DIRECT CARE WORKFORCE
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A New Era of Care:

Beyond the Algorithm—Expert Insights on AI and the Care Workforce

APRIL 2026 | REPORT 3

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This report is one of three from the National Council on Aging's Direct Care Workforce Strategies Center examining the role of AI in home care. The first report introduces AI and its relevance to home- and community-based services, grounded in the realities of the direct care workforce. The second maps current AI use cases across 40 core responsibilities spanning both frontline workers and agencies. The third brings forward stakeholder perspectives, including direct support professionals, to assess current impacts and identify needed guardrails for the future.

A Note on Word Choice and Consistency

We've aimed to use clear and consistent language throughout this report so that key ideas are easy to follow. At the same time, we recognize that terminology in the long-term care and workforce fields is deeply felt and often debated. Where appropriate, we introduce alternative terms with corresponding definitions to reflect this range of perspectives. Our hope is that the core ideas remain clear, while honoring the distinct voices and sensitivities that shape how this work is described. In this report, and throughout the series, the term "home care worker" refers to members of the direct care workforce — including personal care aides, home health aides, and direct support professionals — who provide support in home- and community-based settings.

INTRODUCTION

Artificial intelligence has moved quickly within the home care sector, reshaping how work is organized, how care is delivered, and how workers experience their jobs. Report 1 in this series established why artificial intelligence has become an unavoidable force in home care, and Report 2 explored how these technologies are already being used in practice. In this report, we look ahead—centering the experiences and insights of direct support professionals alongside system leaders to understand how AI is shaping work today and how it can be intentionally designed to elevate job quality, professional dignity, and workforce sustainability.

Three sets of experts were engaged via interviews and an online survey to inform this brief as follows:

1. **National leaders in AI,** home care, disability, and the workforce. Participants were selected based on their expertise and relevance to the topics covered, drawing on leadership roles, practitioner experience, and professional networks. This included both recognized leaders and individuals with direct experience in the field, with the goal of capturing a range of perspectives.
2. **Various subject matter experts** and partner organizations engaged with the Direct Care Workforce Strategies Center.
3. **Direct support professionals (DSPs)** working in vastly distinct parts of the country: Alaska, Hawaii, and Maryland.

Future reports will expand to engage additional groups of direct care workers, as well as older adults, people with disabilities, and other key stakeholders. This report concludes by examining potential risks to the safe and effective use of AI, along with key considerations for action.

INSIGHTS FROM IN-DEPTH CONVERSATIONS

Interviews with a select group of national leaders- including direct support professionals working at the intersection of aging, disability, workforce development, technology and service delivery - revealed perspectives on the promise and limits of AI in home care settings.

The following is a Q&A with these experts that moves across a range of questions about where AI may meaningfully support care work, where it risks doing harm, and what guardrails are essential to ensure technology strengthens the human core of this field.

These expert insights are grounded in the voices of DSPs who participated in a focus group, the final and critical step in the development of these reports. Their firsthand experiences offer a critical lens on how AI must be designed, governed, and deployed if it is to serve both workers and the people who rely on care.

A note on terminology: *The term "client" is used when reporting questionnaire results or direct quotes, consistent with the original instruments. Elsewhere, "care recipient" is used to reflect person-centered framing.*

The following section features selected responses, presented in a Q&A format to highlight individual perspectives and capture their full context

ON WHERE AI COULD ACTUALLY HELP

> "I see real potential for AI in documentation, planning, and communication, especially if it's used as an assistive tool, with clear safeguards, not as a replacement for human judgment or relationships."

Ian Kow

Direct Support Professional and Consumer-Directed Services Provider, Hilo, Hawaii (7.5 years in the field)

QUESTION: Where could AI most realistically support the direct care workforce, agencies, and care recipients?

Tiffany Hsieh | Senior Director, JFF Center for Artificial Intelligence & the Future of Work

"There is real potential to take some of the mundane tasks off their plates—that's where a lot of the potential around improvement of job quality lies. Generative AI can help monitor vitals and track patterns, and it can help with charting in a much easier manner, removing some of the paperwork and documentation burden. There are still physical tasks care workers will have to do, and that is frankly irreplaceable, at least at this point where we are with AI and robotics."

Scott Code | Vice President, Center for Aging Services Technologies, LeadingAge

"Generative AI probably has the most immediate potential for the home care workforce—especially in leveling the playing field. Research shows lower-performing staff often see the biggest gains, but only if employers provide access and education. If AI tools are unevenly available or staff aren't trained, you risk widening productivity and equity gaps instead of closing them."

Henry Claypool | Policy Director, Community Living Policy Center

"I think AI may support beneficiaries more than workers directly. One promising use is helping older adults slow down and identify their functional needs—walking them through what they need help with and then generating a clear, actionable request for assistance. Instead of just saying 'I need help,' the tool could help them say, 'Here's what I need help with today, and here's how we should spend the three hours we have.'"

