, such as a coordinator, should be included in the care team training, which is described in the next step. This approach will help the agency collaborate with the payer to ensure the success of the CISA role while also helping to establish lines of communication and data-sharing between the agency and care team.



Step 8

Train the CISAs and the Care Team

Introducing PHI's CISA and Care Team Training

To support the CISA model, PHI has developed a 44-hour training curriculum that is divided into three modules aligned with the CISA's three operational domains: in the home, on the care team, and follow-up. Each CISA module includes a 45-minute booster activity meant to be delivered at least one week after the CISA has been on the job. This offers CISAs an important opportunity to continue their learning by reflecting—and building on—their on-the-job experience as a CISA after completing the initial training program.

For the CISA model to succeed, the CISA must effectively bridge their experiences in the home with the care team. This goal requires other care team members to understand and recognize the CISA's value, identify opportunities to leverage that value, and take steps to foster an inclusive team culture where the CISA and their input is respected. For those reasons, PHI has developed an additional 8-hour training for care team members to orientate them to the CISA role and explore how it intersects with the care team. This training also helps care team members build their communication skills for strengthening teamwork and collaboration.

Each training program—for the CISA and the full care team—includes a facilitator guide, learner handouts, and an accompanying PowerPoint presentation. PHI's training is rooted in adult learner-centered principles, which are most effective when training people working in long-term care settings. The training is engaging and action-oriented, offering opportunities for participants to learn, apply, and practice key lessons that will be critical to their success as a CISA and care team member.

To access these training curricula and our training facilitation services at a reasonable cost, please contact PHI at **info@PHInational.org.**

Prepare for Training

The first step in preparing for the CISA training is determining the training dates. As stated above, PHI's CISA training will require 5.5 eight-hour days, or 44 hours total, including breaks, as well as three 45-minute booster sessions. PHI's care team training will need one full day, or eight hours total.

The CISA training dates should be identified at least three weeks before the training is facilitated to allow enough time for preparation. The care team training should be held after the CISA training but before the program's launch.

The next step is to determine who will facilitate the training. As stated earlier, facilitators are not required to have previous experience with adult learner-centered teaching, though it is preferred. Two facilitators should be identified for each training, and the same facilitators should lead the CISA training and care team training.

WHAT'S INCLUDED IN THE CISA AND CARE TEAM TRAINING CURRICULA?

PHI's standard CISA training takes 5.5 days plus three 45-minute booster activities. This training covers topics such as: what it means to be a CISA, communication training, self-awareness and self-management, active listening, coaching communication, social determinants of health, collaborative problem-solving, and other topics. The care team training takes 1 day plus a 45-minute booster activity. The content for this training includes similar topics as the CISA training, with additional modules focused on giving and receiving feedback, building a culture of support, and more. As noted, we recommend contacting PHI (info@PHInational.org) to obtain these training curricula at a reasonable cost.

Once the training sessions are scheduled, it is crucial to ensure that shifts/cases are covered for those facilitating and participating in training and that clients are made aware of any necessary scheduling adjustments. Additionally, facilitators will need sufficient time to review and practice the training material—roughly four hours of preparation time for every full day of training. Identifying facilitators early in the planning process will give them more time to prepare.

At this stage, a room (and breakout rooms, if necessary) should also be secured and set up for the training sessions. The room should meet the following requirements:

- Large enough to accommodate small-group interaction, since learners might need to break into three to four small groups spread throughout the room;
- Exclusive use (i.e., no one walking through the room or using a portion of the room for other purposes during training hours);
- Comfortable in terms of lighting, temperature, noise, and cleanliness;
- Equipped with any needed audiovisual equipment, like a projector, smart TV, etc.; and
- Remain the same in set-up throughout the training.

Additionally, the training will require a variety of training materials and supplies. All copies of the materials (learner handouts, facilitator's guide, etc.) and supplies should be readily available in the training room. Meals, snacks, and beverages should be organized and offered throughout the training as appropriate.

Communicate Training Details to Learners

The details for the training sessions should be communicated as soon as possible to the CISA and the care team training participants, allowing them to plan against any disruptions to their workloads and make personal scheduling accommodations. (For example, when the CISA accepts the job offer, all training details should be shared with them and they should be assured that their shifts will be covered and their clients will be notified of the scheduling change.) In addition, it might be helpful to send regular reminders via email and text before the training to all training participants.

For the CISA training, key programmatic staff should take part, including the program coordinator, clinical lead (typically an RN), and CISA supervisor, at a minimum—in addition to the CISAs. Including these additional staff members in the CISA training will help ensure a well-rounded understanding of the CISA role and support early relationship-building between the CISAs and other staff leaders.

For the care team training, the program coordinator, clinical lead, CISA supervisor, and payer representative should all participate.

Incorporate Evaluation and Celebrate Graduation

The CISA and care team training sessions include a pre- and post-test evaluation administered on the first and last day of training. Additionally, all learners should complete a survey on the final day of training to provide feedback about the overall training experience. Facilitators should have copies of these evaluation tools, know when to administer them, and deliver the completed surveys to the program coordinator at the end of training.

On the last day of the CISA's training, a celebratory graduation ceremony should be held to honor the CISA graduates. Staff from across the agency should attend this ceremony. At this event, graduates should receive certificates of completion and other promotional materials related to the CISA program or the agency, which can help make the occasion feel celebratory and special. If possible, a senior leader should offer remarks at this event on what the CISA program means to the agency and congratulate each graduate on completing the training program.

Complete CISA and Care Team Booster Activities

In PHI's training curricula, each of the three CISA training modules and the care team training include a 45-minute booster activity titled "Tying It All Together." These activities are designed to reconvene CISAs and care team members at least one week after completing training to share their on-the-job experiences, learn from one another, and build camaraderie.

The CISA boosters can be delivered once per month for each of the CISAs' first three months. Applying new skills and reflecting on what worked well and what could be done differently are integral parts of the adult-learning cycle. These activities will also give leaders insight into the adjustments they need to make during the first stage of the program launch.

Step 9

Supervise and Coach the CISAs

Supervision and coaching are essential to the successful application of the CISA model. CISAs will benefit from a robust and supportive supervision approach that guides them effectively through their many responsibilities and tasks.

Envision the Supervisor's Scope of Work

The CISA supervisor is critical to the program's success, and they should be adequately trained in areas such as monitoring performance, offering feedback, giving direction, and more. They should be specifically coached and developed as a supervisor in relation to the CISA program, which represents a new, fundamental shift in the way home care workers operate in team-based care models. The CISA will be inhabiting new spaces and participating in conversations in ways they have not before—and having a supervisor that is available and willing to collaboratively problem-solve and support them will be critical. For this reason, the supervisor should take part in the care team training, whether they are traditionally considered a care team member or not. By attending the training, the supervisor will learn communication and relational skills that will help them develop a successful coaching relationship with CISAs.

Particularly in the first few weeks and months after the program roll-out, the CISA supervisor will play an important role in helping review CISA workflows and identifying opportunities for greater efficiency in partnership with the planning committee. They will serve as a consistent point of contact for the CISA, which will give them more clarity and insight into the functionality of the role and needed adjustments.

Define Supervisory Tasks

Prior to the launch of the CISA program, the supervisor should:

- Provide feedback on the CISA job description and workflows
- Participate in the recruiting, hiring, and orientation of the CISAs
- Attend the CISA and care team trainings
- Work with the program coordinator to ensure all CISA workflows are in place and operational
- Work with the planning committee to determine and provide any equipment, materials, technology, and/or other resources that the CISA will need

During the CISA's first one to two weeks on the job, the supervisor should:

- Meet with the CISA prior to their first in-home visits to review the care plan and answer any questions
- Meet with the CISA after their first client visits. The supervisor will want to hear more about the CISA's observations, offer coaching and support as needed, and confirm accurate and timely reporting.

"[Getting a raise with my advanced role] has given me the ability to help out my young adult sons financially and to move into a bigger apartment. My promotion has also made me look at my career differently. This door opened for me and now I think, what other doors could open next? There are places to move up to, and that's been a very positive experience for me."

