

# Personal Care Aide Training Requirements

## Summary of State Findings



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## Federal Minimum Training Standards for Direct-Care Workers

**Certified Nurse Aide:** 75 hours (16 supervised clinical) (42 CFR 484.36)

The Institute of Medicine recommends at least 120 hours of CNA training, but only 13 states and the District of Columbia meet this standard. In 20 states, the requirements have not changed for over 20 years.

**Home Health Aide/Hospice Aide:** 75 hours (16 supervised clinical) (42 CFR 484.36)

The Institute of Medicine recommends at least 120 hours but only 5 states meet this standard. Only 15 states exceed the federal minimum standard.

**Personal Care Aide:** No Standards

## Introduction

Personal care aides (PCAs) provide essential supports and services that enable older adults and individuals with disabilities to reside safely in their homes and participate in their communities. They are known by many job titles, including personal assistants, direct support professionals, and in-home care providers. According to the Bureau of Labor Statistics, collectively these workers constitute the fastest-growing occupation in the nation.

A large proportion of the personal care workforce serves consumers in state Medicaid programs—Medicaid State Plan Personal Care Options, Medicaid Home and Community-Based Services (HCBS) waiver programs, and under Medicaid 1115 Demonstration waiver programs. However, unlike other direct-care occupations, particularly certified nursing aides and home health aides, there are no federal training standards for PCAs who work under publicly funded programs. Consequently, training standards for PCAs, where they exist at all, vary by state and by program, potentially leading to significant differences in the level of preparedness of these workers across the country—and even within states.

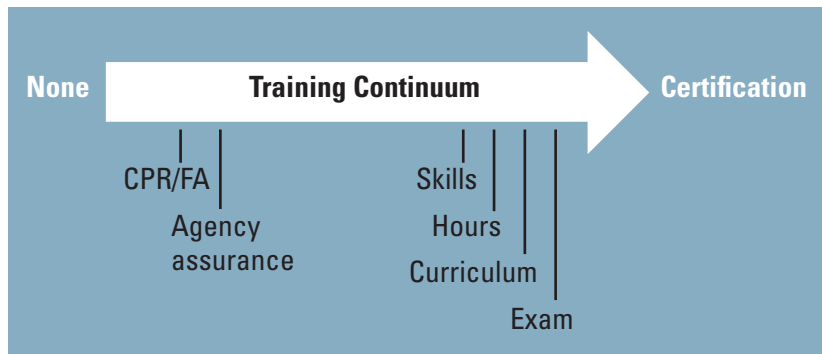
The PHI 50-State PCA Training Project has collected comprehensive information about PCA training standards in Medicaid programs across the country. Following a brief summary of our national findings, this report presents our findings on training standards in each state and the District of Columbia.

## Methods

Training requirements for PCAs were examined in all 50 states and D.C., with searches limited to personal assistance services offered under Medicaid State Plans and HCBS waiver programs for elders and individuals with physical, intellectual, and/or developmental disabilities. Systematic searches were conducted of relevant state administrative code (including departmental regulations and licensing laws both for businesses and individuals), Medicaid provider manuals, and Medicaid Waiver documents.

We developed two conceptual frameworks or “lenses” for assessing and cataloguing the state standards we identified:

**Figure 1: Training elements continuum**



### Lens 1: Training Elements

The first lens allows us to examine the required components of each state’s training standards in order to assess the rigor and depth of these requirements. For example, do these standards specify skills or competencies for aides? Must aides complete a minimum number of training hours? Is there a standard curriculum, a competency exam, or a certification process?

