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Wisconsin's Direct Care Workforce Training,
Employment, and Career Development Landscape

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More than 107,000 direct care workers in Wisconsin provide essential assistance to older adults and people with disabilities in home- and community-based services (HCBS), residential care communities, nursing homes, and other settings. In response to persistent job quality challenges, the state has launched comprehensive solutions to strengthen training and career advancement opportunities for this workforce.

This report examines Wisconsin's training and credentialing landscape for direct care workers, particularly spotlighting personal care aides (PCAs), who play a vital role in HCBS and are the primary focus of the state's efforts.

Drawing on interviews with experts in workforce training, career development, and service delivery, this study highlights Wisconsin's accomplishments and identifies opportunities to grow and amplify these efforts. Following PHI's Universal Direct Care Workforce Initiative™ framework (see page 6), this report focuses on entry-level training and career pathways through specialized training and advanced roles. It also considers the cross-cutting importance of portable, stackable credentials and training accessibility.

KEY FINDINGS

Wisconsin is building a more cohesive and consistent entry-level direct care training system, with the Certified Direct Care Professional (CDCP) program as a unifying platform.

- While nursing assistants and home health aides are subject to federal training requirements, training for PCAs has historically been employer-driven and heavily influenced by reimbursement levels.

- The CDCP program launched by Wisconsin in 2023 promises to address many PCA training gaps. The program offers free, online training and portable and stackable credentials based on nationally recognized core competencies, and draws on input from Wisconsin workers, advocates, and providers.
- Employers in Wisconsin currently use a range of entry-level training strategies and resources, including the CDCP program.

CDCP creates a scalable framework for specialized training, in response to increasingly complex care needs.

- Direct care workers increasingly support individuals with dementia, behavioral health conditions, and other complex needs.
- The CDCP program's micro-credential structure provides a centralized platform for workers to access specialized training and creates future potential for portable advanced credentials.

Advanced direct care roles demonstrate strong benefits, though systemic barriers limit broader adoption.

- Organizations in Wisconsin that have adopted advanced roles report positive outcomes including improved retention, service delivery, and care coordination.
- Current Medicaid reimbursement structures limit employers' ability to pay more for higher skill levels or degrees of responsibility, and many advanced caregiving tasks are not directly billable, constraining sustainability and scale.

RECOMMENDATIONS

Our research concludes that Wisconsin has established a solid foundation on which to continue strengthening and integrating its direct care workforce training, employment, career development, and advancement systems. Recommendations are organized around three priority areas.

Strengthen CDCP's position as the foundation for entry-level training across the direct care workforce.

Strategies include: addressing barriers to CDCP program completion; diversifying learning formats to include live, interactive activities; expanding access to the individual modules that compose the CDCP training; and creating additional pathways to CDCP credentials.

Expand and strengthen specialized training by building out the CDCP micro-credential system.

Priorities include: growing the repository of accredited programs on high-need topics such as dementia and behavioral health; creating voluntary employer accreditations to recognize and incentivize specialized capacity; and evaluating the impact of specialized training on workforce stability and care outcomes.

Support career advancement through advanced roles.

Next steps include: developing advanced CDCP credentials in areas such as peer mentorship and care coordination; facilitating peer learning among employers to share best practices; and building the evidence base needed to support payment model innovation.

Leveraging the strong infrastructure and momentum that has been built through the CDCP program thus far (and the complementary WisCaregiver Careers program for certified nursing assistants), Wisconsin is well-positioned to create one of the country's most equitable and effective direct care workforce development systems. Through collaboration with key partners and payment innovation, these efforts can continue improving job quality for direct care workers while strengthening care quality and access for older adults and people with disabilities who rely on long-term services and supports (LTSS) across the state.



INTRODUCTION

Wisconsin’s direct care workforce—the backbone of the state’s long-term services and supports (LTSS) system—provides essential assistance to older adults and people with disabilities in private homes, residential care communities, nursing homes, and other settings.

