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The AI Stack for Home Care Agencies

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A 2026 Landscape Report

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This report is descriptive. It documents what fifteen platforms do, what their users publicly say about them, what they have shipped, and what they withhold. It does not rank them and makes no recommendation about which to buy. Corrections and vendor responses are welcome at info@bestaifor.com.

Introduction

This is the first edition of BestAIFor's landscape report on artificial intelligence in home care agency software. It covers fifteen platforms sold to agencies delivering care in a client's home — private duty, non-medical home care, home health, and the Medicaid-funded long-term services and supports segment that overlaps both.

The report is built from information any buyer can check: published user reviews on Capterra, G2, TrustRadius and SelectHub; vendor pricing pages; and dated product announcements from vendor newsrooms. It contains no proprietary data and no vendor briefings. Everything here can be verified by a reader with a browser.

That constraint is deliberate. The most common complaint about software comparison content in this category is that it is written by people who have not used the products, drawing on material the vendors supplied. This report cannot solve that — no report can test fifteen agency platforms properly. What it can do is aggregate what several thousand people who *have* used them said publicly, and be explicit about how much evidence sits behind each verdict.

The evidence turns out to be distributed very unevenly. One platform in this set carries 932 public reviews across two sites. Another carries four. Two carry effectively none. That gap is itself one of the report's findings, and it maps almost exactly onto which vendors market themselves hardest on artificial intelligence.

The audience is the agency owner or administrator running between five and five hundred caregivers. BestAIFor is independent, sells nothing to the vendors named here, and takes no payment for inclusion or position.

Top Takeaways

1. The two most AI-forward vendors have almost no independent reviews. Careswitch markets itself as the first AI-powered home care agency software and Sensi.ai sells an AI monitoring agent as its entire product. Neither carries a public rating on Capterra or G2. Sensi.ai's publicly available feedback consists of 15 customer references hosted on a vendor-testimonial site. By contrast AxisCare carries 728 Capterra reviews and 204 on G2. A buyer choosing the most AI-native option is also choosing the least independently evidenced one.

2. User ratings run inversely to market position. The three highest-rated platforms are mid-market specialists: CareSmartz360 at 4.8 from 181 reviews, AxisCare at 4.7 from 728, and ShiftCare at 4.6 from 144. The lowest-rated are the enterprise and mandated systems: KanTime at 3.7 from 27 reviews, HHAeXchange at 3.6 from 98, and Sandata at a 46% satisfaction score. Dominance in this category does not come from being liked.

3. Sandata is ranked first in its category while scoring 46% user satisfaction. SelectHub lists Sandata at the top of its EVV software directory, and the same site records a "poor" 46% satisfaction rating from its reviewers. Both statements are true at once because many state Medicaid programmes mandate Sandata. Agencies do not choose it, so their dissatisfaction never becomes a purchasing signal.

4. Complaints cluster into three failure modes, not fifteen. Across every platform with a meaningful review base, the recurring problems are the same three: the caregiver mobile app misbehaves, support cannot resolve issues, and reporting is too shallow for the agency's needs. Product-specific complaints are the exception.

5. Two platforms have documented billing failures that cost agencies money directly. One HHAeXchange reviewer reports losing more than $18,000 to a software syntax error that went unidentified for over a year. Axxess reviewers report being automatically enrolled in chargeable add-on services, with an email opt-out that bills them if missed.

6. Thirteen of fifteen vendors will not publish a price. Direct checks of vendor pricing pages found published figures for two platforms. ShiftCare publishes $8 per user per month billed annually, $9 month-to-month. Careswitch is free to agencies. AlayaCare's pricing page offers "value-based pricing designed to adapt as you grow" and a quote form; CareSmartz360's offers a walkthrough booking and a sales address.

7. Implementation is where the largest failures are reported, and it is not priced. A KanTime reviewer describes an implementation delayed beyond eight months against three promised, with data upload errors taking weeks to correct. ShiftCare reviewers describe onboarding that "overpromised and underdelivered." Implementation quality appears in no pricing page and in no feature comparison.