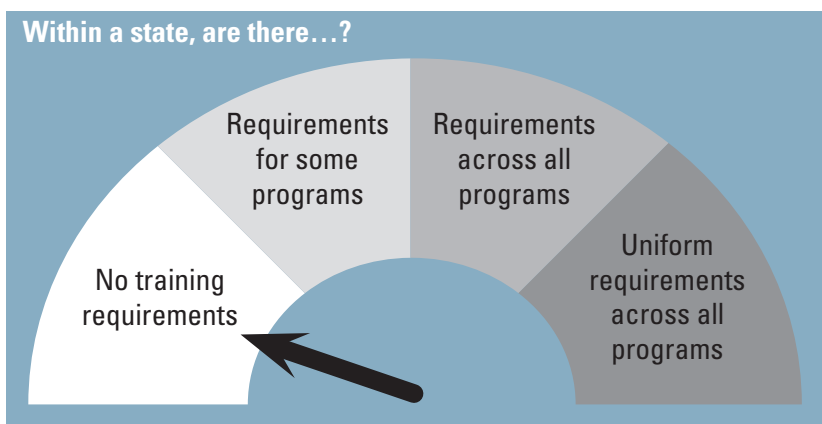
One can visualize these elements arrayed on a continuum of least to most stringent, with programs having no requirements for PCAs on one end, and those requiring certification on the other (see Figure 1). Identifiable elements lying between these two extremes include: CPR/First Aid requirements, agency-based requirements, state-specified training hours, state-specified skills and competencies, state-sponsored curricula, and exams or competency evaluations.

### Lens 2: Training Uniformity

We also examined PCA training requirements in terms of their uniformity across each state’s personal assistance programs. This lens allows us to understand how “rational” a state’s system is—meaning how universal the PCA training requirements are across programs and populations.

In theory, more uniform requirements would enable PCAs who do similar work to move between programs and across populations providing services and supports to people with similar functional limitations. Disparate requirements between programs within a state, by contrast, may lead to large differences in the level of qualification of aides within a state, or may make certain training redundant for PCAs who wish to switch jobs.

**Figure 2: Training uniformity continuum**



We measure uniformity by considering standards relating to four training elements: specified training hours, specified skills/competencies, state-endorsed curriculum, and a required exam or competency evaluation. We then group states into four broad categories:

1. States that have no training requirements for any programs
2. States that have requirements, but only for some programs

3. States that have requirements for all programs, but not uniform requirements
4. And states that have uniform requirements for PCAs across all programs

Figure 2 displays an example of the resulting schematic.

It should be noted that “uniformity” is not inherently superior to variation in training standards within a state. For example, a state that has strong requirements for PCAs in one large program (e.g., a competency-based 40-hour training curriculum), but not others, may on net have a stronger training foundation than a state with uniform but weak requirements across all programs.

## *Key findings*

Without federal standards, states have implemented an assortment of PCA training requirements in publicly funded programs providing long-term services and supports. However, few states have well-defined training standards for PCAs providing services in these programs, and a significant percentage have no standards at all. Furthermore, while over 40 percent of states have “uniform” requirements across their PCA programs, the vast majority of these standards are very weak.

Our specific findings using the two lenses we developed—on rigor and uniformity—are detailed below:

### **Training Elements Findings – Lens 1**

Using the Training Elements Continuum, which assesses the depth and rigor of state training standards, we found that in one or more personal assistance programs (excluding participant-directed programs):

- 23 states (45 percent) have no training requirements of any kind.
- 27 states (53 percent) leave the sufficiency of PCA training to the agency-employer.
- 25 states (49 percent) specify required training hours for PCAs; however, of these, 14 (27 percent) require no more than 40 hours of entry-level training.
- Approximately a quarter of states have a state-sponsored PCA curriculum and/or require certification.

### **Training Uniformity Findings – Lens 2**

Using the Training Uniformity Continuum to assess the extent to which training requirements are aligned across programs within a given state, we found that (excluding participant-directed programs):

- 10 states (20 percent) have no training requirements for PCAs in any of their programs.

- 12 states (24 percent) have training requirements in only some of their PCA programs.
- 7 states (14 percent) have training requirements for PCAs in all of their programs, but these are not uniform across programs.
- While 22 states (43 percent) have uniform training requirements for PCAs across all programs, only 5 of these specify detailed skills and a curriculum for PCAs. Additionally, 4 of the 22 states require PCAs to complete home health aide training. The remaining states have far lower standards.

## Findings for Participant-Directed Services

A growing number of PCAs are employed directly by program participants (or beneficiaries) within public programs, and not solely by agency providers.

We found that:

- 13 states (26 percent) specified training for participant-directed PCAs in some or all of their participant-directed programs. Of these, 4 require the same training for both agency-directed and participant-directed attendants.
- 27 states (53 percent) leave training to the discretion of the participant.
- 11 states (22 percent) make no mention of training for participant-directed PCAs.