As in other states nationwide, demand for direct care has been steadily rising in Wisconsin as the population ages and services shift toward home and community-based services (HCBS), while the pool of available workers has become increasingly constrained (see Wisconsin’s Growing Care Gap on page 5). Against this backdrop, Wisconsin has emerged as a leader in improving direct care job quality and strengthening this workforce through sustained investment in training, credentialing, and career advancement.

Inconsistent training and limited opportunities for career mobility or advancement are particular concerns for personal care aides (PCAs). These workers provide the majority of HCBS to populations with complex needs, but their role is not subject to any federal training requirements. Instead, PCAs’ preparation is shaped by a patchwork of program rules, payer policies, and employer practices that vary widely—and often reflect the systemic undervaluation of direct care work.

Recent Wisconsin initiatives, such as the Certified Direct Care Professional (CDCP) program, seek to address this gap by establishing core competencies, expanding access to specialized learning, and strengthening pathways from training to employment, specialization, and advancement.

This study examines how such initiatives are functioning in practice and identifies opportunities to strengthen and align them further, based on interviews with experts in direct care workforce training, career development, and service delivery. The findings focus on entry-level training, specialized training, and advanced roles, with cross-cutting assessment of training accessibility, portability among employers and settings, and stackability toward career pathways. The report concludes with specific recommendations for extending and amplifying Wisconsin’s field-leading efforts, with relevance for other states grappling with workforce challenges as well.

Wisconsin's Growing Care Gap

Wisconsin faces rapidly growing demand for direct care workers, particularly in HCBS, and significant hiring challenges—with high workforce turnover compounded by a shrinking pool of available workers. These converging trends—seen in states across the country—underscore the importance of Wisconsin's comprehensive efforts to strengthen direct care workforce training, career mobility, and advancement.

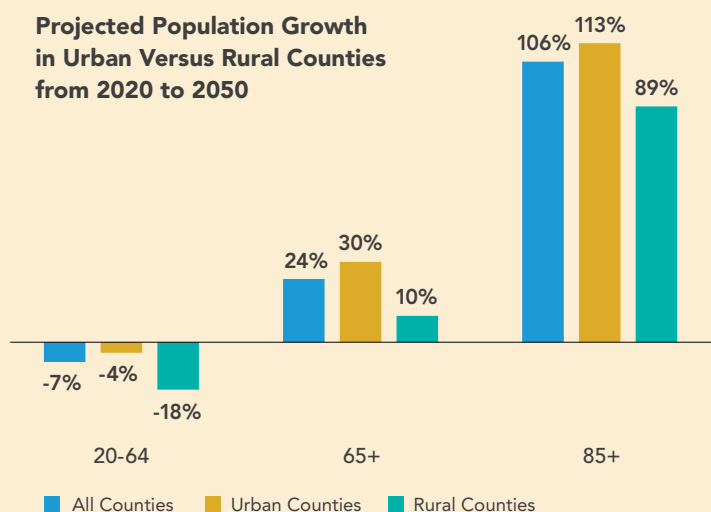
RISING DEMAND AND NUMEROUS JOB OPENINGS

- From 2014 to 2024, Wisconsin added over 19,200 new home health and personal care aide positions, which were offset by the loss of nearly 7,800 jobs for nursing assistants.¹
- LTSS employers report disruptions in services due to staffing shortages. For example, according to a 2025 survey, 75 percent of personal care agencies in Wisconsin identified having at least one caregiver position open each week, and 87 percent reported having turned away clients in the past year due to staffing shortages.²
- As a profound illustration of the impact of workforce turnover, the state will need to fill 178,800 direct care job openings from 2022 to 2032. Home health and personal care aides will gain 13,400 new jobs during this period, while 720 nursing assistant jobs will be lost. All other job openings will be created by workers leaving the field or leaving the labor force altogether.