Steve Ewell | Executive Director, Consumer Technology Association Foundation

"I don't think this is a 'replace the workforce' question. It's really how can AI help augment the workforce, especially as we don't have enough caregivers out there? Some of the most realistic opportunities are in supporting independence at home—like smart-home solutions that adapt the environment around the individual, instead of forcing the individual to adapt to new technology."

ON MANAGING MULTIPLE CLIENTS AND NEEDS

> "I've got five different clients, and each person's needs are very different, so the day really depends on who I'm with. It can include personal care, activities, helping someone get to work, or communication support. I have a deaf client and use sign language. I also run an activity group on Wednesday afternoons where we go to a gym and play basketball, cornhole, walk laps, and hang out. Each day I go home, write my notes, look at tomorrow's calendar and do it again five days a week."
>
> **Brian Ormond**
>
> Direct Support Professional, Homer, Alaska (15 years in the field)

QUESTION: Where are policymakers or employers overestimating what AI can do—or overlooking potential harms?

Tiffany Hsieh | Senior Director, JFF Center for Artificial Intelligence & the Future of Work

"With employers, they're feeling a little bit of FOMO (fear of missing out) and acting quickly in a way that doesn't always involve the voices of workers. Employers can lead better by being transparent about where AI is being used, and by using the input and expertise of workers, letting workers help identify the right use cases for the right workflows."

Henry Claypool | Policy Director, Community Living Policy Center

"We've seen employers take core HR functions—recruiting, screening, hiring—and turn them over entirely to automated systems. That may simplify administration, but it also removes the ability to interact with the individual and understand who they are. In a disability context, that's especially risky, since employers have an obligation under the Americans with Disabilities Act to provide reasonable accommodations to qualified applicants, which is difficult or impossible when relying on automated tools."

ON WHY CAUTION AROUND AI IS REASONABLE

> "I completely understand why agencies are cautious about AI. Between HIPAA, privacy, and the risk of misuse, these concerns are real—and they shouldn't be minimized."
>
> **Ian Kow**
>
> Direct Support Professional and Consumer-Directed Services Provider, Hilo, Hawaii (7.5 years in the field)

Karen Herman | Executive Director, Udac, Inc.

"People think the robot can serve them the same way a human being can. From a coaching or skill-discussion standpoint, perhaps, but from a physical assistance standpoint, the robot telling somebody to stand up and do X, Y, and Z is not going to assist them get out of their chair, use a gait belt, and do what needs to be done."

ON WHY RELATIONSHIPS CAN'T BE AUTOMATED

> "Because when I look at the progress we help people make, it's hard to imagine doing that without a real connection. And honestly, if you don't have a good heart, it's not going to work. You see people who come in and do half work and don't even try to get to know the individual. So, when I think about the future, including technology, I keep coming back to the human part of this job and the relationships that make the work possible."
>
> **Fatimah Swiney**
>
> Direct Support Professional, Baltimore, Maryland (3–4 years in the field)

QUESTION: What do you see as the greatest risks or limitations of AI in care work?

ON DATA QUALITY AND FALSE AUTHORITY

> "One big shift for me was voice-to-text for notes—that was a huge upgrade, and it wasn't even AI, just me realizing I could speak my notes and get them done much faster. My bigger frustration is that our notes are basically receipts for services, but they could be so much more. We talk about collecting data to make decisions, but in reality the notes don't change after years. So, you end up with garbage data. And if you dump garbage data into AI, you can't expect it to give you something meaningful. You have to refine the system and the data collection first."
>
> **Brian Ormond**
>
> Direct Support Professional, Homer, Alaska (15 years in the field)

Syard Evans | Chief Executive Officer, Arkansas Support Network

"What keeps me up at night is this false expectation that there's some all-knowing computer system that's always right. The more success we have with AI, the more I find myself reminding people: This is just a calculator—and you have to check the math. AI can only work with the information you give it. If the data are incomplete, biased, or poorly understood, the output will be wrong, even if it looks polished and convincing.

That's why human judgment, verification, and context are non-negotiable. You're not done when you hit 'submit.' You're done when you've read the output, verified it, and made sure it aligns with the real person and their life. The real risk isn't AI itself—it's treating it as a substitute for human responsibility instead of a tool that depends on it."

Joseph Macbeth | President and CEO, National Alliance for Direct Support Professionals

"The biggest risk is using generalized or templated information about an individual. Direct support is human interaction. If we start going down the road where human interaction is being influenced by artificial intelligence, you remove the human nature of the work."