In short, the vast majority of states either leave training up to the program participant or do not address training for participant-directed aides.

**For more information on the PHI 50-State PCA Training Project, visit <http://phinational.org/personal-care-aide-training-requirements> or contact Abby Marquand at [amarquand@phinational.org](mailto:amarquand@phinational.org)**

## State Summaries

*While states have many different titles for direct-care workers providing personal assistance services, for the sake of consistency and in keeping with the formal occupational title given by the U.S. Department of Labor, we refer to these workers as “personal care aides” throughout the following summaries.*

### Alabama

Alabama offers personal assistance services through four Medicaid HCBS waivers: the Mental Retardation (MR) Waiver, the State of Alabama Independent Living Waiver (SAIL), the Living at Home (LAH) Waiver, and the Elderly and Disabled (ED) Waiver. The MR Waiver, SAIL Waiver and the LAH Waiver programs do not specify training for PCAs but allow for specialized training at the discretion of the participant. The ED Waiver program requires PCAs to be trained in specific topics, such as basic infection control, prior to providing services, but the method for training is left to the provider agency. Participant-directed services are available under the Personal Choices program, which serves clients who receive services under the SAIL and ED waivers. The training of these participant-directed PCAs is left to the discretion of the participant.

### Alaska

Alaska offers personal assistance services through the Medicaid State Plan. Agency-employed PCAs must complete an Alaska Medicaid-approved 40-hour (16 clinical) competency-based training and evaluation within four months of the start of employment. Aside from training in CPR and First Aid, training for PCAs employed in the participant-directed program is conducted at the discretion of the participant.

### Arizona

Arizona provides personal assistance services through the Arizona Long Term Care System (ALTCS), under the state’s Medicaid 1115 Waiver. PCAs providing attendant and personal care are required to complete an Arizona Medicaid-approved training and testing program. For this training, the state provides a model curriculum, “Principles of Caregiving,” or requires that PCAs be trained in a curriculum based on the same core competencies. PCAs providing Self-Directed Attendant Care (SDAC) and independently registered PCAs are exempt from these training and testing requirements. For these aides, the state requires training in CPR and First Aid, universal precautions, and confidentiality with additional training at the discretion of the participant.







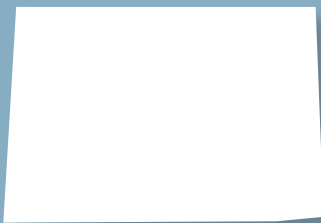
## Arkansas

Arkansas offers personal assistance services through the Medicaid State Plan as well as one Medicaid HCBS waiver: the Alternatives for Adults with Physical Disabilities HCBS Waiver. As outlined in agency licensing standards, agency-employed PCAs must complete 40 hours of training with a state-approved curriculum and a competency evaluation in order to be certified. No training requirements are specified for participant-directed PCAs.



## California

California offers personal assistance services under the Medicaid State Plan and two Medicaid HCBS waivers: the In-Home Operations Waiver and the Multipurpose Senior Services Program. Neither the Medicaid State Plan nor the waiver programs require training for agency-employed aides. Participant-directed services are available under the In-Home Supportive Services (IHSS) Program. In this program training is at the discretion of the participant and can be facilitated by the county-based public authorities. Additionally, California is one of six states awarded a three-year grant by the federal government to develop a training and credentialing program for PCAs, as part of the Personal and Home Care Aide State Training (PHCAST) Program, a provision of the Affordable Care Act of 2010.



## Colorado

Colorado offers personal assistance services under two Medicaid HCBS waivers: the HCBS Waiver for Persons who are Elderly, Blind, and Disabled and the Supported Living Services Waiver. In the HCBS Waiver for Persons who are Elderly, Blind, and Disabled, agency-employed PCAs are required to have a minimum of 20 hours of training or pass an agency-administered skills validation test. Broad skills for the training are outlined by the state, but the agency is responsible for ensuring that their employees meet the requirement. Under the Supported Living Services Waiver, training for agency-employed PCAs is not specified; however, aides must be competent in providing the necessary tasks. The participant is responsible for training the PCA under the participant-directed options in both waiver programs.