ERIKA HONAN

Care Supervisor, Homebridge,
San Francisco, CA

- Meet with the CISA prior to their first care team meeting. In this meeting, the supervisor should review how the care team meeting will work and be sure that the CISA feels ready to share relevant observations and information from their in-home visits.
- Depending on the CISA's confidence level, it may be helpful for the supervisor to role-play the care team meeting with the CISA. The supervisor would act as a care team member and the CISA could practice offering their report.
- Debrief with the CISA after their first care team meeting to hear their impressions and offer validation and feedback.

  It is also important for the CISA supervisor to connect with the care team, directly or via the program coordinator, to understand how the care team is responding to the addition of the CISA. This outreach will help the supervisor support the CISA in tailoring their reports to the care team. In addition, where possible, the supervisor should plan to attend at least one to two in-home visits with the CISA to observe, assess performance, and offer coaching as needed.

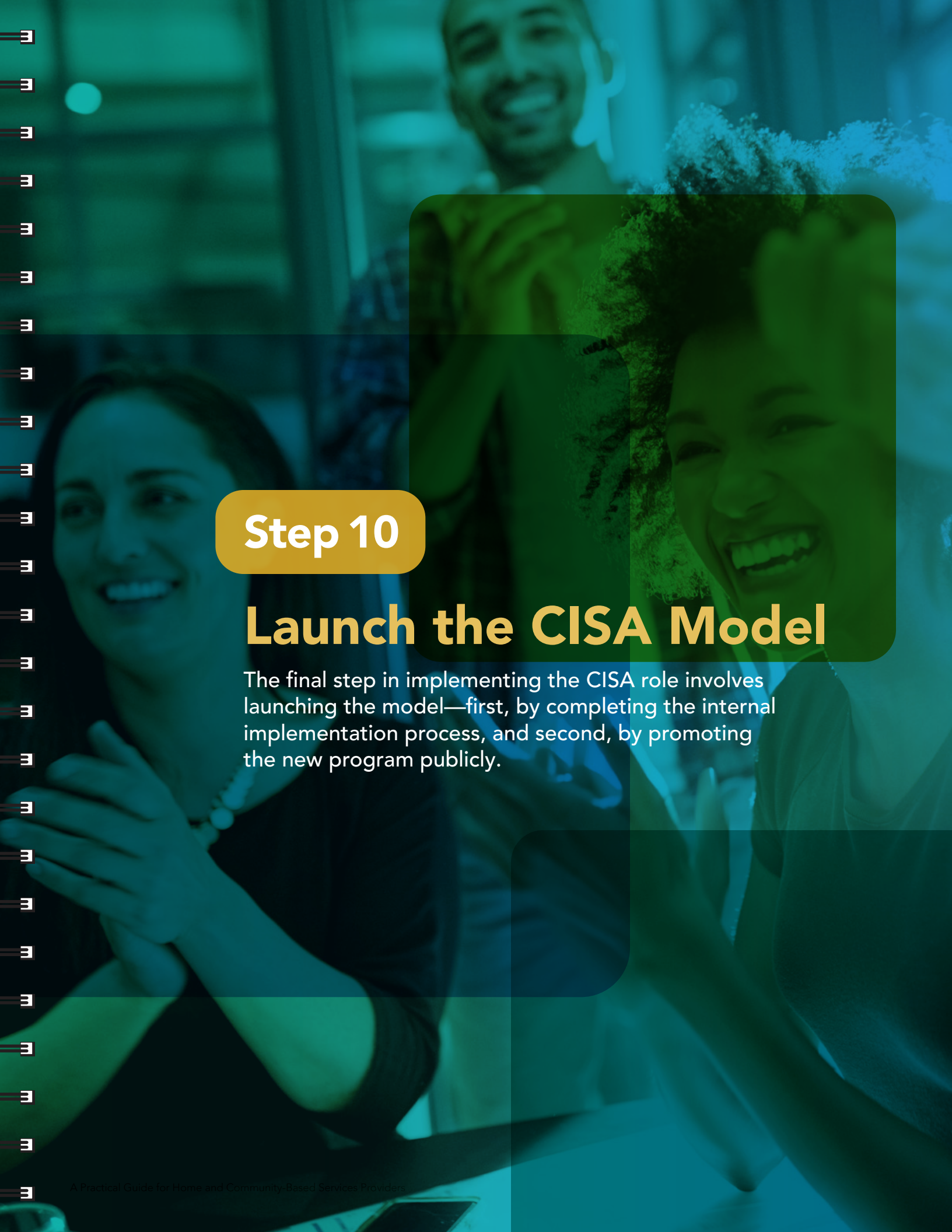
  See Appendix 3 for a list of questions that supervisors can ask the CISA during their first few weeks of employment.

Throughout the duration of the CISA program, the supervisor should:

- Hold brief (10–15 minute) daily huddles with CISAs to review their schedules and discuss outstanding questions
- Schedule more substantial (30-60 minute) weekly or bi-weekly meetings to discuss the CISA's ongoing role and performance and their progress toward professional development goals
- Be the CISA's first point of contact when non-emergency questions arise in the field
- Offer coaching and support as needed
- Review documentation submitted by the CISA for compliance and remediate as needed
- Ensure the accurate and timely collection of programmatic outcome data in accordance with the CISA business case methodology, described later in this guide
- Complete CISA performance evaluations in compliance with agency policy
- Work cross-functionally to address any client, family member, aide, or other staff feedback related to the CISA program

Develop CISA Program Evaluation Survey

The program coordinator and CISA supervisor should review and customize the "CISA Program Evaluation Survey" which is included in Appendix 4. This evaluation survey should align with the outcomes outlined in the CISA business case methodology, described later in this guide. This survey should be administered to every CISA between their first 60 and 90 days on the job, which will inform the supervisor's coaching relationship and help identify professional development opportunities that can be addressed by the supervisor and other staff leaders.



Step 10

Launch the CISA Model

The final step in implementing the CISA role involves launching the model—first, by completing the internal implementation process, and second, by promoting the new program publicly.

Complete the Implementation Plan

Before implementation, it is critical to ensure the CISA workflows are in place and widely understood—and the data collection plan is operational across agency staff and with the agency's payers. The CISA program should also be running smoothly, which means that all employee forms for new CISAs are up-to-date, technology and data reporting needs are being met, caseload adjustments have been made and verified, CISA performance evaluations have been added to the agency's existing set of job performance tools, and training has been completed. The agency should also have identified clients for the CISA program, and these participants should have granted consent for their participation and received all relevant information. Finally, the CISAs should have introduced themselves to their clients' assigned aides before their first in-home visits, familiarized themselves with key tools and checklists, and had their questions answered.

Launch the CISA Program Publicly

A public launch of the CISA program will strengthen the agency's reputation and visibility. It will help strengthen recruitment efforts for home care job applicants and attract new clients. Additionally, it will generate positive attention from critical stakeholders such as community-based organizations, local businesses, government officials, and the media.

In designing an effective public launch, a crucial first step is to clearly define the audiences and goals. For example, is the agency aiming to convince more home care workers to apply? Is the agency interested in more public and private funding for this program? Greater specificity will help pinpoint the right frames, messages, and platforms for reaching and persuading these audiences. In addition to traditional marketing tactics such as earned media and print collateral, digital methods should be considered such as organic (i.e., free) and paid social media campaigns, online advertising, and the many ways different audiences consume information, such as through smartphones, preferred websites, and more. The public launch should integrate the most creative and strategic approaches within budget.