René Quashie | Vice President of Digital Health, Consumer Technology Association

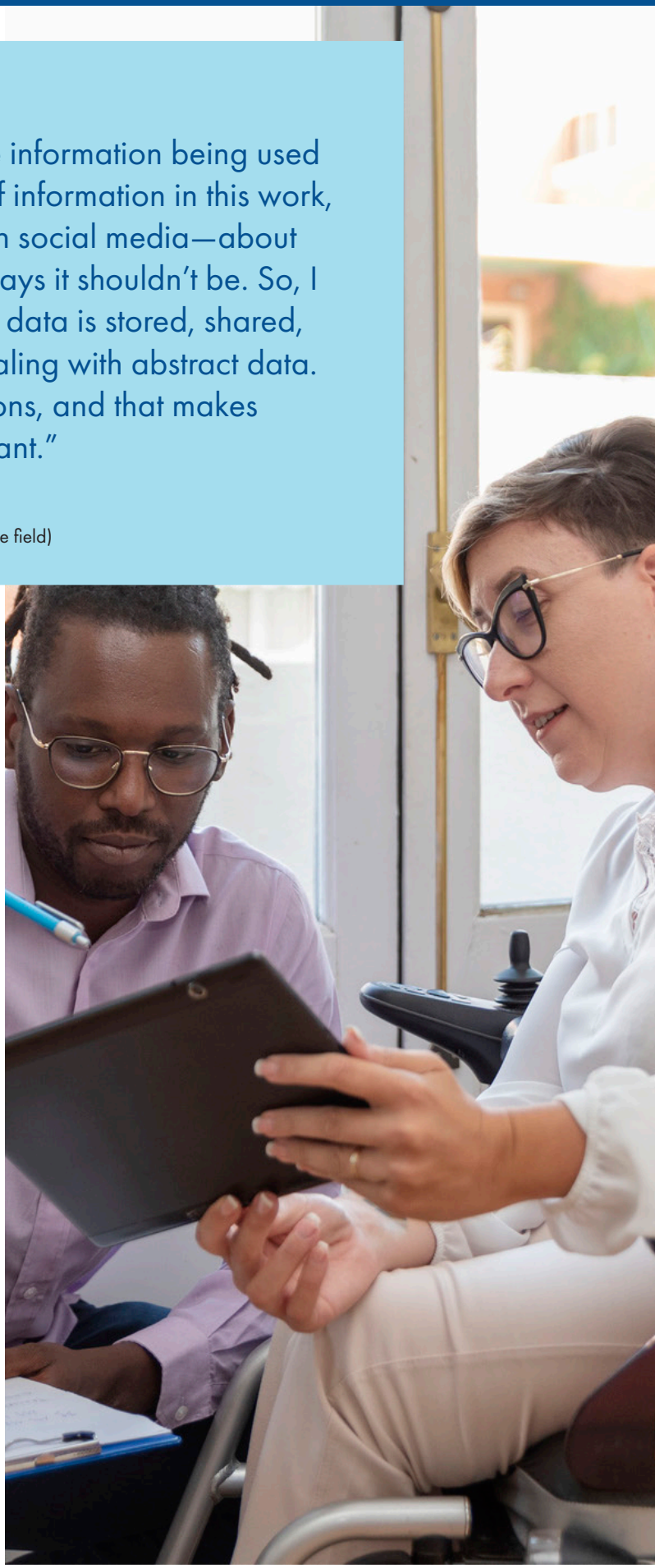
"What keeps me up at night is what I call an 'AI Chernobyl moment'—a big harm event based on outputs from an AI solution that turns out to be incorrect."

ON PRIVACY, TRUST, AND HUMAN JUDGMENT

> "The biggest concern for me would be information being used against people. We deal with a lot of information in this work, and you hear so much—especially on social media—about people's information being used in ways it shouldn't be. So, I would worry about privacy and how data is stored, shared, or interpreted. Because we're not dealing with abstract data. It's real people, real lives, real situations, and that makes confidentiality and trust really important."

Fatimah Swiney

Direct Support Professional, Baltimore, Maryland (3–4 years in the field)



What Else We Heard

- **AI is most useful** when it helps people think more clearly, whether that means guiding care decisions, organizing daily tasks, or turning complex needs into something actionable.
- **Across interviews,** experts stressed that AI is only as good as the data and judgment behind it, and without both, it can be misleading or even harmful.
- **Many warned against treating AI** as all-knowing, noting it works best as a support tool, not a substitute for human expertise, relationships, or accountability.
- **There was strong agreement that AI** can make work easier and more consistent, but only when workers are trained, involved, and supported in how it is used.
- **Perhaps most importantly,** nearly everyone emphasized that the future of AI in care depends less on the technology itself and more on how thoughtfully it is designed, tested, and governed.

INSIGHTS FROM AN ONLINE QUESTIONNAIRE

To complement the perspectives shared above, we gathered structured input through an online questionnaire for the partners shaping the work of the Direct Care Workforce Strategies Center. The survey asked respondents to share their perspectives on AI's current and potential use in home care, including where it holds the greatest promise to support workers and agencies and where it may pose significant risks if adopted without safeguards.