## Connecticut

Connecticut delivers personal assistance services through four Medicaid HCBS waivers: the Home Care Program for Elders, the Personal Care Assistance Waiver, the Individual and Family Supports Waiver, and the Comprehensive Supports Waiver. Participant-directed options are available under each of these waiver programs. Neither agency-employed PCAs nor participant-directed PCAs have specific training requirements, but both types of workers must demonstrate competency in general areas outlined by the state. Generally, agencies or participants must ensure that PCAs are competent. Fiscal intermediaries will assist participants in providing training for their workers.



## Delaware

Delaware offers personal assistance services through one Medicaid HCBS waiver: the Elderly and Disabled Waiver. The state outlines the skills for PCAs, but the provider agencies are responsible for ensuring competency through their own training and evaluation programs.



## District of Columbia

The District of Columbia provides personal assistance services under the Medicaid State Plan and two Medicaid HCBS waivers: the HCBS Waiver for Mental Retardation and Developmental Disabilities and the HCBS Waiver for the Elderly and Disabled. PCAs serving clients in these programs are required to be certified as home health aides and, therefore, must complete 125 hours of training and pass a competency evaluation. The District of Columbia does not offer participant-directed services under its Medicaid program.



## Florida

Florida provides personal assistance services under the Medicaid State Plan as well as under four Medicaid HCBS waivers: the Aged and Disabled Adult Waiver, the Channeling for the Frail Elderly Waiver, the Alzheimer's Waiver, and the Developmental Disabilities (DD) Waiver. In all but the DD Waiver, PCA services must be delivered by a certified home health agency that employs direct-care providers who meet home health aide training standards. Independent providers are permitted to provide these services as well if they (a) have one year of experience providing services in either a medical setting or for a program for individuals with developmental disabilities or (b) have completed college, vocational, or technical training in medical, psychiatric, nursing, child care, or developmental disabilities. The post-secondary education must be equal to 30 semester hours, 45 quarter hours, or 720 classroom hours. The DD Waiver requires that both agency-employed PCAs and independent PCAs complete online training modules facilitated by the Agency for Persons with Disabilities.





## Georgia

Georgia offers personal assistance services through four Medicaid HCBS waivers: the Independent Care Waiver Program, the Community Care Services Waiver Program (CCSP), the New Options Waiver Program (NOW), and the Comprehensive Supports Waiver Program (COMP). All PCAs employed by agencies are required to complete at least 40 hours of agency-provided training in broad areas outlined by the state. Aides providing participant-directed services in the COMP Waiver must be certified direct support professionals. Certification follows completion of a 12-hour course using the College of Direct Support curriculum or equivalent training.



## Hawaii

Hawaii provides personal assistance services under a Medicaid 1115 Waiver program, a managed long-term care plan called Quest Expanded Access (QExA) (expanded from the Medicaid managed-care program, MedQuest), as well as through a Medicaid HCBS waiver for persons with developmental disabilities and intellectual disabilities (DD/ID). The state specifies that providers of personal assistance services must be trained in several broad areas, but leaves the training to the provider agencies. The managed long-term care waiver offers personal assistance services through two managed-care organizations (MCOs), Evercare and 'Ohana. The MCOs are responsible for determining contracting standards for the provider agencies, or enforcing their own requirements for PCAs. For example, Evercare provides orientation for PCAs in disease management and other topics—training that is also mandatory for participant-directed PCAs. Participant-directed services are available under the managed-care and DD/ID waiver programs. Under the latter, training is at the discretion of the participant.



## Idaho

Idaho provides personal assistance services through the Medicaid State Plan and two Medicaid HCBS waivers: the Aged and Disabled Waiver and the Developmental Disabilities Waiver. All PCAs must be successfully trained in specific competencies set forth in the “Idaho Skills Matrix.” The matrix lists required competencies and the person or entity responsible for verification. PCAs must pass a written examination and demonstrate competency in each listed task. Each employer determines the methods used to train and assess PCA competencies. In the case of participant-directed services, which are offered under the waivers, the fiscal intermediary oversees training in communication, confidentiality, and patient rights. Any additional training for participant-directed PCAs is provided at the discretion of the participant.