AN AGING POPULATION, A SHRINKING LABOR POOL, AND DEEPER CHALLENGES IN RURAL SETTINGS

- Wisconsin is aging, with significant growth in the state's population age 65 and older. Notably, the population of residents age 85 and older is projected to more than double between 2020 and 2050, sharply increasing the need for LTSS.
- At the same time, the population of adults aged 20 to 64—who make up most paid and unpaid caregivers—is declining.
- The population aged 20 to 64 in rural areas is shrinking nearly five times faster than in urban areas, while rural older adults experience higher rates of health disparities that further increase demand for services.³

Projected Population Growth in Urban Versus Rural Counties from 2020 to 2050



Source: Wisconsin Department of Administration (DOA). 2024. *State and County Age-Sex Population Projections, 2020-2050*. Madison, WI: DOA. https://doa.wi.gov/Pages/LocalGovtsGrants/Population_Projections.aspx; analysis by PHI (November 5, 2025).

OUR APPROACH

This study is based on interviews with 22 experts in direct care workforce training, career development, and service delivery, including seven representatives from provider home care agencies, five from managed care organizations, three from state agencies, three from education and training programs, two from membership associations, and two from consumer advocacy groups.

From September to November 2025, PHI conducted semi-structured interviews via video calls using an interview guide lightly customized for each participant's expertise. Interview transcripts were analyzed for key themes using codes developed from the interview guide and PHI's Universal Direct Care Workforce Initiative™. We supplemented interviews with desk research on Wisconsin's training requirements and programs, reviewing state rules and regulations, managed care contracting standards, public advocacy materials, and other documents.

PHI's Universal Direct Care Workforce Initiative™

Launched by PHI in 2025, the Universal Direct Care Workforce Initiative offers a comprehensive framework for strengthening direct care training and credentialing, job quality, and care quality. This transformative framework comprises four interrelated components:

- **Universal entry-level competencies:** a shared foundation of essential skills that support high-quality care across care settings and populations.
- **Integrated career pathways:** meaningful opportunities for specialization and advancement that support long-term career growth and align workers' skills with consumers' evolving needs.
- **Portable and stackable credentials:** recognized credentials tied to skills and experience that support wage progression, economic stability, and mobility across employers, care settings, and state lines.
- **Accessible training infrastructure:** adult learner-centered, evidence-informed training delivered in multiple languages and formats to ensure equitable access and participation.



FINDINGS

The following key findings synthesize interviews and research on the full continuum of job preparation and career advancement for direct care workers in Wisconsin—from entry-level through specialized training and advanced caregiving roles.

Across this continuum, the findings illustrate how policy factors and employer practices shape the accessibility of training, the portability of credentials across settings and employers, and the extent to which training and credentials form meaningful career pathways. Taken together, the findings highlight the scope of Wisconsin’s multi-faceted interventions to date and suggest opportunities to extend and amplify their impact.

ENTRY-LEVEL TRAINING

Wisconsin’s training practices vary considerably by role. Home health aides and nursing assistants are generally employed in settings that provide more nursing services, such as home health agencies, nursing homes, and other residential settings with nursing. Home health aides must be certified as nursing assistants in Wisconsin, making the training requirements for these two roles effectively the same.⁴ Both must complete 75 hours of training covering communication, personal care, health monitoring and maintenance, client rights, and dementia.⁵ Once they pass a competency examination, home health aides and nursing assistants are listed in a central registry.⁶ They are typically trained and certified through community and technical colleges and private career schools, or by employers that offer state-approved training programs.

Far less consistent training requirements exist for personal care aides, even though they deliver most HCBS in Wisconsin—now the highest-demand form of LTSS due to a combination of consumer preferences and policy changes.⁷ State PCA training requirements always include health and safety, consumer rights, and the tasks required to support each individual consumer, but otherwise vary by HCBS setting and provider, as governed by the state’s administrative code.⁸

WisCaregiver Careers and the Certified Direct Care Professional (CDCP) Program

Wisconsin has taken significant steps to strengthen entry-level training for direct care workers in recent years. First, to address recruitment and retention challenges in nursing homes, the state launched the WisCaregiver Careers program in 2018. In its current form, the program provides paid nursing assistant training, placement with one of more than 200 participating nursing homes, and a \$500 6-month retention bonus.⁹

To extend the success of this initiative beyond nursing homes—and to bring coherence to what one interviewee described as the “wild, wild west” of PCA training—the Wisconsin Department of Health Services launched the Certified Direct Care Professional (CDCP) program in 2023.