5 Steps

to Creating a Strong Business Case for the CISA Program

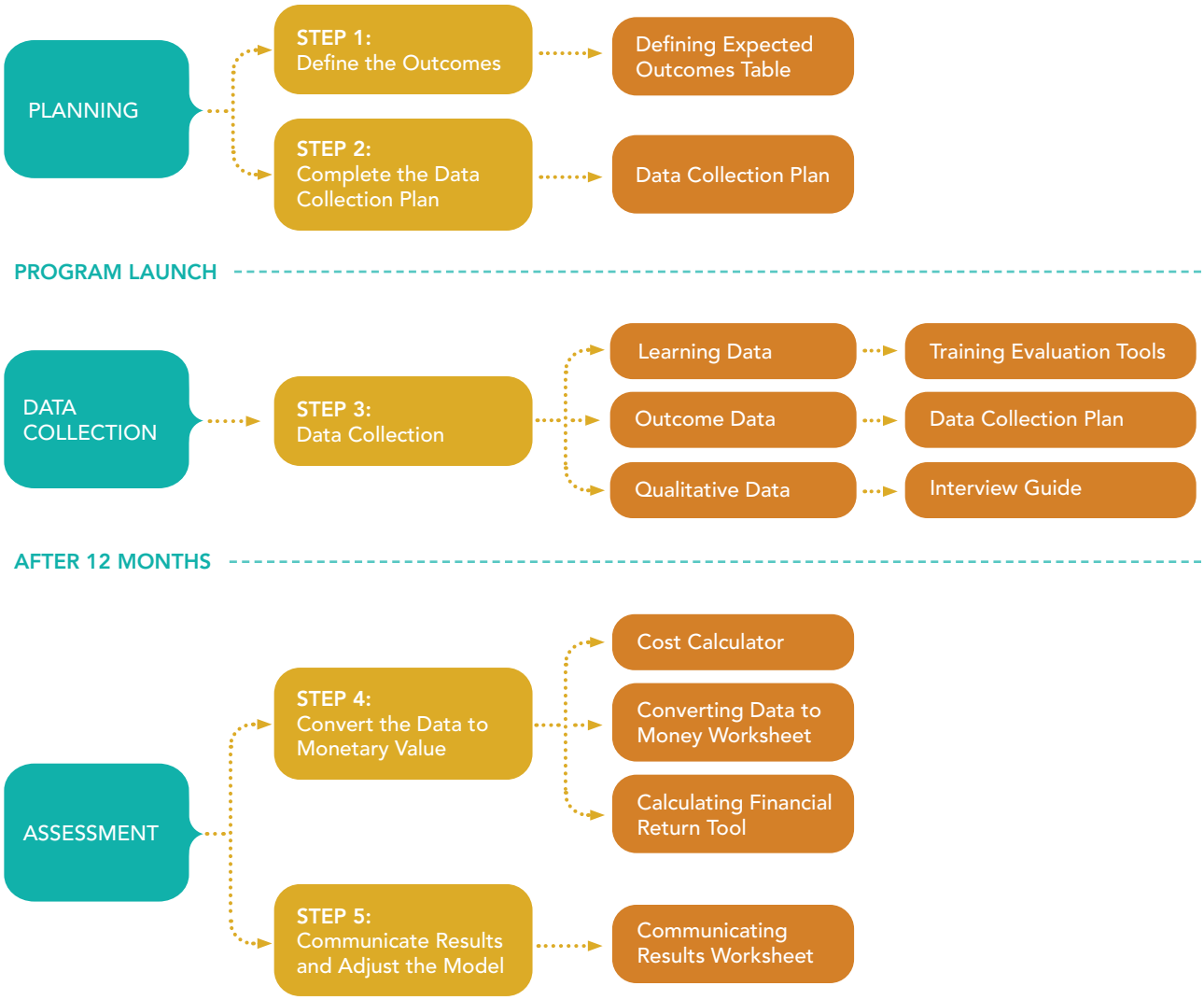
1: Assemble the Planning Process
2: Establish an Implementation Timeline
3: Design the CISA Role
4: Develop an Internal Communications Plan
5: Recruit a Strong Pool of CISA Job Candidates

Successfully implementing the CISA model requires a significant investment of time and resources. For the CISA role to be sustainable for the agency, it is crucial that the program credibly demonstrates a return on investment by improving care and employment outcomes.

Toward that end, PHI has developed a business case methodology to help agencies quantify the CISA's impact and convert key outcomes from this program into a monetary value. The CISA business case is based on the ROI Methodology® from the ROI Institute, which is one of the most widely recognized approaches to ROI evaluation.[12]

For the CISA business case methodology, we have streamlined the 12 steps from the ROI Methodology into five steps—each with customizable products and tools to calculate the CISA's value using existing capacity and resources. The following diagram illustrates how PHI has adapted the ROI Methodology for evaluating the CISA model's financial return, along with key tools and templates that are included below and as appendices. The first two steps of this process should be completed by the Planning Committee before the CISA program formally launches.

Sample Implementation Timeline for CISA Model



Step 1 Define the Outcomes

The first step in creating a strong business case for the CISA model is to identify the specific intended outcomes or measurable results of the CISA model (see Appendix 5). Outcomes should closely align with and reinforce strategic business priorities and quality improvements. A strong business case should have at least one outcome related to each of the model's primary objectives, as illustrated on page 3.

Defining outcomes—particularly those tied to care quality measures and social determinants of health—will directly inform how clients are identified for the CISA program. If possible, clients should be prioritized based on their level of risk for preventable adverse events or their known clinical and environmental concerns that align with the intended outcomes.

Outcomes should be SMART—meaning specific, measurable, achievable, relevant, and time-bound. To ensure that selected outcomes also directly reflect the agency's (and payer's, if relevant) strategic interests, the table included in Appendix 5 should be completed by the CISA planning committee and endorsed by senior leaders. Having people in leadership positions and frontline employees share and attest to the model's outcomes throughout the organization is also critical for building buy-in and collective understanding about the CISA role among all staff.

Step 2 Complete the Data Collection Plan

The data collection plan, included in Appendix 6, will help convert the selected outcomes into an actionable system for identifying, collecting, and assessing data throughout the CISA program. This data plan can also help discern how to separate out the impact of the program inputs, including but not limited to training, on the intended outcomes.

The data collection plan will require interdepartmental coordination and a clear understanding of each staff member's tasks and responsibilities. Therefore, a small workgroup should be assembled to complete the table, including representatives from the planning committee, IT staff, and staff in key clinical and operational positions within the agency and the managed long-term care plan or other payer.

Step 3 Collect the Data

Once the CISA program is operational, data should be collected through three approaches:

1. Training Evaluations

The CISA and care team trainings should be evaluated for their ability to change learners' behavior by developing the knowledge, skills, and attitudes needed to be successful within the program. Building evaluation into the training process is important for helping to link the efficacy of the training to the application of competencies in practice.

2. Data Collection Plan

The data collection plan should become operational once CISAs are on the job, creating a consistent flow of information that will help the agency gauge progress toward the program's goals in real time and make course corrections if needed. If data show no measurable change from the baseline—or show a negative change—it signals the importance of reengaging CISAs and other staff to better understand challenges on the ground and identify solutions.

3. Qualitative Interviews

Undoubtedly, the CISA role will result in intangible benefits like increased morale, confidence, and more—for clients, aides, family members, care team members, care managers or coordinators, and CISAs. Understanding these benefits and contextualizing the quantitative results with real-life stories and experiences will help articulate the total value of the CISA role with greater clarity and persuasiveness. The "Interview Guide" provided in Appendix 7 can help facilitate conversations with a diverse group of stakeholders three to six months after the CISAs begin working, which will capture intangible benefits through storytelling while helping to gauge progress and identify needed improvements.

4. CISA Program Evaluation Survey

As described in Appendix 4, the CISA Program Evaluation Survey will help measure and document the experiences of CISAs in the CISA program. This evaluation tool will also help track the program's success and identify "pain points" that need addressing. The survey should be customized to support the Business Case Methodology, and it should be administered within the first 30 to 60 days of the CISA's employment.

5. Business-Related Expenses

To calculate the CISA program's ROI, data will need to be collected on direct costs such as employees' training time, supplies, the time required for planning and implementation, the CISA salary, and others.

Step 4 Convert the Data to Monetary Value

After data has been collected for one year, the program's total cost should be calculated, helping to understand the full value and financial return of the CISA role.

As well as considering the direct costs of planning and implementing the CISA program, financial staff in the agency should help convert the program outcomes to a monetary value using the "Converting Data to Money Worksheet" tool in Appendix 9. This worksheet helps financial staff define units of measure for each programmatic outcome and estimate the outcome's total monetary value.

This value will be compared to the total costs of the CISA program when calculating the return on investment through the "Calculating Financial Return Tool" described in Appendix 10.