## Illinois

Illinois offers personal assistance services through two Medicaid HCBS waivers: the Waiver for Adults with Developmental Disabilities and the Waiver for Persons with Disabilities. Under the Waiver for Adults with Developmental Disabilities, agency-employed PCAs must complete state-approved direct support personnel training and a competency-based assessment, and be certified as Illinois direct support professionals. The training curriculum mandates 40 hours of classroom training and 80 hours of on-the-job training. Participant-directed services are offered under this waiver as well as the Waiver for Persons with Disabilities. Training for participant-directed PCAs is left to the discretion of the participant.



## Indiana

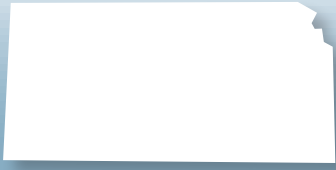
Indiana provides personal assistance services under two Medicaid HCBS waivers: the Developmental Disabilities (DD) Waiver and the Aging and Disabled Waiver. For the DD Waiver program, agency-employed PCAs are trained by their employer. The agency must document that attendants are trained in several broad areas. The Aging and Disabled Waiver program offers both agency and participant-directed services, but specifies no training requirements for PCAs delivering either type of service.



## Iowa

Iowa offers personal assistance services through three Medicaid HCBS waivers: the HCBS Waiver for Persons with a Physical Disability, the HCBS Elderly Waiver, and the HCBS Intellectual Disabilities Waiver. Each waiver offers a participant-directed option. Currently, there are no formal training requirements for PCAs in Iowa. However, personal care aides must demonstrate proficiency through documentation of prior training or experience. For participant-directed services, training is at the discretion of the participant.

Iowa is one of six states awarded a three-year grant by the federal government to develop a training and credentialing program for PCAs, as part of the Personal and Home Care Aide State Training (PHCAST) Program, a provision of the Affordable Care Act of 2010. The Iowa Department of Public Health has implemented a pilot training and credentialing system for PCAs intended to result in a standardized core training across programs and a career ladder based on specialized advanced modules. The pilot program ends in September 2013, with statewide implementation to follow.



## Kansas

Kansas delivers personal assistance services through three Medicaid HCBS waivers: HCBS for the Frail and Elderly, the Physical Disability Waiver, and the HCBS MR/DD Waiver. Each waiver offers a participant-directed option. There are no formal training requirements outlined by the state for agency-employed or participant-directed providers. At most, PCAs are required to have “general knowledge of the necessary tasks.” For participant-directed services, training is left to the discretion of the participant.

## Kentucky

Kentucky provides personal assistance services under three HCBS Medicaid waivers: the Home and Community Based Services Waiver, the Michelle P. Waiver (for individuals with intellectual and developmental disabilities), and the Supports for Community Living Waiver. Under the HCBS Waiver, PCAs must be employed by certified home health agencies, which means they must complete the state’s home health aide training and competency evaluation. The Michelle P. Waiver and Supports for Community Living Waiver provide only participant-directed services. Mandatory training in abuse, neglect, and exploitation is required for PCAs in these programs and the participant-directed program under the HCBS Waiver.

## Louisiana

Louisiana offers personal assistance services through the Medicaid State Plan as well as two Medicaid HCBS waivers: the Elderly and Disabled Adult (EDA) Waiver and New Opportunity Waiver (NOW) for Developmentally Disabled. The Medicaid State Plan and NOW program offer participant-directed services. Training requirements for agency-based and participant-directed PCAs are outlined within facility licensing standards, which require 16 hours of training in certain broad areas. The one exception is for participant-directed PCAs in the NOW program for whom training is conducted at the discretion of the participant.





## Maine

Maine offers personal assistance services through the Medicaid State Plan and three Medicaid HCBS waivers: the HCBS Waiver for Adults with Intellectual Disabilities or Autistic Disorders, the HCBS Waiver for the Elderly and Adults with Disabilities, and the HCBS Waiver for the Physically Disabled. The Medicaid State Plan and the HCBS Waiver for Elderly and Adults with Disabilities both require a minimum of 50 hours of training for PCAs. The training follows a state-approved curriculum and PCAs must successfully complete a competency exam.

The HCBS Waiver for Adults with Intellectual Disabilities or Autistic Disorders requires PCAs to complete a 45-hour training program from the College of Direct Support. For participant-directed services under the Medicaid State Plan and the HCBS Waiver for the Physically Disabled, training is at the discretion of the participant. Additionally, Maine was one of six states awarded a three-year grant by the federal government to develop a training and credentialing program for PCAs, as part of the Personal and Home Care Aide State Training (PHCAST) Program, a provision of the Affordable Care Act of 2010.

