PROJECT BRIEF

UCSF University of California San Francisco

healthworkforce.ucsf.edu

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

Jessica King, PhD, MSW Kezia Scales, PhD, and Susan Chapman, PhD, RN, FAAN
UCSF Health Workforce Research Center on Long-Term Care (UCSF HWRC)

January 2025

Background

As part of the largest occupational groups in the United States (combined with home health aides), personal care aides (PCAs) support older adults and individuals with disabilities and serious illness to live in their own homes and communities, helping them to achieve optimum health and wellbeing. Despite the size and import of their role, however, PCAs are not subject to any national training standards, resulting in inconsistent training, knowledge, and experience across regions and states.

A 2014 study conducted by the Health Workforce Research Center in conjunction with PHI produced the first-ever report on the national landscape of PCA training standards in the country. Since then, there have been multiple efforts across and within states to improve training standards, though the sustainability of these initiatives has been mixed. This study provides a detailed update of the current landscape of PCA training standards in the United States and high-level recommendations for universal standards that should be adopted to ensure consistent training and care.

Study Aims

This study had three aims:

- 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.

Study Design

This study used a qualitative content analysis design, in which researchers reviewed Medicaid documents, home-and-community-based service (HCBS) waivers, and state administrative code to identify PCA training standards across Medicaid-funded programs and waivers in each state and Washington D.C. Training standards were assessed according to three primary criteria of consistency, rigor, and portability, with sub-criteria within each of those three domains. Additionally, researchers noted training requirements for independent providers and those for PCAs employed by private pay home care agencies. States received scores ranging from 0 to 11 for their training standards and were ranked according to these scores.

Findings

Five leader states (New Jersey, New York, Oregon, Rhode Island, and Washington State) and Washington D.C. earned 10 points or higher for their PCA training requirements. Nearly two-thirds of states (33 states including Washington D.C.) had consistent training requirements across Medicaid programs. Seven states had no training requirements across any program.

States, on average, scored 3.5 out of a possible 6 points for rigor. Portability was assessed according to two sub-criteria (having a recognized portable credential after completing training and having a centralized training registry that lists the training credential), and only 15 states and Washington D.C. met both portability criteria. Twenty-five states did not meet either portability sub-criteria.

Eighteen states had training requirements for independent provider PCAs, with seven of those states having the same requirements for training as agency-employed PCAs. Nearly half of states (25 states including Washington D.C.) listed training requirements for private-pay PCAs.

This study revealed that training standards are more robust than they were in 2014, although progress in strengthening training standards remains inconsistent within and across states. Whereas 11 states had no training requirements in 2014, this study found that only seven states have no training requirements currently. However, some states removed training requirements that existed in 2014 but no longer exist today.

Limitations & Future Directions

The study was limited by information that was available in the public domain. While researchers corresponded with experts in a few select states, most research was conducted through document analysis using publicly accessible websites. In some states, there was inconsistent documentation or outdated weblinks. Additionally, the terminology used to describe the PCA role was inconsistent across states, making it challenging to cross-reference documentation and to fully understand if different documents were discussing the same occupational position. Finally, states were scored for rigor and portability across any PCA training requirements, but this does not mean that all PCA training requirements for Medicaid programs have the same rigor and portable criteria.

Future research should look at other elements of PCA training, such as language access, training modality, and training program quality, as well as look at training requirements for other sectors of the direct care workforce, such as direct support professionals (DSPs) who support those with intellectual and developmental disabilities. To further advance this research, researchers should analyze any associations between training requirements and workforce and consumer outcomes.

Policy Implications

Several policy implications emerge from this study. Chiefly, this study indicates the need for more consistent PCA training standards both within and across all 50 states and Washington, D.C. The Centers for Medicare and Medicaid Services (CMS) could establish minimum federal training requirements for PCAs, as well as ensure that initial training and certification costs for PCAs are covered through Medicaid so the financial burden is not on PCAs or providers. Finally, standardizing PCA training should be looked to as part of efforts to create universal direct care training and credentialing throughout the United States.

Conclusion

This study is the first update to a landscape analysis of PCA training standards in over a decade. Though the findings indicate improvement broadly in the training landscape, this improvement is uneven, with variation in training standards both across and within states. It is necessary to continue to improve training standards for PCAs as a means to professionalize the workforce and maximize their essential contributions to the health of older adults and people with disabilities and serious illness.

Full Report

https://healthworkforce.ucsf.edu/publications

This project was supported by the Health Resources and Services Administration (HRSA) of the US Department of Health and Human Services (HHS) as part of an award totaling $543,300, with 0% financed by non-governmental sources.

 490 Illinois Street, Floor 11, Box 1242, San Francisco, CA 94143