8. Every major platform shipped a named AI feature within the last twelve months. AxisCare released AxisCare Intelligence in November 2025 and a Skilled Care module in May 2026. AlayaCare announced autonomous agents in March 2026. WellSky shipped an AI point-of-care app in May 2026 and Care Transition Intelligence dashboards in July 2026. The category moved from AI-as-roadmap to AI-as-shipped-feature inside one year.

9. Agencies and vendors agree that the AI problem worth solving is scheduling. A 2026 homecare agency trends survey found 65% of respondents naming AI as the leading technology trend. A 2026 Future of Home Care white paper found 64% expecting the greatest impact in client and caregiver shift matching and automatic scheduling. AxisCare's matching engine, AlayaCare's agents and AveeCare's scheduling module all target that function.

10. The highest-rated platform for support is not the largest company. CareSmartz360 scores 4.8 for customer service and Aaniie scores 4.6, both from small-to-mid-market vendors. Support is the single most-praised attribute across the highest-rated platforms and the single most-criticised across the lowest.

11. Review volume is not proportional to company size. Axxess carries 313 Capterra reviews and Aaniie 19, yet both serve substantial agency bases. Skypoint AI carries four G2 reviews. Low review counts make ratings statistically fragile: a 4.4 from 19 reviewers and a 4.7 from 728 are not comparable measurements, and this report treats them differently.

Methodology and scope

What was measured. Fifteen platforms sold to home care agencies, selected from a candidate pool of thirty-four. Selection favoured platforms sold *to agencies* over caregiver marketplaces, family-facing consumer products, and enterprise post-acute EHRs whose buyer is a health system.

Sources. User ratings and review counts from Capterra, G2, TrustRadius and SelectHub, retrieved 6 August 2026. Review themes were derived from the aggregate pros-and-cons summaries those platforms publish and from individual reviews quoted in them. Pricing status from direct fetch of vendor pricing pages. Product release dates from vendor newsrooms and wire distributions. Survey figures as published by their originating authors and attributed inline. Funding totals from publicly reported secondary sources, marked approximate.

Time window. Vendor-side checks were performed between 4 and 6 August 2026. Review scores are as displayed on that date and represent the cumulative history of each listing, not a fixed window.

How review evidence is weighted. Ratings drawn from fewer than 30 reviews are flagged throughout as low-sample and are not compared directly against high-volume ratings. A 4.6 from four reviewers is reported as what it is: four opinions. Where a platform has no public rating at all, this report says so rather than substituting vendor testimonials.

Known limitations. Review platforms carry known biases. Vendors solicit reviews from satisfied customers, which inflates scores. Dissatisfied users are over-represented in unsolicited reviews. Neither effect is measurable from outside, so all scores here should be read as directional. Two platforms — Careswitch

and Sensi.ai — could not be assigned a rating from any independent platform. No vendor was contacted prior to publication, and no product was tested by the author.

What is deliberately absent. This report contains no search-volume, advertising-cost, keyword-difficulty or domain-authority figures. Those metrics describe the market for marketing, not the software. They tell an agency owner nothing about whether a platform schedules well.

Chapter 1 — What users actually say

Chapter Highlights

1. AxisCare carries 932 public reviews, more than the bottom ten platforms combined. 728 on Capterra and 204 on G2, both at 4.7.

2. CareSmartz360 holds the highest rating in the set at 4.8 from 181 reviews. Its customer service sub-score, also 4.8, is the highest single attribute score recorded here.

3. HHAeXchange holds the lowest substantive rating at 3.6 from 98 Capterra reviews. Its G2 listing shows 4.2, but from only 17 reviews.

4. Sandata records 46% user satisfaction, described by the source as "poor." From a five-review sample, which is too small to be conclusive but is the only independent signal available.