The 10-question questionnaire—combining single-choice and multiple-choice items—captured respondents' perspectives on both current experience and likely future impacts. This approach provides a field-level view that helps surface and further support themes identified through earlier research, including interviews and desk research in Reports 1 and 2.

The survey included 22 respondents (21 completing most items), with participants representing a cross-section of fields including consulting/advisory (67%), disability (52%), workforce development/workers' rights (48%), long-term care (43%), aging (38%), and health care (19%), with many respondents selecting multiple areas. See the Appendix for detailed findings from all questions in the survey.

What We Learned

- **Most experts surveyed view AI's impact on the home care workforce as mixed rather than clearly positive,** with relatively few seeing it as an unqualified benefit for workers or care recipients.
- **Experts consistently identified AI's greatest promise in administrative and clinical support functions** such as documentation, scheduling, monitoring, medication management, rehabilitation, and care coordination—rather than in hands-on personal or end-of-life care.

Respondents see the greatest promise for AI in health monitoring and care coordination, far more than in hands-on personal care.

Promising AI opportunities for home care workers, by support type and percentage

77.27% Health monitoring and clinical support	**72.73%** Coordination and safety preparedness
31.82% Emotional, behavioral, and social support	**22.73%** Personal care and daily living support
18.18% Other (please specify)	**4.55%** Mobility and physical function support

Note: "For home care workers, which opportunities for AI feel most promising? Respondents could check more than one response. Total respondents: 22.

- **Across personal care and workforce development, respondents emphasize that AI's greatest value lies in education, skill-building, and decision support,** while strongly rejecting the idea that AI can replace physical assistance or human judgment.
- **Survey respondents underscore that AI's most appropriate role in emotional and social support is monitoring, reporting, and prompting,** not substituting for human relationships or direct interaction.
- **Nearly all experts surveyed agree that stakeholders must urgently prepare for AI's workforce impacts,** which are expected to reshape administrative work far more than care quality, training, or job quality over the next five years.

Respondents expect AI to reshape administrative work far more than care quality, training, or job quality over the next five years.

Areas that respondents believe AI will most affect in the next five years, by percentage

85.71% Administrative tasks and scheduling	**42.86%** Care quality and safety
38.10% Worker training and skill development	**19.05%** Job quality (wages, workload, career pathways)
9.52% Fairness and access to care	**9.52%** Other (please specify)

Note: "Which of the following areas do you believe AI will most affect in the next 5 years?" Respondents could check more than one response. Total respondents: 21

RISKS TO SAFE AND EFFECTIVE USE OF AI

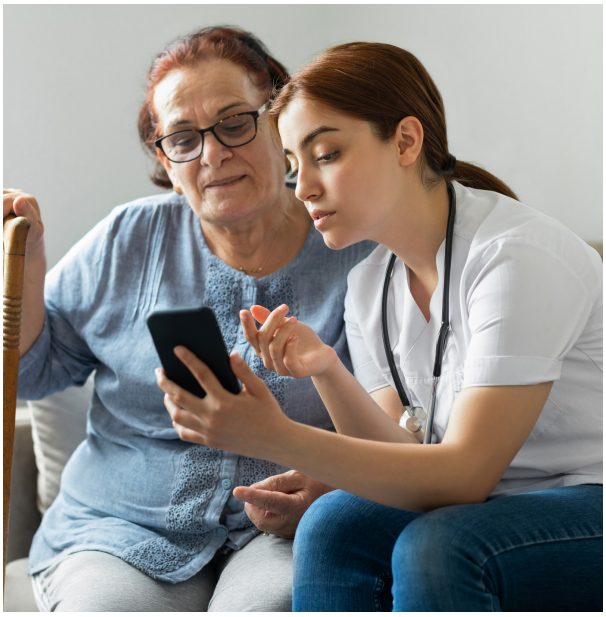
The risks outlined below synthesize insights from multiple sources, including the literature and research review conducted in Report 1, as well as interviews and survey responses from this report. While not exhaustive, these findings reflect recurring themes identified across these inputs.

Privacy, Data Security, and Ethics

In the online literature conducted for Report 1 and among experts interviewed for this report, the most-cited risk associated with AI is the nonconsensual sharing, potential breaching, or misuse of extremely sensitive data on home care clients and workers. If data collection consent measures are weak or underutilized, AI could incorrectly create shortcuts or make unethical decisions that harm both the jobs of workers and the services received by older adults and people with disabilities.

Accuracy, Reliability, and Transparency

AI can generate false positives or negatives and provide generic advice. Unless screened and revised, these outputs can harm home care workers and clients by creating unnecessary and even harmful tasks, while wasting time for staff often working in fast-paced, understaffed home care environments. AI systems may also reflect biases embedded in the data on which they are trained, which can disadvantage certain populations or care approaches. For example, experts have noted that the inclusion of terms such as "wheelchair" in some datasets can carry unintended negative associations, resulting in care recommendations that place less emphasis on community integration or independence.