## Maryland

Maryland delivers personal assistance services through the Medicaid State Plan and four Medicaid HCBS waivers: the Living at Home Waiver Program, the Older Adults Waiver, the Community Pathways Waiver, and the New Directions Independence Plus Waiver. All waivers except the New Directions Waiver offer participant-directed services. PCAs providing services under the Medicaid State Plan, Living at Home Waiver, and Older Adults Waiver are required to receive training by an RN in the provision of all services included in the recipient's plan of care.

The Community Pathways Waiver and New Directions Independence Plus Waiver specify additional training for agency-employed aides—CPR, First Aid, and other broad skill areas—tied to licensing standards for agencies providing services to individuals with intellectual and developmental disabilities. Training requirements for participant-directed PCAs are at the discretion of the participant, who can potentially waive all training requirements.





## Massachusetts

Massachusetts delivers personal assistance services through the Medicaid State Plan and the Frail Elder Medicaid HCBS Waiver. In Massachusetts, PCAs are classified into four categories: Homemakers (Home Care Aide I), Personal Care Homemakers (Home Care Aide II), Home Health Aides (Home Care Aide III), and Supportive Home Care Aides (Home Care Aide IV). Personal Care Attendants, not included in the hierarchy, are either consumer-delegated (meaning some employment functions are administered by the fiscal intermediary) or participant-directed and receive training at the discretion of the participant. These services are provided through the Medicaid State Plan.

Personal Care Homemakers and Supportive Home Care Aides provide services through the Frail Elder Medicaid HCBS Waiver. Personal care homemakers must complete at least 60 hours of training. While employer agencies can use their own curricula for this training, most use the state-endorsed curriculum and exam offered by the MA Council for Home Care Aide Services. Individuals with dementia receiving personal care services under the Frail Elder waiver are served by Supportive Home Care Aides who have 75 hours of home health aide training plus an additional 15-hour dementia-related training.

Massachusetts was one of six states awarded a three-year grant by the federal government to develop a training and credentialing program for PCAs, as part of the Personal and Home Care Aide State Training (PHCAST) Program, a provision of the Affordable Care Act of 2010.



## Michigan

Michigan provides personal assistance services under the Medicaid State Plan (Home Help Program) and two Medicaid HCBS waivers: the MI Choice Waiver and the MI Habilitation Supports Waiver. In the Home Help program, PCAs, whether agency-employed or participant-directed, must agree to participate in any necessary training; however, training is at the discretion of the participant. The MI Choice Waiver recommends that aides delivering services to participants complete a certified nurse aide course; however, at a minimum, employer agencies must train each aide to properly perform the tasks required for each participant. Participant-directed PCAs in this waiver must have training in universal precautions and blood-borne pathogens, with no other standards specified.

Under the Habilitation Supports Waiver, competency of PCAs, either employed by agencies or directly by participants, is overseen by Prepaid In-patient Health Plans (PIHPs); these aides must be competent enough to provide the services in a particular client's plan of care but are not required by the state to complete any formal training. Consequently, each PIHP has established its own training requirements and mechanisms for delivering the training. Additionally, Michigan is one of six states awarded a three-year grant by the federal government to develop a training and credentialing program for PCAs, as part of the Personal and Home Care Aide State Training (PHCAST) Program, a provision of the Affordable Care Act of 2010.

## Minnesota

Minnesota offers personal assistance services through the Medicaid State Plan and four Medicaid HCBS Waivers: the Community Alternative Care Waiver, the Elderly Waiver, the Developmental Disabilities Waiver, and the Community Alternative Disabled Individuals Waiver. In May 2009, the governor of Minnesota signed into law comprehensive reform of Personal Care Services, which included the establishment of mandatory Department of Health Services-administered training for PCAs. This training and a competency test are available free online in six languages for all agency-employed and independent PCAs. The online training covers the following topics: emergencies, infection control and standard precautions, body mechanics, understanding behaviors, boundaries and protection, timesheet documentation, fraud, and self-care. Participant-directed PCAs receive additional participant-specific training at the discretion of the participant.







