

## Training Standards for Personal Care Aides Across States: An Assessment of Current Standards and Leading Examples

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### Background/Context

As the largest occupational group in the United States (combined with home health aides), personal care aides (PCAs) provide care for millions of Americans. Despite the size of the workforce, PCAs still struggle with unaddressed job quality challenges – inadequate training being primary among them. Unlike other direct care workers, PCAs have no federal minimum training requirements, leading to a patchwork of training programs across the country.

### Objectives

The specific objectives of this research were to:

- Identify training requirements in Medicaid state plans, home and community-based services (HCBS) waiver programs, and home care licensing rules for every state and the District of Columbia;
- Assess training requirements in each state with regard to the *consistency* and *rigor* of those requirements and the *portability* of the required training;
- Describe “leader states” with the most consistent, rigorous, and portable requirements and portable credentials.

### Data

Data for this report were gathered from Medicaid documents, HCBS waivers, and state administrative code.

### Design/Methods

We assessed training requirements according to three domains: consistency, rigor, and portability of training for agency-employed PCAs. We also noted training requirements for independent providers and those for PCAs employed by private pay home care agencies. States were scored according to the specific criteria of the three domains and could score a maximum of 11 points.

### Findings

Six states emerged as “leader states” and seven states had no training requirements at all. The majority of states (33 states; 65 percent) had consistent training requirements, defined as uniform training requirements for agency-employed PCAs, while seven states (14 percent) had no training requirements at all. The average rigor score was 3.5 points out of a total possible 6 points. Portability was determined by two criteria.

Twenty-nine percent (15 states) of states met both portability criteria, while nearly half (49 percent; 25 states) met neither one. Over one-third of states (18 states) have training requirements for independent provider PCAs who serve consumers through consumer-direction programs. Almost half of states (25 states) have training requirements for PCAs employed by private pay home care agencies.

### **Conclusion/Discussion**

Our findings indicate that there is still significant variation in training requirements across the states. Training requirements are largely more robust than they were ten years ago when the last scan of PCA training requirements was completed. However, there are still ways that states can improve their training standards. Establishing federal minimum training requirements for PCAs would ensure some measure of quality across states for PCA training.

### **Key Words**

Personal care aides, Medicaid, training requirements, home care, consistency, rigor, portability, consumer-direction, private pay

### **Full Report**

<https://healthworkforce.ucsf.edu/publications>

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