Moreover, the research review for Reports 1 and 2 uncovered little independent evidence behind the products and claims of AI-based vendors, which suggests that prototypes could lack independent evaluations, long-term trials, and real-world validation—or at a minimum, transparency. Additionally, it is unclear the extent to which these vendors co-design their offerings with workers and clients, a process that many home care experts have underscored as essential.

Access Challenges

AI systems can unintentionally produce outputs (content, predictions, and other results) that are less effective with certain groups such as older adults, people with disabilities, and rural communities. Many people often lack access to reliable internet and digital skills training that help them take advantage of AI tools. Finally, medium- to high-cost AI tools make it difficult for certain people or small home care agencies to afford, which would limit access to these technologies.

Job Quality and AI Dependence

Home care workers might rely too heavily on AI or feel that their professional expertise and personal experience with their clients have been automated and replaced. Workers might also experience losing a certain level of autonomy of taking on tasks they enjoy, which could result in reduced job satisfaction.

For home care clients, AI-driven tools could diminish the human-centered and critical aspects of care, such as emotional support, meaningful interaction, critical thinking, and other worker-led, person-centered tasks that the client and worker deem essential. Ultimately, without proper training and education on AI, workers might lack the necessary knowledge to succeed, and clients could find the technology daunting or challenging to question before agreeing to its use.

Surveillance, Autonomy, and Human Connection

The use of AI-powered sensors, for instance, could be perceived as intrusive by both home care workers and clients, as they monitor their movements by the minute and generate reports for supervisors and other members of the care team. Inaccurate data that suggest problems with care delivery or a person's health could lead to unnecessary consequences for both workers and clients—for example, inappropriate disciplinary action or unnecessary interventions. These tools might also make home care more transactional and less relationship-based, eroding empathy, companionship, and mentorship.

Implementation and Usability Challenges

If AI-based tools in home care are not correctly designed, difficult to navigate, or generate false alerts, workers and clients will grow frustrated in an already emotionally charged context. If agencies use AI to streamline the range of tasks outlined in this report, and they are not appropriately integrated into existing systems and workflows, staff might take on additional tasks that create more burdensome work. Finally, without access to affordable, high-quality training in AI and its tools, agency staff might not use these technologies correctly, work-related stress will increase, and already difficult jobs will become even more challenging.

Regulatory, Liability, and Governance Gaps

Home care agencies navigate HIPAA (Health Insurance Portability and Accountability Act) privacy rules, labor protections, Medicaid/Medicare regulations, and contractual obligations, among others. However, if AI produces false or incomplete information, and these outputs are not properly vetted, compliance issues will emerge. Also, if AI informs and generates care plans, and a worker exercises independent judgement, confusion could arise about who bears responsibility for mishaps.

The regulatory landscape for AI will perpetually evolve, as will AI management systems among employers, which will likely raise routine questions about safety, fairness, liability, and enforcement in many home care settings, all of which will require regular oversight and adjustments.

CONSIDERATIONS FOR ACTION

As home care agencies steadily integrate AI into their operations, workflows, and care delivery approaches, they should ensure that the "human touch" of care is not compromised.

Care recipients such as older adults and individuals with disabilities, workers, and experts have long underscored the immense value of human relationships and person-centered care as part of quality home care delivery. The more this work is automated without paying attention to the individual needs and offerings of workers and clients, the more care could lose its quality and integrity.

Home care workers, older adults, and people with disabilities should be involved where appropriate in the design of AI tools.

Practically speaking, this process ensures that tools will be impactful and effectively used. Moreover, as a few experts explained, the needs, aspirations, and ideas of home care workers and clients are essential in a system that often fails to center their leadership and decision-making.

As AI advances alongside assistive technologies and care robotics, home care offers a critical opportunity to develop these tools in tandem to support—rather than replace—human care.

When thoughtfully designed, AI-enabled devices and robotics can enhance mobility, safety, and daily living while reducing physical strain on workers and preserving time for person-centered relationships. Without clear guardrails, however, these technologies risk prioritizing automation over dignity, autonomy, and professional judgment. Aligning AI, assistive technologies, and robotics around the needs of care recipients and workers can help ensure innovation strengthens care quality while keeping the human touch at the center.

AI-based vendors should transparently report on the performance and real-world use of their home care technologies to build trust and demonstrate impact. Purchasers—including states, providers, and managed care organizations—can strengthen accountability by requiring clear performance data, evidence of prior implementation in comparable settings, and documentation of outcomes related to workforce experience and care quality. This may include requesting pilot results, user adoption and satisfaction data, workflow impact analyses, and information on safeguards addressing privacy, bias, and accuracy. Together, these expectations help ensure that these tools support, rather than undermine, the nature of home care jobs and the care they deliver.