The CDCP Program Offers:

- A free, fully online training program comprising 14 modules offered through the University of Wisconsin–Green Bay, developed with input from a range of Wisconsin-based experts, including employers, advocates, and workers themselves, as well as national experts.¹⁰
- 30 hours of instruction with videos, reading, knowledge checks, and reflection activities.
- A proctored final exam, after which successful candidates receive professional certification and are listed on the public CDCP Training Registry.¹¹
- Hiring and retention bonuses totaling \$500 for CDCP trainees hired in eligible roles.
- An option to pursue CDCP and nursing assistant credentials concurrently through a partnership with the Healthcare Workforce Training Institute.¹²
- Wraparound supports, career counseling, and employment assistance through a partnership with Goodwill Industries of North Central Wisconsin.¹³

The CDCP foundational training covers at least half of the required training topics for PCAs across settings,¹⁴ and all required content for workers in adult family homes with one or two beds (after including resident rights and medication administration which are covered by supplemental CDCP modules).

Alongside the CDCP training program, Wisconsin has developed a free centralized job-matching platform called WisCaregiver Connections.¹⁵ This online tool, powered by Handshake, allows CDCPs to search for positions, share their resumes, and discover

career events. Employers, including self-directing consumers, can post jobs and search the candidate database. In January 2026, the state began incentivizing managed care organizations through a pay-for-performance program to help self-directing consumers effectively use the platform.

In interviews, direct care workers and employers reported satisfaction with the program. Some employers use CDCP certification as a supplement to their own onboarding programs, particularly for inexperienced workers. Others refer incumbent workers to refresh or supplement previous training, which helps explain why 40 percent of CDCP enrollees already have direct care experience. As one program leader noted, “I was tickled that most of the people that completed the program had been caregivers for potentially a significant amount of time and gave feedback that they got a lot out of it. It was kind of affirming that they’re not getting enough [training] on the job.”

The state has worked to refine the CDCP program since it launched in 2023, but as the program seeks to gain traction, two primary challenges remain. First, many home care agencies are still unfamiliar with it, despite extensive outreach. Second, completion numbers have been low relative to enrollment thus far: over 19,300 individuals have registered, and 1,600 participants (8 percent) have completed training to date.¹⁶

Lower-than-anticipated completion rates may reflect design tradeoffs common across entry-level training programs. In interviews, experts explained that self-paced, online formats can expand access for learners who are juggling work, school, or caregiving responsibilities; for some participants, however, this added flexibility may come at the expense of structure, accountability, and ultimately completion.

Providing incentives and wraparound supports has helped drive participation in the program. However, program leaders also suggested that low completion reflects the optional nature of training and operational realities among employers. In the context of persistent staffing shortages, committing workers to a 30-hour training program—particularly one that is not required—can be difficult, even for employers who see clear value in more comprehensive preparation for their workers. The state has created resources showing how CDCP content fulfills many entry-level requirements across settings, but employers often view the program as supplemental rather than foundational.¹⁷

Employer-Based Entry-Level Training for Personal Care Aides

Employers build their own PCA training programs in a variety of ways, including developing their own curricula, utilizing online platforms, leveraging materials from membership associations, and/or implementing train-the-trainer programs. As one membership association leader explained, “There isn’t really one thing that I would say most people do.” A substantial portion of PCA training occurs on the job, typically led by a nurse or supervisor, because PCAs are generally required to

be trained and assessed for competencies in each task for each individual consumer. Employers acknowledge that this highly contextualized, individualized approach can be inefficient, but they also value its person-centered focus.

The Role of Financing in Entry-Level Training for PCAs

Employers with more diversified revenue—i.e., those who serve private-pay as well as Medicaid clients or access multiple public funding streams—can invest in more comprehensive entry-level training to strengthen job quality, workforce retention, and care quality. One such employer explained: “You can easily distinguish someone who went through [our] training versus [someone] who doesn’t. The confidence, the skill level, the professionalism, and even how they communicate—it’s very different.” Another employer emphasized how extensive contact with workers through their training is an opportunity to strengthen worker engagement and organizational relationships: “It is important for us to also remember that the worker needs to have a relationship with [the agency]—[to] feel part of the team... [and like] they know they have us to rely on.”