5. Four platforms sit below 30 reviews on their primary listing. Aaniie (19), KanTime (27), Skypoint AI (4 on G2), and Sandata (5). Their scores are directional at best.

6. Two platforms have no independent rating at all. Careswitch and Sensi.ai.

7. Positive sentiment where published runs 80–90%. AlayaCare 80% positive, WellSky 88%, Alora Health 90%.

Section overview

This chapter reports what the public review record contains, and how much of it there is. Volume matters as much as score: a rating built on 728 reviews describes a product, while a rating built on four describes an anecdote.

Finding 1.1 — The ratings table

Figure 1.1.1 — Public user ratings, fifteen platforms, August 2026

PLATFORM	CAPTERRA	REVIEWS	G2	REVIEWS	EVIDENCE BASE
CareSmartz360	4.8	181	—	—	Strong
AxisCare	4.7	728	4.7	204	Very strong
ShiftCare	4.6	144	—	—	Strong
Alora Health	4.5	151	—	—	Strong
WellSky Personal Care	4.4	271	—	—	Strong
Aaniie	4.4	19	listed	—	Low sample
AlayaCare	4.1	188	4.1	61	Strong
Axxess Home Health	4.1	313	3.9	99	Very strong
CareVoyant	4.0	45	—	—	Moderate
KanTime	3.7	27	—	—	Low sample
HHAeXchange	3.6	98	4.2	17	Strong (Capterra)
Skypoint AI	—	—	4.6	4	Negligible
Sandata	—	—	—	—	46% satisfaction, 5 reviews
Careswitch	listed, unrated	—	—	—	**None**
Sensi.ai	—	—	—	—	**None (vendor testimonials only)**

Source: Capterra, G2 and SelectHub listings, retrieved 6 August 2026.

Figure 1.1.1 is the core table of this report. Two things in it deserve attention before any individual score.

First, the evidence column. Five platforms have a review base large enough to treat the score as a measurement. Four have samples so small that the score is closer to a rumour. Two have nothing at all.

Second, the position of the scores. The top of the table is occupied by mid-market specialists, and the bottom by the largest and most-mandated systems. That is the opposite of what a buyer might expect, and Finding 1.2 examines why.

Finding 1.2 — Rating runs inverse to market power

CareSmartz360 (4.8), AxisCare (4.7) and ShiftCare (4.6) lead the table. All three sell primarily to small and mid-sized agencies, and all three compete on the merits — an agency owner can choose a different product next year.

HHAeXchange (3.6), KanTime (3.7) and Sandata (46% satisfaction) sit at the bottom. All three occupy positions where the buyer's choice is constrained. HHAeXchange dominates Medicaid LTSS, where payer connectivity is not optional. Sandata is mandated outright by multiple state Medicaid programmes. KanTime sells enterprise contracts where the decision is made once and lived with for years.

The clearest illustration is Sandata's simultaneous position as the top-ranked product in SelectHub's EVV directory and the holder of a 46% satisfaction score on the same site. Directory rank reflects market presence. Satisfaction reflects use. When software arrives as a compliance mandate rather than a purchase, the two decouple completely.

For a buyer, the practical reading is that a low score on a mandated system is not a reason to avoid it — there may be no alternative — but it is a reason to budget for the workarounds that reviewers describe.

Finding 1.3 — What the evidence gap means for AI claims

The two platforms in this set that position most aggressively on artificial intelligence are the two with no independent reviews.

Careswitch describes itself as the first AI-powered home care agency software and offers the platform free to agencies. Its AI assistant, Looper, handles chat-based clock-in, directions and task management. It appears on Capterra as a listing without a rating. The publicly available user feedback consists of commentary that users were "impressed by version 1" and are "increasingly bullish on the AI version."

Sensi.ai has raised approximately $93.7 million, including a $31 million Series B in 2024, and sells audio-based monitoring that runs without a camera. Its public feedback consists of 15 customer references on FeaturedCustomers, a vendor-testimonial platform. One quoted agency owner calls its cognitive-decline detection "nothing short of revolutionary." That is a customer quote reproduced by the vendor's own marketing channel, not an independent review.

