

Leader States in Personal Care Aide Training Standards

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I. Introduction/Background

This [report](#) highlights seven “leader” states that have developed training standards for Medicaid-funded personal care aides (PCAs). Although our [previous research](#) has demonstrated a paucity of standards in most states, a few have engaged in a deliberate approach to designing PCA training standards with the goal of better preparing these essential frontline workers to provide care. We present these standards and describe, in brief, the approaches several states have taken to address the need for uniform and rigorous PCA training standards across Medicaid programs.

II. Methods

Based on data collected for prior research, we selected seven states to profile as leaders in the area of PCA training standards: Alaska, Arizona, Arkansas, Idaho, Minnesota, Virginia, and Washington. These states were selected because: 1) they have uniform PCA training requirements across all Medicaid-funded programs; and 2) they articulate requirements for one or more of the following: training hours, a state specified/endorsed exam, state-specified competencies, or a state-sponsored training curriculum.

III. Findings

The seven leader states profiled in this report arrived at their PCA training standards through a range of approaches, however the resulting requirements can be grouped into two broad categories: 1) states that outline the competencies and skills but allow training entities the latitude to conduct training using their own curricula and methods, sanctioning a more individualized approach; and 2) states that specify the training curriculum, exams, and methods, and mandate the use of these resources to ensure a level of consistency. The full report includes a detailed table describing the training standards in each of the seven states.

IV. Conclusion

Although the federal government presently neither specifies nor mandates training prerequisites for personal care aides, the seven states profiled in this report have designed training programs that offer uniform and rigorous standards with the goal of ensuring a basic level of PCA preparedness. There is no “one size fits all” strategy or system for effective PCA training standards. In fact, each of these leader states has traveled a markedly different path to arrive at its current system.

Conclusions and Policy Implications

- 1) In the absence of federal training standards for personal care aides, seven “leader” states have designed rigorous training programs that offer uniform PCA training requirements across all Medicaid-funded programs, including one or more of the following features: training hours, a state specified/endorsed exam, state-specified competencies, or a state-sponsored training curriculum, all with the goal of ensuring a basic level of PCA preparedness.
- 2) There is no “one size fits all” template for effective PCA training; state reforms should be undertaken with thorough stakeholder engagement—including input from consumers and their families.

V. Policy Implications

Growing interest in PCA training standards at the federal level have spurred states to think about how to institute and/or improve their current training systems and requirements. The experiences of the several states that have already engaged in such processes may provide useful insight for the remaining states as they begin to reform or develop PCA training standards and systems. There is no single template with which to rationalize the currently fragmented system; any reforms that states explore should be undertaken with thorough stakeholder engagement—including input from consumers and their families.

References

Marquand, A., Chapman SA. (2014). The national landscape of personal care aide training standards. San Francisco, CA: UCSF Health Workforce Research Center on Long-Term Care.

<http://healthworkforce.ucsf.edu/publication/national-landscape-personal-care-aide-training-standards>

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