Step 5 Communicate Results and Adjust the Model

While data should be routinely shared with staff throughout the data collection process, it will be particularly critical for leaders to communicate the final business case to staff and other stakeholders. Regardless of the results, completing the business case is an important milestone and opportunity for recognition, gratitude, and celebration. It can also lead to critical feedback and a crucial assessment of how best to sustain and adjust the CISA role moving forward to maximize impact.

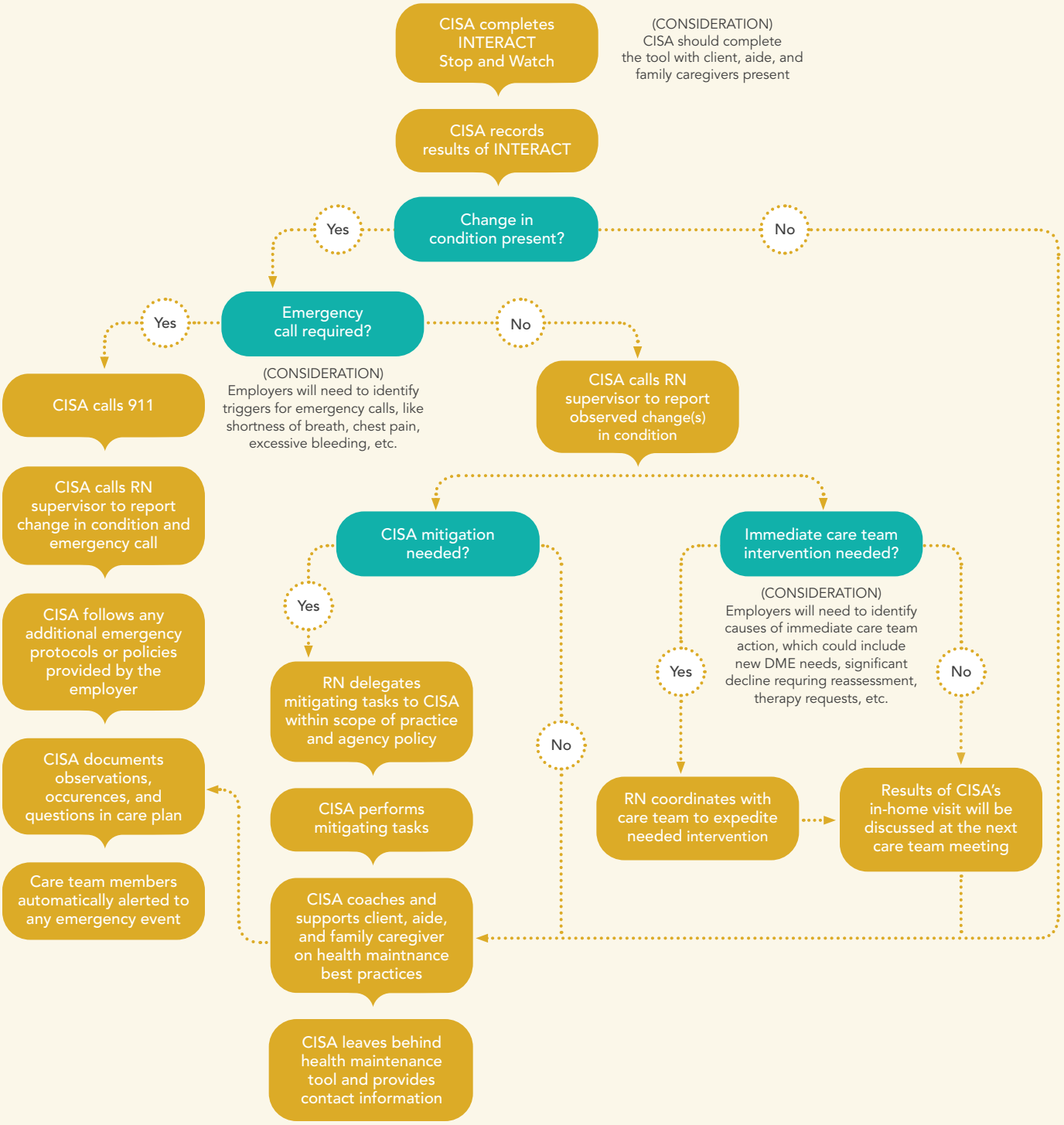
The "Communicating Results Worksheet" described in Appendix 11 identifies key practices and considerations for communication, including identifying audiences and their preferred mode of communication; designing a business case presentation and recommended content items; and the importance of storytelling and other best practices for sharing the impact of intangible benefits.

CONCLUSION

Programs like the Care Integration Senior Aide model have never been more critical for the home and community-based services sector. PHI's experience with providers around the country emphasizes how eager many of them are to design workforce interventions that help them deliver optimal care, recruit and retain staff, and earn a healthy return on investment. This guide has provided a detailed framework for implementing the CISA program and will hopefully educate other stakeholders in the long-term care system about the value of home care workers and advanced roles for these essential workers.

APPENDIX 1

Diagram Sample for Identifying and Mitigating Worsening Clinical Conditions in the Home (CISA Implementation Tool)



APPENDIX 2

Sample CISA Job Description (CISA Implementation Tool)

The Care Integration Senior Aide (CISA) will visit client homes to work with their assigned home care workers on how to observe and help mitigate changes in client health outcomes and environmental challenges related to the social determinants of health. The CISA will take information from these visits to client care teams to improve decisions about client care and help reduce preventable outcomes.

JOB RESPONSIBILITIES

In-Home Visits

- Works with care coordinator to create, manage, and execute a schedule for in-home visits
- Conducts in-home visits to:
  - Observe and collect information regarding client's health and environmental conditions
  - Mitigate worsening clinical or environmental conditions within the CISA employee's purview and in accordance with agency policy
  - Support home care aides in developing trusting relationships and establishing open communication with clients and their family members using coaching techniques
  - Record and report observations and escalate concerns as needed

Care Team

- Actively participates as a member of the care team
- Reports observations from in-home visits and receives direction on follow-up activities from care team members
- Shares knowledge, perspective, and experiences as a home care worker

Follow-Up

- Completes follow-up activities delegated by other care team members
- Continues to act as a support for home care workers and family members

Professionalism

- Develops and maintains effective relationships with co-workers, clients, and client family members
- Demonstrates ongoing commitment to comply with, support, and promote the agency's policies and procedures
- Interacts with and responds to staff in a professional and respectful manner
- Serves as a resource to home care worker staff
- Seeks to continually enhance knowledge of department-specific issues

Skills, Abilities, and Qualities

- Proven ability to practice good judgement in identifying areas of clinical and environmental concern in the home and in reporting critical information in an accurate and timely manner
- Strong connection to the job of a home care worker
  - Demonstrates an ability to do the work of a home care worker
  - Shows a positive attitude about being a home care worker
- Ability to be objective
- Demonstrates ability to be nonjudgmental of aides, clients, and their family members
- Sees many sides of a situation
- Good interpersonal, relational, and communication skills
  - Identifies important client information
  - Communicates clearly and with confidence in-person, over the phone and through writing
  - Shows ability to learn and use problem-solving skills
  - Displays good listening skills
  - Demonstrates the ability to be self-reflective
- Ability to work as a member of a team
  - Maintains good relationships with other staff, aides, and clients
  - Receives positive feedback from clients and family members
  - Knowledge of agency policy, procedures, and culture
  - Shows exemplary work history with agency if relevant
  - Demonstrates knowledge of policies and procedures
  - Contributes to a positive, healthy workplace culture
- Ability to work independently and in stressful situations
  - Manages stressful situations in a calm, professional manner
  - Follows instructions with a high degree of self-direction
  - Demonstrates good organizational and time-management skills

MINIMUM QUALIFICATIONS

- At least one year of experience as a home care worker with an agency (preferred)
- Familiarity with agency policies and procedures
- Reliable transportation; if using a personal vehicle, proof of current insurance and a valid driver's license
- English proficiency

APPENDIX 3

Question Bank for Supervisory Conversations with New CISAs (CISA Implementation Tool)

The following questions can be used during daily huddles or weekly meetings between the CISA and their supervisor.