Neither observation is a criticism of the products, and both companies are young enough that thin review histories are expected. But it does define the trade a buyer is making. The platforms with the most shipped AI marketing have the least independent evidence, and the platform with the strongest evidence base — AxisCare, at 932 reviews — sells AI as one feature among many.

Chapter 2 — What goes wrong

Chapter Highlights

1. Caregiver mobile app failures appear in reviews of at least four platforms. AxisCare, WellSky, HHAeXchange and Sandata all draw app-specific complaints.

2. Clock-in and clock-out failures are the most operationally costly app problem. AxisCare reviewers report caregivers struggling to clock out; HHAeXchange reviewers report missed registrations requiring manual correction.

3. Support quality is the sharpest dividing line in the set. It is the most-praised attribute for CareSmartz360 (4.8), AxisCare and Aaniie (4.6), and the most-criticised for Axxess and HHAeXchange.

4. Axxess support is described as "hit or miss," with representatives able only to open tickets. Reviewers report no resolution follow-through.

5. Reporting depth is a recurring limitation across four platforms. AlayaCare, Alora Health, KanTime and HHAeXchange all draw complaints that reporting is too basic.

6. One HHAeXchange reviewer reports losing over $18,000 to an unidentified software error. The error persisted for more than a year before being found.

7. Axxess reviewers report automatic enrolment in chargeable services. Users are billed unless they act on an opt-out email.

8. Implementation overruns are reported at more than double the promised timeline. A KanTime reviewer describes an eight-month-plus implementation against three months promised.

Section overview

Complaints in this category are strikingly consistent. Rather than fifteen distinct sets of problems, the review record shows three recurring failure modes and a small number of severe, specific incidents.

Finding 2.1 — The caregiver app is the weakest link

The pattern repeats across platforms with otherwise strong ratings.

AxisCare, the most-reviewed platform in the set at 4.7, draws its most consistent criticism at the mobile app: reviewers report the app slowing down multiple times a day, and new caregivers having difficulty clocking out. WellSky reviewers report the app running slowly and its GPS directing caregivers to incorrect addresses. HHAeXchange reviewers report GPS problems, app freezes, delayed updates and missed clock registrations requiring manual correction. Sandata reviewers report login failures and visits that fail to complete despite showing accurate times.

This concentration is not coincidental. The caregiver app is the only part of these systems used by people who did not choose it, are often paid hourly, and are working alone in someone's home. It is also the component on which payroll and EVV compliance depend. When it fails, the failure converts directly into administrative labour: someone in the office reconciles the visit by hand.

An agency evaluating platforms on the office-side interface — which is what a sales demo shows — is evaluating the half that reviewers complain about least.

Finding 2.2 — Support separates the top of the table from the bottom

Support is the attribute where the ratings spread is widest.

At the top, CareSmartz360 records a 4.8 customer service sub-score, its highest attribute, with reviewers describing support as "outstanding and always helpful and responsive." Aaniie records 4.6, with reviewers noting tech support is "helpful and very kind." CareVoyant reviewers report support tickets addressed the

same day. AxisCare reviewers describe support as “responsive, knowledgeable, and always willing to help.”

At the bottom, Axxess reviewers describe support as “hit or miss,” noting most representatives can only open a ticket for someone else to review without returning with a solution, and that once a problem is outstanding “good luck with anyone helping you.” HHAeXchange reviewers describe customer service as “severely lacking” and support staff as not knowledgeable about the software, with “a lot of red tape” to get answers.

The correlation with overall rating is close to exact. In a product category where compliance deadlines and payroll runs are weekly, support responsiveness appears to determine satisfaction more than feature depth does.

Finding 2.3 — Reporting is where growing agencies hit the ceiling

Four platforms draw the same structural complaint: the reporting works until the agency gets large enough to need real analysis.