Especially in sensitive areas like health care, the workforce, and social services, careful review and real-world validation are essential before deploying these technologies, as they can surface flaws, biases, and other potential risks before reaching often vulnerable populations. Without this level of scrutiny and transparency, long-term care leaders may be less likely to adopt these tools at scale, and broader uptake of AI in home care could be slowed.

AI-based technologies must be financially accessible to home care agencies, which often depends on whether costs can be supported through existing reimbursement structures or other funding mechanisms.

Agencies—particularly smaller providers—may face challenges in adopting these tools without upfront capital or clear evidence of return on investment. Public, private, and philanthropic funding streams, including grants or pilot programs, can help support testing and evaluation. Ultimately, agencies will need sufficient financial capacity and information on potential efficiencies to make informed decisions about adoption.

This opportunity requires a collective, forward-looking investment approach that goes beyond traditional mechanisms, particularly to catalyze adoption among smaller providers that often lack upfront capital. Complementary financing strategies, including grants, pilot funding, and innovation funds, can help support the testing, adoption, and evaluation of AI-based technologies. Without these pathways, many small and medium-sized home care businesses risk being left behind, further widening disparities in access and care quality across the broader HCBS and long-term care sectors.

If properly implemented, AI can help with streamlining documentation, scheduling, and monitoring tasks, among many other responsibilities, while giving workers more time for home care.

However, AI will not in itself transform home care jobs and resolve the issues that force too many home care workers into poverty and drive them away from this job sector—low pay, inadequate training, insufficient career paths, and many other poor job quality elements. Workers need a range of policies and private sector interventions that improve their jobs and draw on the power of AI.

For home care agencies to successfully adopt AI and mitigate its risks, they will need to bridge gaps in trust and knowledge among agency staff, workers, clients, and community members.

These groups will benefit from training and education on AI, including its potential benefits and risks, to support informed use and decision-making. More broadly, building trust will require transparency, independent evaluation, and meaningful engagement from AI vendors and home care agencies with workers, older adults, people with disabilities, and communities.

In addition, technical assistance and opportunities for shared learning—such as peer exchanges, implementation guidance, and field-based learning networks—may help agencies navigate adoption, apply emerging practices, and support more consistent and safe use of AI across the workforce. Closing knowledge gaps will also depend on continued investment in education, training, and communication.

The evidence base and research literature on AI, particularly in home care, needs significant strengthening.

Because this topic is still in a relatively nascent stage, accelerated by the recent and increasingly wider use of generative AI, there exists little peer-reviewed or long-term research to assess whether and how AI works—and for whom. More substantial research on AI across a range of home care topics will strengthen the system for workers and clients alike. At the same time, given the rapid pace of innovation, there is also a need for research approaches that can generate timely insights—such as pilots, rapid-cycle evaluations, and real-world implementation studies—to inform decision-making as technologies evolve.

CONCLUSION

Taken together, the three reports point to a pivotal moment for the home care sector. AI is already changing how direct care work is performed and how agencies organize care, manage operations, and support workers. The question is no longer whether AI will be adopted, but how. With thoughtful design and worker-informed implementation, AI can become a powerful tool to strengthen the workforce, improve care delivery, and build a more resilient and accessible home care system for the future.

This series shows that the path forward will depend on how these tools are designed, implemented, and evaluated in practice. When grounded in the realities of direct care work and informed by the experiences of workers and those receiving care, AI can reduce burden, improve coordination, and support better outcomes. Ensuring this potential is realized will require sustained attention to usability, accountability, and the human relationships at the core of home care.

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ABOUT US

The National Council on Aging (NCOA) is the national voice for every person's right to age well. Working with thousands of national and local partners, we provide resources, best practices, and advocacy to create the conditions for everyone to age with health and economic well-being. Founded in 1950, we are the oldest national organization focused on older adults.

DIRECT CARE WORKFORCE STRATEGIES CENTER

Created by the Administration for Community Living in 2022, the Direct Care Workforce Strategies Center provides technical assistance to states and service providers and facilitates collaboration with stakeholders to improve the recruitment, retention, training, and professional development of members of the direct care workforce.

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APPENDIX

Appendix: Results from Expert Questionnaire on AI and Home Care

Most respondents view AI's impact on the home care workforce as mixed, with relatively few seeing it as clearly positive.

Respondents' views of the potential impact of AI on the home care workforce, by percentage

Sentiment	Percentage
Mixed (both positive and negative)	68.18%
Mostly positive	18.18%
Unsure / Too early to tell	13.64%
Mostly negative	0%

Note: "How do you currently view the potential impact of AI on the home care workforce?" Respondents could check more than one response. Total respondents: 22. Most respondents view AI's impact on the home care workforce as mixed, with relatively few seeing it as clearly positive.