BEFORE THE CISA'S FIRST IN-HOME VISIT:

- *How do you feel about your first in-home visit?*
- *Let's look at the care plan. What stands out to you about this client? What will you be watching for regarding your client?*
- *What tools or checklists could be helpful to bring to the visit? Do you have the copies you need?*
- *What will you do if you're in the home and have a non-emergency question?*
- *What questions do you have about recording and reporting your observations?*

AFTER THE FIRST IN-HOME VISIT:

- *Overall, how do you feel the visit went?*
- *What surprised you? Did you learn anything new about the needs of the client or their assigned aide?*
- *Were there any situations or circumstances you felt unprepared to handle? How did you address them? (Their answer to this question could indicate future training needs.)*
- *What are your three most important observations from the visit? W hy do you think they're important? Who needs to have this information?*
- *How do you plan to follow up with the home care worker you met? What kind of support or coaching do you think could be helpful to them?*

BEFORE THE FIRST CARE TEAM MEETING:

- *How are you feeling about attending your first care team meeting as a CISA? How do you anticipate the meeting will work? (This is an opportunity to clarify and affirm what they can expect in the care team meeting.)*
- *What information do you plan to share with the care team members from your client visits? (Be sure they're including all needed and relevant information and offer feedback as needed.)*
- *Would it be helpful to role-play the meeting to help you practice sharing your report?*

AFTER THE FIRST CARE TEAM MEETING:

- *In what ways did the care team meeting meet your expectations? Were there any surprises?*
- *What do you feel went well? (It is critical to offer authentic validation and praise for their participation to help build confidence.)*
- *What, if anything, do you want to try doing differently next time?*
- *What follow-up activities did care team members name for you? What questions do you have about completing those activities?*

APPENDIX 4

CISA Program Evaluation Survey (CISA Implementation Tool)

The CISA Program Evaluation Survey will help measure and document the experiences of CISAs in the CISA program. This evaluation tool will help track the program's success and identify "pain points" that need addressing. The survey should be customized to support the Business Case Methodology, and it should be administered within the first 30 to 60 days of the CISA's employment.

The explanation of the survey should indicate how the CISA's feedback will and will not be used and confirm the extent to which their answers will remain anonymous. To encourage honest, transparent feedback without fear of repercussion, the program coordinator—and not the CISA supervisor—should administer the survey.

CISA Training Feedback

The training equipped me with the tools I needed to be successful in my role.

Strongly Disagree ◯ Disagree ◯ Agree ◯ Strongly Agree ◯

Additional Comments _____

The training provided me with a clear understanding of the CISA role.

Strongly Disagree ◯ Disagree ◯ Agree ◯ Strongly Agree ◯

Additional Comments _____

Objective-Specific Feedback

On a scale of 1 to 10, with 10 meaning "very supported," how supported have you felt in your role as a CISA?

1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯ 6 ◯ 7 ◯ 8 ◯ 9 ◯ 10 ◯

Comments _____

On a scale of 1 to 10, with 10 meaning "very included," how included do you feel as a member of the Care Team?

1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯ 6 ◯ 7 ◯ 8 ◯ 9 ◯ 10 ◯

Comments _____

On a scale of 1 to 10, with 10 meaning "plenty of time," how much time do you have to be an effective CISA?

1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯ 6 ◯ 7 ◯ 8 ◯ 9 ◯ 10 ◯

Comments _____

General Feedback

(answer each question in the space provided to the best of your ability)

What do you like most about being a CISA?

What do you find most challenging about being a CISA?

What additional education or training would help you be more effective in your new role?

How would you recommend improving the CISA program?

APPENDIX 5

Defining Expected Outcomes Table (Business Case Tool)

To measure the financial return of the CISA program, it is critical to first articulate which changes or improvements will be achieved as a result of implementing the program. The CISA program has four broad, primary objectives: improving care quality, reducing adverse social determinants of health (or environmental challenges), improving workforce stability, and improving clients' experiences. The following table will help quantify each objective into a measurable goal (also referred to as an "expected outcome") that will guide the data collection and assessment for the first year of the CISA model and onward.

KEY TERMS

Business measures are quantifiable and measurable and are used to track and assess the performance of processes or services. They are used to help understand how an agency is successful in any given area.

Expected outcomes are forecasted results. In other words, expected outcomes represent the changes in business measures an agency hopes to achieve due to the CISA model.

The expected outcomes should be:

- **Specific.** What precisely will be measured?
- **Measurable.** Is data available to measure progress?
- **Achievable.** Is the outcome both ambitious and achievable in one year?
- **Relevant.** Does the outcome reflect the business goals of the organization?
- **Time-Bound.** Does the outcome have a clear start and end date?

The **baseline** represents the starting point, or how the business measure is performing currently. It will be used to calculate progress toward expected outcomes.

At least one expected outcome should be identified for each of the four primary objectives of the CISA program. More than one anticipated outcome per objective area can be identified, particularly for care quality measures, but it is important to know that each outcome will require at least one year of data collection and assessment. For this reason, data availability and staff capacity should be closely considered when selecting the number of outcomes.

CISA Objective 1: Improve Care Quality Measures

Improving care quality measures could include reductions in avoidable hospitalizations, emergency room utilization, preventable falls, etc.

BUSINESS MEASURE	EXPECTED OUTCOME	BASELINE
What business measure needs to improve to show that the CISA is having a positive impact on care quality measures?	**To what degree should the business measure improve over the next year as a result of the CISA program?**	**What is the current baseline for the business measure? How is the agency performing right now?**
Example: Rate of preventable hospital admissions	**Example:** Reduce rate of preventable hospitalization by 25 percent	**Example:** Average of 10 preventable admissions per month

CISA Objective 2: Reduce Negative Social Determinants of Health

Reducing negative social determinants of health could include reducing reports of social isolation and loneliness, decreasing food scarcity, increasing client connections with community-based organizations, etc.

BUSINESS MEASURE	EXPECTED OUTCOME	BASELINE
What business measure needs to improve to show that the CISA is having a positive impact on social determinants of health? **Example:** Rate of clients reporting social isolation	**To what degree should the business measure improve over the next year as a result of the CISA program?** **Example:** Reduce reports of social isolation by 30 percent	**What is the current baseline for the business measure? How is the agency performing right now?** **Example:** Currently, 20 percent of clients report social isolation per month during their assessment

CISA Objective 3: Increase Workforce Stability

Improving workforce stability could include increases in job satisfaction rates, reductions in aide and CISA turnover, reductions in aide turnover among clients, etc.

BUSINESS MEASURE	EXPECTED OUTCOME	BASELINE
What business measure needs to improve to show that the CISA is having a positive impact on workforce stability? **Example:** Extent to which aides feel supported in their jobs	**To what degree should the business measure improve over the next year as a result of the CISA program?** **Example:** Increase average rating to 4 on a 5-point scale, with 5 representing "I feel extremely supported in my job" and 1 representing "I feel extremely unsupported in my job"	**What is the current baseline for the business measure? How is the agency performing right now?** **Example:** Current average support rating is 3.2

CISA Objective 4: Improve Client Experience

Improving client experience could include increases in client satisfaction scores, reductions in client complaints, reductions in clients leaving the agency, etc.

BUSINESS MEASURE	EXPECTED OUTCOME	BASELINE
What business measure needs to improve to show that the CISA is having a positive impact on the client experience? **Example:** Rate of clients leaving the agency	**To what degree should the business measure improve over the next year as a result of the CISA program?** **Example:** Reduce the rate of clients leaving the agency by 20 percent	**What is the current baseline for the business measure? How is the agency performing right now?** **Example:** Average of 3 clients leaving the agency every month

APPENDIX 6

Data Collection Plan (Business Case Tool)

Once the expected outcomes have been defined, it is essential to create a plan for how the data will be collected and organized. Data should be collected for at least one year, which will provide enough time and information to credibly assess the CISA's impact on expected outcomes and to help calculate financial return. Having consistent access to program data will also help frequently assess progress toward goals and identify needed course corrections if the rate of improvement is not meeting expectations.

Identifying reliable sources of data and methods for collection are vital. For this reason, this data collection plan should be completed with a team of staff members that includes operational, clinical, and IT personnel. Below is an example of a completed data collection plan that incorporates the sample expected outcomes provided in the "Defining Expected Outcomes Table," as well as a blank template.