AlayaCare reviewers describe data exploration and reporting functions as “very challenging,” while noting the vendor has improved them over the past two years. Alora Health reviewers describe reporting as basic and unsuitable for agencies needing advanced analytics, and note limited scalability for larger agencies. KanTime reviewers report that agencies requiring in-depth analytics may find its capability basic. HHAeXchange reviewers report subpar reporting and describe overlaying costly third-party analytics tools to extract the data they need.

That last detail is the important one. Buying a second tool to report on the first is a real and recurring cost, and it appears in no vendor comparison.

Finding 2.4 — Two failures that cost money outright

Most review complaints describe friction. Two describe direct financial loss.

An HHAeXchange reviewer reports losing more than $18,000 as a result of a syntax error in the software that they were unable to identify for over a year. The same review base reports batch claim submission problems with no timely support response, which affects revenue and payroll when claims are delayed.

Axxess reviewers report that the company automatically signs users up for new additional services, and that users who miss the email offering an opt-out are charged for services they may not need.

These are single-source reports from public review platforms and neither has been independently confirmed. They are recorded because they are the most severe outcomes described in the public record, and because both are billing failures — the category of failure an agency is least able to absorb.

Finding 2.5 — Implementation is an unpriced risk

A KanTime reviewer describes an implementation that ran more than eight months against three promised, with training that was “not interactive” and restricted in scheduling, and with enough errors in the vendor’s data upload that correcting patient files took “weeks and weeks.”

ShiftCare reviewers describe onboarding that overpromised and underdelivered, with confusing and poorly supported implementation, alongside a separate cluster of complaints about billing features and invoice and payslip presentation.

Implementation appears on no pricing page and in no feature matrix, yet it is where the largest single failures in this review record occur. A buyer comparing platforms on features is comparing the part of the purchase that is easiest to evaluate and least likely to fail.

Chapter 3 — What the AI actually does

Chapter Highlights

1. Five dated AI releases shipped across three vendors in nine months. Between November 2025 and July 2026.

2. AxisCare Intelligence matches caregivers on four named inputs. Skills, location, schedule history and client preference.

3. AlayaCare claims up to 80% manual-workload reduction from autonomous agents. The figure is the vendor's own and is not independently verified.

4. WellSky shipped two dated AI releases in three months. A point-of-care app in May 2026 and transition dashboards in July 2026.

5. Careswitch's Looper handles chat-based clock-in, directions and task management. It is the only conversational caregiver-facing assistant in the set.

6. Sensi.ai runs audio-only monitoring with no camera. A deliberate design choice framed around client dignity.

7. 65% of surveyed agencies name AI as the leading technology trend. 64% expect the largest impact in shift matching and scheduling.

Section overview

This chapter records what has been released with a date attached, and distinguishes shipped features from positioning. It does not evaluate whether the features work — the review record is not yet deep enough on any AI feature specifically to support that.

Finding 3.1 — The shipping record

Figure 3.1.1 — Dated AI feature releases, November 2025 – August 2026

DATE	VENDOR	RELEASE
Nov 2025	AxisCare	AxisCare Intelligence — AI caregiver matching suite
Mar 2026	AlayaCare	Autonomous AI agents; Layla assistant (ANZ)
May 2026	AxisCare	Skilled Care — in-home clinical services module
May 2026	WellSky	AI + patient record unified point-of-care app
Jul 2026	WellSky	Care Transition Intelligence dashboards

Source: vendor press releases and newsroom archives, retrieved August 2026.

Every entry in Figure 3.1.1 falls within a nine-month window. AxisCare's November 2025 release is the most specific about mechanism: matching operates on caregiver skills, geographic location, schedule history and client preference.

AlayaCare's March 2026 announcement carries the boldest quantified claim in the category — up to 80% reduction in manual workload. This report reproduces it as a vendor claim and does not verify it. No independent deployment data supporting or contradicting it was located in the public review record.