Within personal care, respondents overwhelmingly see AI's greatest value in education and skill development—not hands-on physical tasks.

Promising AI opportunities in personal care and daily living support, by task and percentage

Task	Percentage
Education, skill development, and employment support	95.45%
Supporting Instrumental Activities of Daily Living (IADLs)	45.45%
Assisting with nutrition and feeding	27.27%
Assisting with Activities of Daily Living (ADLs)	22.73%
Assisting with personal hygiene devices	22.73%
Other (please specify)	22.73%
Positioning and turning clients	9/09%

Note: "Which opportunities for AI in Personal Care & Daily Living Support feel most promising for home care workers?" Respondents could check more than one response. Total respondents: 22.

Rehabilitation support stands out as the most promising AI use in mobility care.

Promising AI opportunities in mobility and physical function support for home care workers, by percentage

Task	Percentage
Assisting with rehabilitation exercises	77.78%
Providing mobility and transfer support (e.g., assisting clients to move safely, transfer between positions, walk, and maintain physical independence)	27.78%
Other (please specify)	16.67%

Note: "Which opportunities for AI in Mobility & Physical Function Support feel most promising for home care workers?" Respondents could check more than one response. Total respondents: 18.

Home care workers see AI's strongest clinical promise in monitoring and medication management—not end-of-life care.

Promising AI opportunities in health monitoring and clinical support for home care workers, by percentage

Task	Percentage
Monitoring vital signs such as heart rate, blood pressure, oxygen levels, temperature, and more to ensure safety and inform care decisions	86.36%
Helping clients manage medications	81.82%
Following infection control protocols (hand hygiene, PPE, cleaning/ disinfection, safe waste disposal)	36.36%
Performing basic health-related tasks (wound care, blood sugar checks, medication administration, medical devices)	31.82%
Supporting end-of-life or hospice care	9.09%
Other (please specify)	9.09%

Note: "Which opportunities for AI in Health Monitoring & Clinical Support feel most promising for home care workers?" Respondents could check more than one response. Total respondents: 22.

Respondents see AI's greatest promise in emotional and social support as monitoring and reporting changes—not replacing human connection.

Promising AI opportunities in emotional, behavioral, and social support for home care workers, by percentage

Task	Percentage
Providing companionship, communication, and emotional support, helping clients reduce loneliness, engage socially, and maintain emotional well-being	42.86%
Observing and reporting changes in condition or behavior, monitoring clients for changes in health, mood, and more during routine care	66.67%
Advocating with and for client needs, rights, and empowerment	23.81%
Other (please specify)	14.29%

Note: "Which opportunities for AI in Emotional, Behavioral & Social Support feel most promising for home care workers?" Respondents could check more than one response. Total respondents: 21.

In coordination and safety, respondents see AI's greatest value in documentation and emergency preparedness.

Promising AI opportunities in coordination and safety preparedness for home care workers, by percentage

Activity	Percentage
Documenting care provided and work accomplished	72.73%
Supporting emergency preparedness and response	72.73%
Escorting clients to medical appointments or outings	13.64%
Other (please specify)	13.64%

Note: "Which opportunities for AI in Coordination & Safety Preparedness feel most promising for home care workers?" Respondents could check more than one response. Total respondents: 22.

Home care agencies see AI's greatest promise in administrative efficiency and workforce management—not external engagement.

Promising AI opportunities for home care agencies, by organizational function and percentage

Function	Percentage
Administration and resource management	72.73%
Recruitment and onboarding	63.64%
Operations and quality management	59.09%
Workforce development and retention	45.45%
Other (please specify)	9.09%
Community engagement and policy advocacy	4.55%

Note: "For home care agencies, which opportunities for AI feel most promising?" Respondents could check more than one response. Total respondents: 22.

In recruitment and onboarding, agencies see AI's greatest promise in training and talent acquisition.

Promising AI opportunities in recruitment and onboarding for home care agencies, by percentage

Challenge	Percentage
Providing initial and ongoing training	61.90%
Recruiting qualified staff	47.62%
Maintaining adequate staffing levels	33.33%
Other (please specify)	14.29%

Note: "Which opportunities for AI in Recruitment and Onboarding feel most promising for home care agencies?" Respondents could check more than one response. Total respondents: 21.

Respondents see AI's strongest workforce value in building career pathways, more than in mentorship or engagement alone.

Promising AI opportunities in workforce development and retention for home care agencies, by percentage

Strategy	Percentage
Developing career pathways	52.63%
Retention and workforce engagement efforts	31.58%
Other (please specify)	31.58%
Providing mentorship programs	21.05%

Note: "Which opportunities for AI in Workforce Development and Retention feel most promising for home care agencies?" Respondents could check more than one response. Total respondents: 19.

Respondents overwhelmingly see AI's operational value in scheduling, compliance, and quality oversight—not direct staff supervision.