KEY TERMS

The **data collection method** is the specific report, instrument, or platform where key data that will help measure progress toward achieving each expected outcome are collected and stored.

The **data source** is the person or entity responsible for entering or populating the data.

Responsibilities refers to which staff are responsible for collecting, storing, and sharing the data.

Timing refers to the frequency with which data will be collected.

Example: Data Collection Plan Using Sample Expected Outcomes

EXPECTED OUTCOME	DATA COLLECTION METHOD	DATA SOURCE	RESPONSIBILITIES	TIMING
List the outcomes from the "Defining Expected Outcomes Table"	**What data exists that can help measure progress toward reaching the expected outcome? Where is it located?**	**Who or what is the source of the data?**	**Who is responsible for collecting and sharing data? How will data be collected?**	**How often will the data be collected?**
Example: Reduce reports of social isolation by 30 percent	"Client Status Report" tracks occurrences of preventable hospitalizations each month	Monthly report from the managed long-term care plan (MLTCP)	RN supervisor receives the report via email from MLTCP	Monthly
Example: Reduce reports of social isolation by 30 percent	Clients complete a phone survey to assess changes in social isolation	Results of a phone survey with clients recorded in Excel spreadsheet	Program coordinator completes phone survey with client to assess changes in reports of social isolation	Four weeks after CISA in-home visit
Example: Increase the degree to which home care workers feel supported in their job to an average rating of 4 out of 5	Home care workers complete an online survey that measures the extent to which they feel supported	Results of an online survey administered using SurveyMonkey	IT specialist automates delivery of survey link by email and text, then pulls the survey results from SurveyMonkey	Two weeks after CISA in-home visit
Example: Reduce the rate of clients leaving the agency by 20 percent	Voluntary terminations recorded in client portal	Client portal	RN updates client portal; IT specialist pulls a report from portal summarizing voluntary client terminations	Monthly

Data Collection Plan Template

EXPECTED OUTCOME	DATA COLLECTION METHOD	DATA SOURCE	RESPONSIBILITIES	TIMING
List the outcomes from the "Defining Expected Outcomes Table"	What data exists that can help measure progress toward reaching the expected outcome? Where is it located?	Who or what is the source of the data?	Who is responsible for collecting and sharing data? How will data be collected?	How often will the data be collected?

APPENDIX 7

Interview Guide (Business Case Tool)

Stakeholder interviews provide data and insight not readily available in a database. The information gleaned from these interviews helps tell the story of each person's experiences within the CISA model, and it can be instrumental in understanding the intangible benefits of the program. Interviews should be conducted three to six months after each CISA begins working.

Below are a series of considerations and best practices, along with a suggested sequence of questions that can be customized for your stakeholder interviews.

IDENTIFY AUDIENCES

The interview process should include individuals representing different perspectives. Possible stake-holders include CISAs, aides who work with CISAs, clients, family members, care team members, RN supervisors (who typically serve as the clinical lead), coordinators, operations staff, and senior leaders.

RECOMMENDED PREPARATION AND BEST PRACTICES

Fully preparing for the interview is critical for ensuring the collection of quality data. The following considerations will help plan and structure this interview process.

- **Neutral Interviewer.** Interviews can be conducted by an internal staff member or a neutral third-party vendor. If employees conduct interviews, pairings that might undermine open and honest responses should be avoided. For example, if the CISA's supervisor is interviewing them, the CISA may not be comfortable fully sharing their experiences on the job for fear it will reflect poorly on their performance.
- **Advance Communication.** Whenever possible, the interview process should be communicated early and often. This approach allows interviewees to ask questions in advance and signals that the interviews are vital for the program evaluation. In addition, this communication should describe why the interviews are being conducted and how the interview data will be used.
- **Anonymity and Confidentiality.** To ensure interviewees can participate fully in the interview process, they should know the extent to which their responses will remain anonymous and/or confidential before the interview begins.
- **Recording.** If agency policy permits, interviews should be recorded with the interviewee's permission. The recording will facilitate better tracking of key themes across interviews and ensure that anonymous quotes or excerpts are shared accurately. If recording is not possible, two people should conduct the interview—one to lead the conversation and one to take detailed notes.
- **Length and Timing.** Interviews are very valuable but time-intensive for both the interviewer and interviewee. Key staff and stakeholders should help identify what interview length works best to capture the needed information within a manageable timeframe. A typical approach consists of five to seven minutes for each question, plus five minutes for introductions and closing.
- **Modality.** How the interviews are conducted depends mainly on the audience. For example, the CISAs might be interviewed in person when they are in the office for a care team meeting. Or, if an employee works far from the office, a video conference could be arranged. In contrast, clients might be best interviewed in person at their homes or over the phone. Additionally, CISAs and other home care workers should be compensated for their time during these interviews, and these interviews should be scheduled with sensitivity to client needs and other considerations.

STRUCTURED VS. UNSTRUCTURED INTERVIEWS

Interviews can be structured or unstructured, depending on the interviewer and the types of questions being posed. Structured interviews primarily "stick to the script"—they ask a series of pre-determined questions and limit the degree to which the conversation deviates from those questions. Structured interviews help gather relatively consistent data across interviews, making it easier to compare the results of multiple interviews and identify common themes. Unstructured interviews may also start with a set of questions,

yet there is more flexibility for the interviewer to probe for additional information. In these types of discussions, the interviewer also has greater flexibility in allowing the interviewee to take the conversation in the direction they feel is most relevant.

CISA stakeholder interviews should aim for a middle ground, with some consistency in the questions but also latitude for the interviewer to ask follow-up questions that allow the interviewee to expand on important topics.

SAMPLE INTERVIEW SCRIPT AND QUESTIONS

The following set of questions and prompts is organized as follows: the opening, discovery (i.e., exploring the best of what's happening with the CISA role), envisioning (i.e., exploring how the role could be improved), and the closing. An interview can be designed by selecting a few questions from each category and editing them to make them applicable to a specific audience. New questions can also be added to the interview script.

Opening

The purpose of the opening is to set clear expectations and boundaries for the interview so that interviewees feel relaxed and well-informed.

- Be sure to introduce yourself and explain the purpose and length of the interview, how the feedback will and will not be used, the terms of anonymity and confidentiality, and whether the session will be recorded.
- Before you begin, ask the interviewee if they have any questions and ask them to introduce themselves.

Sample Discovery Questions

The purpose of the discovery questions is to identify what's working well with the CISA program and to gather personal stories about how the interviewee is experiencing the CISA program.

- *Tell me about a time when a CISA made a positive difference. What did they—or you—do to make a difference? What impact did it have?*
- *What do you feel is unique or special about the CISA role? What would be missing if the CISA role didn't exist?*
- *How do you see the CISA program improving care outcomes?*
- *How do you see the CISA program reducing negative environmental conditions?*
- *How has your job (or your care experience) changed because of the CISA program?*
- *In what ways has the CISA program positively impacted the care team?*
- *In your opinion, what is working really well with the CISA program?*
- *What difference do you feel the CISA has made on aides, clients, family members, care team members, and others?*
- *What do you appreciate most about your time working as (or with) a CISA? How has it changed your confidence or how you feel about your job or your care?*

Sample Envisioning Questions

The purpose of the envisioning questions is to identify what could be different about the CISA program to make it more effective and impactful.

- *Based on your experience with the CISA program so far, what opportunities do you see for the CISA role to have more impact?*
- *What would you change about the CISA role itself? What would you change about what the CISA does as part of your/their job, and why?*
- *What would you change about how the CISA role works—specifically, how the CISA is supervised, scheduled, or organized in the agency, and why?*
- *Overall, if you could change something about the CISA program to make it more efficient and impactful, what would it be? Why?*

Sample Closing Questions

The purpose of the closing is to make sure the interviewee feels they have had the opportunity to share what they believe is important, to answer any outstanding questions, and to explain next steps.

- *In closing, what else do you feel is important for me to know about your experience with the CISA program?*
- *What questions do you have for me?*

Be sure to explain any next steps, emphasize the importance of their feedback, and thank them for their time.

APPENDIX 8

Cost Calculator (Business Case Tool)

Calculating the total cost of planning and implementing the CISA role is instrumental in realizing the program's total value (i.e., its financial return). Tracking costs will also help identify opportunities for greater efficiency and provide guidance for future budgeting.