Finding 3.2 — Scheduling is the agreed problem

Two independently published 2026 surveys converge. A homecare agency trends survey found 65% of respondents identifying AI as the leading technology trend in home care. A Future of Home Care white paper found 64% expecting the greatest impact in client and caregiver shift matching and automatic scheduling.

Scheduling in home care is a genuine constraint-satisfaction problem rather than a generic automation target. A visit must reconcile caregiver certification, client preference and continuity, travel time between homes, shift-length rules, overtime exposure, and — for Medicaid-funded visits — EVV requirements. Assigning one visit is trivial. Assigning several hundred a week under all constraints simultaneously is not.

That explains why the category's AI investment concentrated there. It also explains why Alora Health reviewers single out the *absence* of scheduling intelligence as a complaint: the software does not alert administrators when caregivers are late or fail to clock in, requiring staff to review each schedule manually.

Finding 3.3 — Two AI-native approaches

Careswitch and Sensi.ai represent opposite theories of how AI enters this market.

Careswitch rebuilds the platform around AI and gives it away, with Looper providing a conversational interface for caregivers to ask questions, get directions, clock in and out and manage tasks. It is the only caregiver-facing conversational assistant in the set — notable given that Chapter 2 identifies the caregiver app as the category's weakest component.

Sensi.ai adds an AI layer to whatever an agency already runs, monitoring audio in the care environment to surface what happens between scheduled visits. Its stated design constraint is that it uses no camera, preserving client dignity in private situations. The company frames its output as insight into care needs, caregiver-senior matching and training.

Both are unproven in the public review record. That is the honest position: the two most interesting AI approaches in this category are also the two with the least evidence behind them.

Chapter 4 — Price discovery

Chapter Highlights

1. Two of fifteen vendors publish a price. ShiftCare and, on a different basis, Careswitch.

2. ShiftCare publishes $8 per user per month billed annually, $9 month-to-month. The only conventional per-seat price in the set.

3. Careswitch is free to agencies. The platform is offered at no cost, monetised elsewhere.

4. AlayaCare's pricing page contains no figure. It offers "value-based pricing designed to adapt as you grow" and routes to a quote request.

5. CareSmartz360's pricing page contains no figure. It routes to a demo booking and a sales email address.

6. Third-party estimates span $99 per month to $400,000 in setup fees. These are secondary-source estimates, not vendor-published figures.

7. Reviewers cite affordability as a leading strength for Alora Health and ShiftCare. Value for money scores 4.6 for Aaniie.

Section overview

This chapter reports what a buyer can learn about cost without contacting a salesperson. For thirteen of fifteen platforms the answer is nothing.

Finding 4.1 — The pricing page that contains no price

Two vendor pricing pages were fetched directly and are quoted because they are representative of the category.

AlayaCare's presents "Value-based pricing designed to adapt as you grow" and directs visitors to "Get a Quote" or "Book a Demo." The stated rationale is that agencies have unique requirements and may integrate existing tools. No figure, range or starting price appears.

CareSmartz360's offers a personal walkthrough, a demo request and a sales email address. Again, no figure.

Figure 4.1.1 — Price discoverability, fifteen platforms, August 2026

PRICE PUBLISHED ON VENDOR SITE	COUNT	PLATFORMS
Yes — conventional per-seat price	1	ShiftCare ($8–$9/user/month)
Yes — free-to-agency model	1	Careswitch
No — quote or demo request only	13	All others in the set

Source: direct fetch of vendor pricing pages, August 2026. AlayaCare and CareSmartz360 verified by direct fetch; the remainder rest on category convention and secondary confirmation and are flagged as such.

Finding 4.2 — What reviewers say about value

Where vendors are silent, reviewers are not.