Employers that are more reliant on Medicaid reimbursement rates face thinner margins and difficult tradeoffs. One agency described the challenge using a hypothetical 50-cent rate increase: “Do we give it to our care workers fully to try and get more... ? Do we split that and say 25 cents for the care worker, 25 cents to up our training programs? That’s our reality. It’s kind of like, what do you do?”

To address financial strain, the state has established minimum reimbursement rates for adult HCBS programs under Family Care, its large managed LTSS program.¹⁸ For example, home care agencies receive at least \$25.52 per hour for care provided by personal care workers under Family Care. Employers described the establishment of these minimum rates as progress but noted that the rates are still insufficient to cover competitive wages and high-quality training as well as administrative overhead. Employers who rely on these rates often prioritize setting-based and client-specific training and the development of hands-on skills, while other competencies—such as communication and conflict resolution—may only be addressed on the job as challenges arise.

SPECIALIZED TRAINING

Beyond entry-level training, interviewees emphasized the need for direct care workers to attain specialized knowledge and skills to support individuals with complex conditions. As rebalancing efforts have shifted care out of nursing homes,¹⁹ direct care workers in HCBS settings increasingly serve individuals with Alzheimer’s and other dementias, behavioral health conditions, and other serious health concerns. Employers reported acute challenges providing services to populations with complex needs, driven in part by training gaps. Consumer advocacy groups also raised concerns about caregivers being underprepared to support complex conditions.

Specialized Training Through CDCP

The CDCP micro-credential program provides a promising platform to build specialized knowledge among direct care workers in supporting individuals with complex conditions.²⁰ The program includes a centralized repository of accredited specialized training programs from across the state that are offered in person and online. Workers who complete these programs can earn micro-credentials that are listed in the CDCP training registry and awarded directly in the form of digital badges.

For example, participants can earn a CARE U micro-credential through a workshop offered by the University of Wisconsin Center for Aging Research and Education (CARE).²¹ The day-long workshop, held in person across multiple sites, supplements and reinforces CDCP entry-level training with instruction and interactive activities on topics like aging and vision, and caring for people living with dementia.

CDCP program leaders have also proactively developed specialized training to fill other training gaps. Currently, the focus is on developing new micro-credentials on co-occurring conditions, such as behavioral health challenges among people with dementia and among individuals with intellectual and developmental disabilities.

Employer Approaches to Specialized Training

Employers most often refer workers to free continuing education on specialized topics, such as training offered by community-based organizations—when such offerings are available and employers are aware of them. Training is also offered through provider membership associations, though these opportunities are often supported by time-limited grants. For instance, an association for residential care providers previously offered grant-funded dementia training as part of an initiative that awarded tiered accreditation to providers meeting dementia-care milestones.

As an exception among the interviewees, one home care agency reported devoting the second half of their entry-level training to content on caring for people with dementia, using case scenarios and role-playing to strengthen communication and problem-solving. As the agency owner explained: “We wanted to make sure our staff working with [clients with dementia] have the skill set to communicate with them and understand the complexity of their illness.”

ADVANCEMENT OPPORTUNITIES

Advanced roles for direct care workers entail additional training plus an elevated job title, new and distinct responsibilities, and higher compensation. We heard from interviewees that advancement opportunities differ across HCBS providers and settings and are not consistently available. However, organizations that can invest in advanced caregiving roles report clear benefits for worker retention, service delivery, and care quality.

The Care Integration Senior Aide (CISA) Role

PHI created the Care Integration Senior Aide (CISA) role to provide an advancement opportunity for home care workers that focuses on maximizing their contributions to care coordination within their existing scope of practice. CISAs observe, record, and report on clients’ conditions, serving as a key link between clients, their families, other home care workers, and the broader care team. They also use their training and experience to support clients directly and to help other home care workers solve problems in the field.