In order to calculate return on investment, the total program costs will need to be calculated, which includes planning and implementing the CISA program, and the first year of staffing costs for the CISA program. Incorporating cost guidelines early in the CISA planning process will lead to more timely and accurate cost data and prevent the need to retroactively calculate a multitude of past costs, which can be time consuming and less accurate.

DEVELOPING COST GUIDELINES

As part of the planning process for designing and implementing the CISA role, the finance team should establish cost guidelines that identify program-related cost categories and specify how cost data will be collected and reported. Estimating costs is acceptable and will be necessary at times. Ultimately, the process of developing cost guidelines will help senior leaders and the finance team agree on a methodology that leads to accurate and accepted estimations.

COMMUNICATION

As with the "Data Collection Plan," tracking costs requires coordination and a shared understanding among a cross-section of staff. The cost guidelines should be created collaboratively by a small team of agency leaders and finance team members. Once these guidelines are set, every person in this team responsible for cost reporting should understand what's expected of them and have their initial questions answered. The finance team should own and lead the calculation of costs throughout the project cycle, but their success will depend on the extent to which team members understand their roles and responsibilities within the plan.

SAMPLE COST CATEGORIES

Below is a series of common expenditures, or cost items, that can be used when establishing cost guidelines, as well as a few examples to spark ideas. They are organized by the three important phases: planning, initiation, and implementation. These cost items can also be used as a springboard to identify additional anticipated costs.

It is important to understand how costs will be prorated. For example, staff salary and benefit costs should be commensurate with the proportion of their work week spent on the CISA program. If a staff member spends 10 percent of their time supporting the CISA program, only 10 percent of their salary and benefits should be included in the cost calculation. included in the cost calculation.

Sample: Identifying Cost Guidelines for the CISA Model

Phase 1: Planning Costs

COST ITEM	COLLECTION METHOD
What costs do you anticipate incurring as a result of planning and preparing for the CISA model?	**How will you collect the data you need to calculate this cost? How often will you receive it and from whom?**
Salaries/benefits for planning committee members	
Use of facilities	
Communication materials	**Example:** Program coordinator tracks expenses, sends monthly report to finance

Phase 2: Initiation Costs

COST ITEM	COLLECTION METHOD
What costs do you anticipate incurring as a result of initiating the CISA model? The initiation phase includes recruiting, hiring, onboarding, and training CISAs and the care team.	**How will you collect the data you need to calculate this cost? How often will you receive it and from whom?**
Salaries/benefits for planning committee members	**Example**: Each week, planning committee members submit number of hours worked on CISA program to finance
Salaries/benefits for staff recruiting/hiring CISAs	
Salaries/benefits for staff training CISAs	
Salaries/benefits for CISA attending training	
Salaries/benefits for care team members attending training	
Salaries/benefits for staff facilitating care team training	
Salaries/benefits for any needed backfill due to training or other program activities	
Salaries/benefits for staff developing the evaluation plan	
Materials for CISA and care team training	
Hardware/software (tablets, cell phones, platform upgrades, etc.)	**Example:** Program coordinator expenses needed hardware/software upgrades – expense report available to finance
Travel/lodging/meals	
Use of facilities	
Communication materials	

Phase 3: Implementation Costs

COST ITEM	COLLECTION METHOD
What costs do you anticipate incurring as a result of implementing and operating the CISA model? These are the costs of operationalizing and sustaining the program for one year.	**How will you collect the data you need to calculate this cost? How often will you receive the data and from whom?**
Salaries/benefits for planning committee members continued involvement	
Salaries/benefits for CISA supervisor	
Salaries/benefits for CISAs	
Salaries/benefits for staff completing evaluation plan/fulfilling data collection responsibilities	
Non-billable care delivery and support (i.e., paid time spent by aides working with the CISA that is not billable)	
Administrative support/overhead	

APPENDIX 9

Converting Data to Money Worksheet (Business Case Tool)

In order to calculate the return on investment for the CISA program, total program costs should be compared to the monetary value of the outcomes. After a year of collecting outcome data through the "Data Collection Plan," key program staff should follow the recommended preparation activities and complete the table below to convert outcome data to a monetary value.

PREPARATION

To complete the "Converting Data to Money Table" you will need:

- Your "Defining Expected Outcomes Table."
- Your "Data Collection Plan."
- Your annualized outcome data. For each expected outcome identified in the "Data Collection Plan," you should review the programmatic data to determine the actual outcome (i.e., the results) of the CISA program.

KEY TERMS

Baseline. Review the "Defining Expected Outcomes Table." Insert the baseline for each expected outcome from the "Defining Expected Outcomes Table" into the first column of the "Converting Data to Money Table" below. The baseline represents the starting point—it represents how the business measure was performing right before beginning the CISA program.

Outcome. Review the program data collected through the "Data Collection Plan" over the past year. What was the actual outcome of the CISA program? How did the business measures change over the past year?

Unit of Measure. For each outcome, identify one unit of measure. A unit of measure represents a single unit of what is being measured in the outcome. For example, a unit of measure could be related to care quality (e.g., one preventable hospitalization or one point on a 5-point client satisfaction scale) or it could be related to job quality (e.g., one point on a 5-point job support scale for aides).

Value of Unit. Work with the finance team to determine the monetary value of one unit of measure. For example, what is the monetary value of preventing one person from being admitted to the hospital? What is the value of increasing client satisfaction or job supportiveness by one point? Estimating the monetary value for measures like confidence, satisfaction, or support can be ambiguous because they are less frequently monetized. To estimate the monetary value for these measures, you should use historical records and costs where possible, solicit input from experts and internal leaders, and explore standard values from external databases or research related to comparable home and community-based services settings.

Change in Units. Compare the baseline to the realized outcome. What was the total change over the course of one year? What was the annual change in the unit of measure? Be sure to identify the total annual change, since the goal is to understand the total monetary value accumulated throughout the year.

Monetary Value. To find the monetary value, multiply the total change in units by the value of each unit.

Example: Converting Data to Money Table

BASELINE	OUTCOME	VALUE OF MEASURE	VALUE OF UNIT	CHANGE IN UNITS	MONETARY VALUE
List the baseline for each expected outcome	After reviewing programmatic data, what was the actual outcome?	What is a single unit of measure for the outcome?	What is the monetary value of that one unit?	Compare the outcome to the baseline. What is the annual change in units?	Multiply the value of a single unit by the total change in units to find the monetary value
Example: Program coordinator tracks expenses, sends monthly report to finance	Successfully reduced rates of preventable hospitalization by an average of 20 percent. This translates to 2 fewer admissions per month on average.	One preventable hospitalization	$1,000	24 fewer preventable admissions per year	**$24,000**

Two fewer admissions per month multiplied by 12 months to calculate the total annual change

24 total avoided admissions multiplied by $1,000

Template: Converting Data to Money Table

BASELINE	OUTCOME	VALUE OF MEASURE	VALUE OF UNIT	CHANGE IN UNITS	MONETARY VALUE
List the baseline for each expected outcome	After reviewing programmatic data, what was the actual outcome?	What is a single unit of measure for the outcome?	What is the monetary value of that one unit?	Compare the outcome to the baseline. What is the annual change in units?	Multiply the value of a single unit by the total change in units to find the monetary value
				TOTAL ANNUAL MONETARY VALUE	$ _____

The sum of the monetary values identified for each outcome

APPENDIX 10

Calculating Financial Return Tool (Business Case Tool)

Calculating the return on investment (ROI) for the CISA role is a simple formula that compares the total costs to the total monetary value of the program to determine profitability. While ROI is widely accepted as a key performance indicator, developing a comprehensive understanding of the CISA program's value also requires a recognition of benefits that are not fully represented by a monetary value. The following tool describes each step of the ROI calculation and offers thought exercises to more precisely articulate intangible benefits, which will help inform future business decisions related to the CISA role.

CALCULATING NET PROGRAM BENEFITS

Follow the steps below to calculate the net program benefits.

1. Identify Total Program Costs:

$ _____

This amount represents the total program costs for planning, initiating, and implementing the CISA role for one year. All costs identified in the cost guidelines should be included.

