## Health Workforce Policy Brief

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### The National Landscape of Personal Care Aide Training Standards

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#### I. Introduction/Background

This report presents research findings on the national landscape of personal care aide (PCA) training requirements across state Medicaid-funded programs. These programs enable older adults and individuals with disabilities to reside safely in their homes and participate in their communities. In the absence of federal standards, there exists wide variation in minimum training requirements between states and across programs within states. Most existing state training requirements are relatively undeveloped compared with standards for home health aides and certified nursing assistants.

#### II. Methods

We analyzed state regulation, Medicaid provider manuals, and Medicaid's Home and Community-Based Services waiver documents to inventory state-level training standards for Medicaid-funded personal care aides. To evaluate and catalog these requirements, we developed two conceptual frameworks, or "lenses" examining: 1) the rigor of training elements; and 2) the uniformity of training standards across programs, as a measure of the degree to which each state ensures a consistent level of preparation for aides performing the same types of services.

#### III. Findings

Our findings indicate a paucity of state training standards for personal care aides. Only four states have implemented rigorous PCA training standards that are uniform across the various types of Medicaid-funded programs. The remaining 46 states have weaker and/or disparate training requirements across training programs, with 45% of states having one or more programs with no training requirements, and 22% of states having no training requirements in any of their programs.

#### IV. Conclusion

Despite strong evidence that training for direct-care workers, such as PCAs, is a key component of job quality—with strong associations with job satisfaction, retention, and the quality of care—there are no federal training requirements for PCAs. Furthermore, few states have developed rigorous PCA training standards that are uniform across Medicaid-funded programs. In this way PCAs differ from workers in other direct-care occupations, i.e., certified nurse aides and home health aides, who perform similar tasks and are required to complete training and certification according to a federal minimum standard.

# Conclusions and Policy Implications

- 1) In the absence of federal training requirements for personal care aides, there is a paucity of state training standards, leading to significant disparities in PCA preparedness and skills.
- 2) Anticipated increasing demand for PCA services combined with workforce shortages suggest that states and the federal government should prioritize the development of rational training standards and the infrastructure necessary to support such training.

#### V. Policy Implications

The findings from this study highlight the wide national variation in training standards—variation that could lead to significant disparities in PCA preparedness and skills. With demand for PCAs expected to exceed that of nearly every other occupation over the coming decade and many states facing workforce shortages, promulgating rational training standards and the necessary infrastructure to support the training of this essential workforce will need to be prioritized by states and the federal government.

#### Charts/Tables

**Table 1. Lens 1: Rigor of Training Standards Findings** 

PCA Training	No. of States*	Percentage
None	12	23.5%
Agency Assurance	11	21.6%
Hours	18	35.3%
Exam	21	41.2%
Skills/Competencies	20	39.2%
Curriculum	9	17.7%
Certification	4	7.8%
Other Certification		
Home Health Aide	5	9.8%
Certified Nurse Aide	2	3.9%

Table 2. Lens 2: Uniformity of Training Standards Findings

	No. of States*	Percentage
No training requirements in any program	11	21.6%
Requirements for some programs	11	21.6%
Requirements in all programs	10	19.6%
Uniform requirements across all programs	19	37.3%

<sup>\*</sup>Categories are mutually exclusive, and percentages total 100%

#### References

Marquand, A., Chapman SA. (2014). Leader States in Personal Care Aide Training Standards. San Francisco, CA: UCSF Health Workforce Research Center on Long-Term Care.

 $\underline{http://healthworkforce.ucsf.edu/publication/leader-states-personal-care-aidetraining-standards}$