Two Wisconsin home care agencies and a managed care plan partnered with PHI to implement the CISA role between 2023 and 2024. A formal evaluation found that the role improved care quality and continuity, helped address negative social determinants of health, and had positive effects on retention—for CISAs themselves and the home care workers they supported. Thanks to these positive outcomes, participating employers have sustained the CISA roles beyond the evaluation period.

One employer also spoke about how the CISA role can lead to further organizational growth, describing it as a way for aides to gain leadership experience—through expanded communication skills and coordination responsibilities—that can position them for future leadership opportunities, such as being “ready to either take on an office or help us expand into a new location.”

Advancement Through Mentorship

Some agencies pair seasoned workers with new hires as peer mentors. These peer mentor roles support retention by recognizing experienced workers' skills and knowledge (and ideally paying a higher wage), while benefiting newer workers through guidance and support outside formal supervisory structures. Mentorship roles can also serve as stepping stones to supervisory or leadership positions. As one agency owner explained: "The growth path is to get to those points and be supervising and managing and growing, working your way up within the agency."

Further Career Pathways

Advanced direct care roles can also serve as a progression pathway to other roles in LTSS and the broader health care system. One HCBS provider described a home care specialist role in which workers onboard new clients, mentor other PCAs, provide backup coverage when gaps arise, and manage more complex cases involving behavioral or environmental needs. This helps ensure care continuity and reduces disruptions in service delivery. After serving as home care specialists, some workers advance into care coordinator roles, which focus on matching workers with clients and supporting care continuity, while others choose to pursue further education and employment in nursing and other fields.

Similarly, in residential care settings, workers may receive additional training to assist with medication administration, allowing them to fully leverage their skills and work at the top of their scope of practice. Medication aides also gain clinical experience that can prepare them for future nursing education.

Current Limitations on Advanced Roles

Despite their benefits, employers reported challenges implementing and sustaining advanced roles. Current reimbursement structures limit employers' ability to differentiate pay based on skill or experience. Advanced aides receive the same reimbursement as entry-level staff for identical care tasks, so mentorship or emergent supervisory activities must be absorbed into already limited overhead budgets. These constraints limit or prevent employer investment in advanced roles.

Employers also noted recruitment and retention challenges. Some workers move into advanced roles only to find they prefer the predictability of traditional paid caregiving positions. Others use advanced roles as an entry point into nursing or other health care careers and ultimately leave for higher-paying positions outside their current organizations, like acute care settings. While such moves demonstrate the benefits of advanced roles for workers—offering a new career pathway and higher earning potential—employers can experience staffing gaps and turnover costs as a result. These dynamics underscore both the importance of advancement opportunities for workers and the need for complementary recruitment and retention strategies that help employers sustain and plan for these roles over time.



RECOMMENDATIONS

Wisconsin is a national leader in efforts to strengthen direct care workforce training and career advancement.

The state's ongoing initiatives, including the CDCP program and related resources and incentives, demonstrate exceptional commitment to creating comprehensive solutions.

These initiatives have established a solid foundation of portable and stackable credentials for direct care workers, with value for individual workers, employers, clients and families, and the system overall.

Challenges remain in areas such as CDCP training completion rates, employer adoption of state training resources, and sustainable financing for career advancement. However, these challenges also represent opportunities to build on Wisconsin's existing strengths and momentum through continued collaboration among key partners. (See "The Importance of Collaboration" below.)

By strengthening CDCP's role as the primary entry point for personal care aides, expanding specialized training through the micro-credential system, and developing advanced credentials that support career progression, Wisconsin can more fully align training, employment, career development, and advancement with the needs of workers, employers, and the people they serve. When paired with payment innovation and sustained engagement across partners, these strategies provide a clear, actionable pathway to improving job quality while strengthening care quality and access across the state.



The Importance of Collaboration

Wisconsin's notable progress to date reflects coordinated action across multiple partners, each contributing distinct strengths to building and sustaining a strong direct care training and career advancement system. Continued collaboration will be essential to extending and amplifying these efforts into the future.