2. Identify Total Monetary Benefits:

$ _____

This value represents the total monetary value of the outcomes resulting from one year of the CISA program. This value can be found in the "Converting Data to Money Table."

3. Identify Net Program Benefits:

$ _____

To calculate net program benefits, subtract total program costs from total monetary benefits.

CALCULATING RETURN ON INVESTMENT

Return on investment is expressed as a percentage. For example, an ROI of 50 percent means that all costs were recovered and an additional 50 percent of the costs were returned. A positive percentage indicates a return, while a negative percentage indicates a loss. Use the formula below to calculate the program's ROI.

$$ROI = \frac{\text{Net Program Benefits}}{\text{Total Program Costs}} \times 100$$

Let's use a simple example to demonstrate the ROI calculation. Assume total annual program costs were $75,256 and the total annual monetary value of program outcomes equals $110,537. Net program benefits would be $35,281 ($110,537 – $73,256 = $35,281). Using the formula listed above, ROI would be calculated as follows:

$$47\% = \frac{\$35,281}{\$75,256} \times 100$$

In this example, ROI is 47 percent, which means that for every dollar invested in the program, $1.47 was earned.

RECOGNIZING VALUE BEYOND PROFITABILITY

A negative ROI does not automatically equate to a failed program. Undoubtedly, implementing and evaluating the CISA program will generate a wealth of data that can shed light on why the ROI was negative, what is needed to make it positive, and the intangible value that was generated for those involved.

With both a positive—and particularly a negative—ROI, a thorough review should be conducted of the information and feedback generated during the qualitative interview process to identify common themes connected to intangible benefits, which can be woven into the storytelling approach described below. Possible intangible benefits include:

- Brand
- Capacity
- Collaboration
- Communication
- Compassion
- Compliance
- Creativity
- Culture
- Mindset
- Conflict
- Reputation
- Risk
- Role Clarity
- Satisfaction
- Stress
- Team effectiveness
- Trust
- Work/life balance

TELLING THE STORY OF THE CISA PROGRAM

When presenting the ROI, it is vital to craft a message that speaks to financial viability and the intangible benefits of the CISA program. The questions below can be used to begin identifying and processing the intangible benefits shared during stakeholder interviews or gathered through other observations. In addition, the questions could be used as a conversation guide for the planning committee and as a debrief activity for the interviewers.

This exercise will also help prepare the next and final business case tool, "Communicating Results Worksheet" (see Appendix 11).

THOUGHT EXERCISE: IDENTIFYING INTANGIBLE BENEFITS

1. **What intangible benefits were shared during the interviews? What personal impact did they have on the interviewee, or what impact did the interviewee observe?**
2. **In what ways do you see intangible benefits from the CISA role:**
   - Contributing to cost savings?
   - Contributing to profitability?
   - Contributing to care quality measures?
   - Contributing to staffing stability?
   - Contributing to organizational culture?
3. **What were the most powerful stories that illustrated the impact of intangible benefits?**
4. **Are there any other people you need to speak with to better understand the intangible benefits' scope of impact?**

APPENDIX 11

Communicating Results Worksheet (Business Case Tool)

Once the ROI and intangible benefits have been documented, the results of the CISA business case methodology must be prepared for dissemination to key stakeholders. The best practices for communicating results described below will help develop communication tools and distribution pathways that will effectively reach target audiences.

IDENTIFY AUDIENCES

First, target audiences should be identified based on whom should hear about the business case, with careful attention to being as inclusive as possible, since it could be detrimental to omit any group interested in the results. Audiences could include:

- Payers, like managed long-term care plans
- Other funders
- Senior leaders
- Planning committee members
- Supervisors, directors, scheduling managers, care managers, and care coordinators
- Care team members
- CISAs
- Home care workers
- Clients
- Clients' family members

IDENTIFY COMMUNICATION CONTENT

For each audience, it is important to brainstorm the types of information each audience will need and the level of detail. Will they be interested in reviewing specific performance measures or are they looking for a high-level summary? Or something else?

It can also be helpful to explore the reasons for communicating. For example, is the goal in communicating this business case to secure additional funding, build buy-in for sustainability, or establish a competitive advantage—or all of the above? What content will help the agency achieve those results?

If content feels uncertain for a particular audience, it might be helpful to reach out to a representative from that audience group and ask them to describe what they are interested in learning and how they prefer to receive information.

DEVELOP REPORTS

Below are three common types of reports for sharing the results from the business case methodology.

Impact Study Report

The impact study report is meant to be the most comprehensive record of the CISA business case methodology. It is important to be clear and direct when describing the agency's approach to the methodology, including specific efforts to make the analysis credible, conservative, and accurate. Below is a sample, skeletal content outline for this type of report, which draws heavily from the tools introduced in the CISA business case methodology.

- General Information
  - Background
  - Process for calculating ROI
  - Expected outcomes
- Results: Learning Data – CISA and Care Team Training
  - Pre/post tests
  - Reaction surveys
- Results: Outcome Data
  - Data Collection Plan
  - Outcome data
  - Annual monetary value of outcome data
- Results: Intangible Benefits
  - Stakeholder interviews
- Results: Program Costs
  - Cost guidelines
  - Total annual program costs
- ROI
  - Net program benefits
  - ROI calculation
  - Estimated value of intangible benefits
- Barriers and Enablers
  - Barriers
  - Enablers
- Recommendations
- Conclusion

Executive Summary

An executive summary is a concise report, often between one and three pages, that highlights key content from the full impact study report, such as expected outcomes, notable results, and recommendations.

Brochure

Program brochures or pamphlets are useful for a wide range of audiences. They can quickly and visually convey programmatic results. In these brochures, agencies should consider juxtaposing significant improvements in quality measures, like reduced readmissions or fewer falls, with a photo and quote from a client sharing how their trusting relationship with the CISA improved their care experience or confidence. Likewise, lower turnover rates could be paired with a story about an aide developing new skills or stress management techniques because of their partnership with the CISA. Brochures are an ideal opportunity to tell the story behind each significant outcome in a compelling and authentic way.

IDENTIFY COMMUNICATION MODALITIES

For each audience, the communication modality that best meets their needs should be identified. How does the agency communicate with them typically? For internal audiences, a short presentation of the executive summary in the next quarterly meeting could work well. For clients, a mailed print copy of the program brochure might be identified as the best avenue for reaching them.

If presenting to a live audience, the presentation content should be converted into a simple visual slide deck. The results of the business case methodology can be overwhelming for audiences without the right preparation, so having a simple visual slide deck will help audiences understand the content and articulate their questions and feedback. When presenting, hardcopies of the slide deck and any other materials should be distributed after the presentation to minimize distractions for the audience.

Sample modalities of communication include newsletters, announcements, online platforms, email, mail, video conferencing, webinars, in-person presentations, staff meetings, care team meetings, in-service training sessions, new employee orientations, and more.

THE POWER OF STORYTELLING

Generating credible evidence for the CISA program's profitability through the business case methodology is a critical component in convincing a complex system of actors to continue their investment. Beyond financial profitability, the CISA model is designed to deliver significant intangible benefits due to its focus on worker-centered supports, communication, coaching, and relational, person-centered care, all of which can be challenging to quantify in more technical performance measures like ROI.

To truly capture and convey the full value of the CISA model, it is imperative to develop first-person narratives that tap into the emotional, experiential impacts of the CISA program—impacts that can otherwise be lost in quantitative data. Including these stories in an agency's reports and presentations will help audiences connect more personally to the outcomes of the CISA program, including how it positively shifted communication and relational norms in the home and on the care team.

When discussing the importance of storytelling, the ROI Methodology references this series of recommendations from Carmine Gallo, a storytelling expert and communication coach:

1. **Make stories at least 65 percent of the presentation.**
2. **Use simple words and analogies to hide complexity.**
3. **Enrich the story with specific and relevant details.**
4. **Deliver serious topics with a side of humor.**
5. **Tell authentic and personal stories tailored to the audience.**
6. **Be succinct; use a few well-chosen words.**
7. **Use pictures to illustrate the story.**
8. **Wrap data in stories to make a personal connection.**

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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 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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