Alora Health reviewers consistently cite affordability as the platform's leading strength, alongside support quality — "amazing support and great value for the price" recurs in its review base. ShiftCare reviewers describe the product as well-priced. Aaniie records a 4.6 value-for-money sub-score, matching its support score. AlayaCare reviewers describe good value for the pricing, noting more features in the basic platform than competitors offer.

This is the practical workaround for a quote-gated category: the review platforms carry value judgments even when the vendor publishes no number. They do not tell a buyer what a platform costs, but they do indicate whether the people paying think it was worth it.

Finding 4.3 — What the secondary sources estimate

Third-party sources place mid-market platforms at roughly $200–$500 per month base plus $10–$25 per caregiver per month, and enterprise implementations far higher, with setup fees alone estimated between $20,000 and $400,000. One source places AlayaCare in a $400–$1,000 per-user range with material implementation fees.

None is vendor-confirmed. They are recorded because they are what a buyer researching independently encounters. The spread is the point: a low-end estimate of $99 per month against a high-end setup estimate of $400,000 shows how little published information constrains the real number.

Price discovery in this category cannot be done by research. It requires entering a sales process, and an agency comparing five platforms must run five demos to obtain five numbers.

Chapter 5 — Fit

Chapter Highlights

1. Payer mix eliminates most of the list in one step. Medicaid-funded agencies face a different shortlist than private-pay agencies.

2. Sandata may not be a choice at all. Multiple state Medicaid programmes mandate it.

3. Axxess reviewers report the product is built for home health only. Templates are described as unsuited to private duty or homemaker services.

4. Alora Health reviewers report limited scalability for larger agencies. The platform's strengths are affordability and ease of use at smaller scale.

5. CareVoyant is the multi-service specialist. Reviewers cite extreme flexibility and customisation, at the cost of navigation that is "somewhat clumsy."

6. Aaniie is the only platform positioned on caregiver retention. Its feature set leads with engagement, rewards and hiring rather than scheduling.

7. Skypoint AI is not an agency platform. It is a data layer, evidenced by four G2 reviews.

Section overview

This chapter describes who each platform actually serves, drawn from what reviewers report about scale, service line and payer mix rather than from vendor positioning.

Finding 5.1 — Payer mix is the first filter

For agencies with meaningful Medicaid revenue, payer connectivity and EVV compliance dominate the decision. HHAeXchange occupies that position, and its 3.6 rating has to be read against the fact that agencies frequently cannot avoid it. Sandata may be mandated outright by the state, removing the choice entirely.

For private-pay agencies, that entire compliance layer is cost without benefit. The review record favours AxisCare (4.7), CareSmartz360 (4.8) and Aaniie (4.4) for this segment, all of which reviewers describe as purpose-built for private duty.

Finding 5.2 — Clinical scope is the second filter

Axxess reviewers make the boundary explicit: the software "is only designed for home health and not for other populations the company markets," with templates tailored to home health rather than private duty or homemaker services. That is a reviewer describing a fit failure they experienced.

KanTime occupies similar territory at enterprise scale, with reviewers praising invoicing and clinical dashboards while reporting implementation difficulty. Alora Health and CareVoyant both handle mixed skilled and non-medical operations, with CareVoyant reviewers citing eMAR/eTAR, authorisation management and multi-service support.

Finding 5.3 — Agency size is the third filter

Alora Health reviewers report limited scalability for larger agencies and basic reporting, while praising affordability and ease of use — a profile that describes a small-agency product accurately. KanTime reviewers report features that may not scale effectively for very large agencies, from the opposite direction.

WellSky Personal Care sits at the larger end, with 271 reviews at 4.4 and reviewers citing comprehensive reporting as a strength. AlayaCare offers the broadest functional coverage in the set, with reviewers citing detailed client management and intuitive scheduling against reliability issues during updates.

At the smallest end, ShiftCare ($8–9 per user) and Careswitch (free) remove the price barrier, and both carry the trade-offs their review records describe — ShiftCare's billing and onboarding complaints, and Careswitch's absence of any independent review record at all.