- **State policymakers** can provide leadership and sustained funding, convene cross-sector partners, establish training and certification requirements for Medicaid reimbursement, and lead initiatives through policies, guidance, and oversight to support consistency and long-term impact.
- **Education and training providers** can develop training programs that align with CDCP standards and respond to field-identified needs, supporting both entry-level preparation and ongoing skill development.
- **Managed care organizations** can leverage reimbursement rates, provider contracts, and technical assistance to incentivize training, specialization, and career advancement that improve care quality within their provider networks.
- **Provider membership associations** can expand access to high-quality training, convene members for collaborative problem solving, and disseminate promising practices and resources.
- **Employers** can implement training and advancement strategies in practice and provide real-time feedback on what works and where additional flexibility or support is needed.
- **Direct care workers** can inform training design through lived experience, participate in training and advancement opportunities, and provide feedback on supports that strengthen job quality and care delivery.
- **Consumers and family caregivers** can inform continuous improvement by sharing care needs and person-centered practices that training and advanced roles can address.
- **Advocates** representing a range of interests can help make the case to policymakers for investment and support for training and credentialing, ensuring the system remains responsive to the needs of those it serves.

1. STRENGTHEN CDCP'S POSITION AS THE FOUNDATION FOR ENTRY-LEVEL TRAINING

The CDCP program should continue to evolve from a new, supplemental resource to become the foundational credential for Wisconsin's PCA workforce—so that all workers are equipped with portable, standardized training and the core competencies they need, and employers are able to focus on providing more setting-specific, person-centered onboarding and training.

Address barriers to CDCP completion.

To close the gap between enrollment and certification, the state must continue to work with its partners to encourage and facilitate CDCP completion. Strategies to improve completion rates may include:

- Providing learners with recommended timelines for completion.
- Expanding coaching support to more learners, beyond those currently receiving wraparound services from Goodwill Industries of North Central Wisconsin.
- Creating employer-led cohorts of workers who complete the CDCP training together, strengthening both learning outcomes and organizational connection.

Diversify learning opportunities.

While online self-paced learning offers many advantages, some learners may need additional structure, opportunities for interaction, and hands-on practice.

These components may be offered through complementary live learning formats, such as:

- Learning laboratories where learners can practice skills with each other, like transfers, communication techniques, and problem-solving, through role-playing and case scenarios.
- Communities of practice that bring together CDCP learners and recent graduates for peer support, shared problem-solving, and ongoing skill development, building on experiences in the field.

These activities could be developed and facilitated virtually or in-person by a range of partners. For example, employers, membership associations, and higher education institutions could collaborate with CDCP program leaders to create resources like facilitator guides for hands-on activities that complement the online CDCP modules and allow learners to apply their skills in their jobs.

Expand access to CDCP materials.

The 30-hour CDCP foundational training is designed as a sequenced learning path with modules intentionally structured to build knowledge and skills progressively. As a result, some learners may need to repeat training they have already received from their employers to access training that fills gaps in their knowledge and skills. Allowing learners to access individual modules based on their prior training and specific learning needs would make the CDCP curriculum and materials more accessible for experienced workers and employers.

All workers should still be encouraged to pursue a full CDCP credential eventually, and this flexible structure should only be an interim step toward a system where a CDCP credential represents the universal standard for competency (as described below), rather than a credential from a single online program.

Consider creating flexible, accessible pathways to CDCP credentials.

The state could engage employers, provider membership associations, and education and training programs to align their existing training with CDCP learning objectives, and allow them to use CDCP modules to supplement or fill gaps in their training offerings. Over time, this approach could support a more unified and portable credentialing system, where training from multiple sources could count toward a portable CDCP credential, paving the way for value-based payment programs that reward employers for employing CDCPs or, going further, requiring CDCP credentials under Medicaid programs.

2. EXPAND AND STRENGTHEN SPECIALIZED TRAINING

As Wisconsin continues to rebalance services toward HCBS, direct care workers increasingly support individuals with complex needs. Specialized training must keep pace with this shift—helping workers to adapt and apply their foundational training in new contexts as well as accrue new knowledge and skills.

Build on CDCP micro-credentials.