Promising AI opportunities in operations and quality management for home care agencies, by percentage

Responsibility	Percentage
Scheduling and assignment management	90.91%
Ensuring compliance with regulations	77.27%
Quality assurance and performance improvement	59.09%
Managing the client care plan	31.82%
Ensuring workplace safety	31.82%
Handling grievances and complaints	27.27%
Supervising and supporting staff	9.09%
Other (please specify)	9.09%

Note: "Which opportunities for AI in Operations and Quality Management feel most promising for home care agencies?" Respondents could check more than one response. Total respondents: 22.

Respondents see AI's greatest administrative promise in technology implementation and payroll—not contract management.

Promising AI opportunities in administration and resource management for home care agencies, by percentage

Responsibility	Percentage
Implementing technology systems	77.27%
Payroll and benefits administration	72.73%
Managing contracts and relationships	50.00%
Other (please specify)	9.09%

Note: "Which opportunities for AI in Administration and Resource Management feel most promising for home care agencies? Respondents could check more than one response." Total respondents: 22.

In community engagement and advocacy, respondents see AI's greatest promise in data and coordination—not direct policy advocacy.

Promising AI opportunities in community engagement and policy advocacy for home care agencies, by percentage

Function	Percentage
Conducting market and needs assessments	73.68%
Coordinating with health care providers	47.37%
Other (please specify)	21.05%
Advocating for workforce policy changes	10.53%

Note: "Which opportunities for AI in Community Engagement and Policy Advocacy feel most promising for home care agencies?" Total respondents: 20.

Concerns about AI for home care workers center on hiring and workforce management tools, not backend automation.

Respondents' concerns about AI use cases affecting home care workers, by percentage

AI Use Case	Percentage
AI-assisted recruiting and screening (video/resume analysis, candidate matching)	60.00%
Mentor/mentee matching to support new workers	35.00%
Other (please specify)	35.00%
Retention risk prediction and proactive engagement	25.00%
Quality assurance and performance improvement (predictive QAPI)	25.00%
Grievance/complaint triage and workflow automation	25.00%
Intelligent scheduling and staffing forecasts (skills, preferences, travel time)	20.00%
Targeted outreach and recruitment marketing to priority populations	20.00%
Staff supervision dashboards and real-time performance feedback	20.00%
Adaptive training and e-learning aligned to state requirements	15.00%
Care coordination support (notes, tasks, care-plan suggestions)	15.00%
Personalized care-plan updates and risk alerts from wearables/sensors	15.00%
Workplace safety analytics (hazard prediction from incident/sensor data)	15.00%
Workforce policy trend detection (growth hotspots, skills gaps)	15.00%
Career pathway mapping and personalized upskilling	10.00%
Systems integration and automation across EHR, billing, HR, scheduling	10.00%
Market and needs assessment analytics (demand, service deserts)	10.00%
Payroll anomaly detection and processing automation	5.00%
Contract intelligence and vendor management (compliance, cost savings)	0.00%

Note: "What are your biggest concerns or risks related to AI for home care workers?" Total respondents: 20.

Respondents' biggest AI concerns center on over-reliance, data integrity, and workforce readiness—not cost alone.

Respondents' concerns about AI use cases affecting home care workers, by percentage

Risk	Percentage
Over-reliance on AI undermining clinical, legal, or managerial judgment	90.91%
Privacy and data security risks (breaches of client or workforce data, HIPAA compliance)	81.82%
Inaccurate or incomplete data leading to scheduling errors, payroll mistakes, or compliance gaps	81.82%
Limited staff capacity, training, or digital readiness to use AI effectively	81.82%
Algorithmic bias that exposes the organization to inequities, complaints, or lawsuits	72.73%
Excessive monitoring or use of AI that reduces staff morale and retention	72.73%
Reputational harm if AI tools misuse data, disadvantage workers, or fail publicly	68.18%
Lack of transparency or explainability of AI systems for regulatory or legal accountability	63.64%
Legal/regulatory risks (missing nuanced requirements in labor law, contracts, or Medicaid/Medicare rules)	63.64%
High costs of AI tools, implementation, and ongoing maintenance, often not reimbursed by Medicaid	36.36%
Other (please specify)	4.55%

Note: "What are your biggest concerns or risks related to AI for home care agencies?" Respondents could check more than one response. Total respondents: 22.

Nearly all respondents say it is urgent for HCBS stakeholders to prepare for AI's impact on the home care workforce.

Perceived urgency for HCBS stakeholders to prepare for AI's impact on the home care workforce, by percentage

Urgency Level	Percentage
Extremely urgent	45.45%
Somewhat urgent	45.45%
Not very urgent	4.55%
Not at all urgent	0.00%

Note: "In your opinion, how urgent is it for policymakers and stakeholders in HCBS to prepare for AI's impact on the homecare workforce?" Total respondents: 22