Appendix A — The fifteen platforms

#	PLATFORM	RATING (REVIEWS)	PRICE PUBLISHED	STRONGEST REPORTED ATTRIBUTE	MOST-REPORTED LIMITATION
1	AxisCare	4.7 (728 C / 204 G2)	No	Purpose-built for home care; support	Caregiver app slowdowns, clock-out issues
2	CareSmartz360	4.8 (181 C)	No	Support (4.8); dashboards	Scheduling inflexibility; slow uploads
3	ShiftCare	4.6 (144 C)	**$8–9/user/mo**	Rostering time saved; price	Billing features; onboarding
4	Alora Health	4.5 (151 C)	No	Affordability; ease of use	Scalability; basic reporting; no late alerts
5	WellSky Personal Care	4.4 (271 C)	No	Scheduling; comprehensive reporting	Shifts reverting; app speed; GPS
6	Aaniie	4.4 (19 C)	No	Value (4.6); support (4.6); retention focus	Low sample; dated training material
7	AlayaCare	4.1 (188 C / 61 G2)	No	Breadth; client management	Reporting; reliability during updates
8	Axxess	4.1 (313 C / 99 G2)	No	Clinical depth	Support; auto-enrolled charges; home-health only
9	CareVoyant	4.0 (45 C)	No	Flexibility; same-day support	Navigation; staff buy-in
10	KanTime	3.7 (27 C)	No	Invoicing; clinical dashboards	Implementation overruns; basic analytics
11	HHAeXchange	3.6 (98 C / 4.2, 17 G2)	No	Medicaid/LTSS connectivity	Support; reporting; billing errors
12	Sandata	46% satisfaction (5)	No	State EVV compliance	Login failures; visit completion bugs
13	Skypoint AI	4.6 (4 G2)	No	Data unification; HITRUST r2	Negligible evidence base; not an agency platform
14	Careswitch	**No rating**	**Free**	AI-first design; Looper assistant	No independent review record

#	PLATFORM	RATING (REVIEWS)	PRICE PUBLISHED	STRONGEST REPORTED ATTRIBUTE	MOST-REPORTED LIMITATION
15	Sensi.ai	**No rating**	No	Audio monitoring, no camera; ~$93.7M raised	Vendor testimonials only; additive cost

C = Capterra. Ratings retrieved 6 August 2026.

Appendix B — Glossary

EVV (Electronic Visit Verification). Federally mandated electronic confirmation that a caregiver visit occurred, required for Medicaid-funded personal care and home health services.

LTSS (Long-Term Services and Supports). Medicaid-funded services supporting daily living over extended periods, including in-home personal care.

Private duty. Home care paid privately by the client or family rather than through Medicaid or Medicare.

OASIS. The standardised assessment instrument required for Medicare-certified home health agencies.

eMAR / eTAR. Electronic medication and treatment administration records.

Low sample. In this report, a rating drawn from fewer than 30 reviews. Reported but not compared directly against high-volume ratings.

Appendix C — Platforms considered and not included

Nineteen further companies were assessed and excluded: Sage, Honor, Papa, MatrixCare, Netsmart myUnity, Homecare Homebase, Therap, Teambridge, MyEZCare, SageCare AI, CarePredict, AveeCare, CareAcademy, Carecenta, Caretime, AdaCare, CareLinx, CubHub and Cera.

Exclusions fall into three groups. First, caregiver marketplaces and consumer products whose buyer is a family rather than an agency: Honor, Papa, CareLinx, CareYaya. Second, enterprise post-acute platforms whose buyer is a health system: MatrixCare, Netsmart, Homecare Homebase. Third, non-US-market or narrow-niche products: Cera, CubHub.

Corrections, additions, or vendor responses to this report are welcome at info@bestaifor.com. Vendors whose pricing or review status is recorded incorrectly are particularly encouraged to make contact; where a figure here is wrong, the report will be updated and the correction noted.