The CDCP micro-credential system provides a strong platform for specialized training. The state should continue to expand the repository of accredited programs, prioritizing high-need areas like dementia care and behavioral health conditions, and raise awareness among both workers and employers about these opportunities.

Create voluntary employer accreditations.

Voluntary accreditations—such as those recognizing the capacity to provide specialized dementia or behavioral health care—can distinguish employers whose staff meet certain specialized training thresholds, among other criteria. These accreditations increase consumer transparency, create market differentiation for high-quality providers, and incentivize investment in specialized training. The state and managed care plans could facilitate implementation by offering technical assistance to providers seeking accreditation and funding wage increases for workers trained to care for high-need populations.

Evaluate the impact of specialized training.

To make the case for sustained investment, Wisconsin should commission an evaluation of how specialized training affects workforce stability, care quality, and health outcomes for high-need populations.

3. SUPPORT CAREER PATHWAYS THROUGH ADVANCED ROLES

Advanced direct care roles benefit workers, employers, and the people they serve—but financial and structural barriers limit their adoption and sustainability. By developing advanced credentials through CDCP and supporting employers in implementing these roles, Wisconsin can create clearer pathways for career growth.

Develop advanced credentials through the CDCP program.

Building on the success of CDCP’s foundational training and micro-credential system, the state should develop advanced credentials that prepare workers for specialized caregiving roles. These credentials would provide portable recognition of advanced competencies and support career progression. Priority areas for advanced credentials include:

- Care coordination, with training on enhanced observe, record, and report skills; recognizing and reporting challenges related to social determinants of health; and communicating effectively with care teams.
- Peer mentorship, with training focused on supportive communication, adult learning principles, and coaching skills to prepare experienced workers to guide and support newer colleagues.
- Specialized roles, with training on improving care and coordination for people who need more intensive, complex support, like people with Alzheimer’s and other forms of dementia and those living with mental and behavioral health conditions.

These advanced credentials would allow workers to build on their CDCP foundation, gain recognition for additional knowledge and skills, and access new opportunities for responsibility and compensation. Employers could use these credentials to identify candidates for advanced roles and structure career ladders within their organizations. Importantly, these new roles would need to be supported by payment model innovations, as described below.

Build the evidence base for advanced roles and explore payment model innovations.

Further research on advanced roles will help demonstrate their return on investment in terms of workforce retention and care quality and outcomes. This evidence is essential to making the business case for reimbursement changes and payment model innovation. Managed care organizations and the state should explore how advanced roles can be structured to align with their objectives related to care outcomes and utilization, such that the cost savings that advanced roles produce are effectively invested in sustaining them.

Facilitate peer learning among employers.

Various entities could convene employers to share best practices in designing and implementing advanced roles, troubleshoot shared challenges, and learn from each other’s experiences. These employer convenings could inform the development of practical guides for building and implementing advanced roles, addressing topics like role design, training pathways, supervision structures, and strategies for sustainability (including accessing innovative payment models).



CONCLUSION

By building strategically on the foundation established through the CDCP program—from entry-level training through specialized credentials to advanced roles—Wisconsin will be on track to create the most coherent, equitable, and effective workforce development system possible. In doing so, the state will continue serving as a model to other states for how coordinated training, credentialing, and career pathways can support quality jobs, a stable workforce, and high-quality, person-centered care for older adults and people with disabilities.

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ABOUT PHI

PHI works to transform eldercare and disability services. We foster dignity, respect, and independence for all who receive care, and all who provide it. As the nation's leading authority on the direct care workforce, PHI promotes quality direct care jobs as the foundation for quality care.

Drawing on more than 30 years of experience working side-by-side with direct care workers and their clients in cities, suburbs, and small towns across America, PHI offers all the tools necessary to create quality jobs and provide quality care. PHI's trainers, researchers, and policy experts work together to:

- Learn what works and what doesn't in meeting the needs of direct care workers and their clients, in a variety of long-term care settings;
- Implement best practices through hands-on coaching, training, and consulting, to help long-term care providers deliver high-quality care;
- Support policymakers and advocates in crafting evidence-based policies to advance quality care.

For more information, visit PHI at **PHInational.org**.



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