## Mississippi

Mississippi provides personal assistance services under two Medicaid HCBS waivers: the Independent Living Waiver and the Intellectual Disabilities/ Developmental Disabilities (IDD) Waiver. PCAs providing services under the IDD waiver are required to complete a minimum of 20 hours of training. The agency determines the training topics, which must be approved by the Department of Mental Health. Participant-directed PCAs providing services to clients under the Independent Living Waiver must receive training from an agency that is permitted by the state to train certified nurse aides. The general content of the training is outlined by the state, and these PCAs must demonstrate competency in the necessary skills.

## Missouri

Missouri provides personal assistance services under the Medicaid State Plan as well as four HCBS Medicaid waivers: the Physically Disabled Waiver, the Community Support Waiver, the Comprehensive Waiver, and the Independent Living Waiver. Under the Medicaid State Plan and the Physically Disabled Waiver, PCAs are required to complete 20 hours of training administered and documented by the employer agency. Broad skill areas for the training are outlined by the state. For the Community Support Waiver and Comprehensive Waiver, PCAs must be trained according to areas outlined by the Division of Developmental Disabilities. These requirements do not specify training hours. For participant-directed services under the Medicaid State Plan, the Comprehensive Waiver, and the Community Supports Waiver, training of PCAs is at the discretion of the participant.

## Montana

Montana offers personal assistance services under the Medicaid State Plan and four HCBS Medicaid waivers: the Big Sky Waiver, the Big Sky Bonanza Waiver, the HCBS for Individuals with Developmental Disabilities Waiver, and the Community Supports Waiver. Under the State Plan and the Big Sky Waiver, PCAs are required to complete 16 hours of agency-provided training, the general topics of which are outlined by the state. The agency is responsible for evaluating each PCA's competency, documenting the training and evaluation, and issuing a certificate of completion. Training for aides providing participant-directed services under the Big Sky programs is at the discretion of the participant. Under the HCBS for Individuals with Developmental Disabilities Waiver and the Community Supports Waiver, all PCAs must complete 20 hours of training through the College of Direct Support. This training is explicitly paid for in the provider reimbursement rate. The employer agency determines which specific training modules aides must complete.





## Nebraska

Nebraska offers personal assistance services under the Medicaid State Plan and through the Aged and Disabled Medicaid HCBS Waiver. There are two kinds of PCAs in Nebraska—Basic Personal Assistant Service Providers (BPAs) and Specialized Personal Assistant Service Providers (SPAs). Training for BPAs is provided by agencies, but only to the extent needed to ensure the aides are qualified to provide the necessary level of care. SPAs have more formal requirements: either 4160 hours of previous personal care experience, certification equivalent to a CNA, or a basic training course approved by the Nebraska Department of Health. Accordingly, SPA reimbursement rates are higher than those for BPAs. PCAs who provide participant-directed services must meet the same requirements.



## Nevada

Nevada provides personal assistance services under the Medicaid State Plan and two Medicaid HCBS waivers: the Waiver for Persons with Disabilities and the Waiver for Persons with Mental Retardation. PCAs providing services under the Medicaid State Plan and the Waiver for Persons with Disabilities must complete 16 hours of training; agencies are required to evaluate the competency of their employees. Training topics are outlined by the state, but there is no required curriculum or specified means for competency evaluation. The same is true for participant-directed PCAs under the Medicaid State Plan. The Waiver for Persons with Mental Retardation offers both agency-directed and participant-directed options for personal assistance, but specifies no training requirements for aides beyond CPR and First Aid.



## New Hampshire

New Hampshire provides personal assistance services through the Medicaid State Plan and two Medicaid HCBS waivers: the Choices for Independence Waiver and the Developmental Disabilities Home and Community Based Waiver. PCAs providing services delivered under the Medicaid State Plan and Choices for Independence Waiver are required to have eight hours of agency-sponsored training in basic skills outlined by the state. PCAs employed at home health care or home care services agencies must have an additional four hours of medication administration training. The Medicaid State Plan leaves training for participant-directed PCAs to the discretion of the participant.

Under the Developmental Disabilities Waiver, PCAs (both agency and participant-directed) are required to complete an orientation in areas related to developmental disabilities, using New Hampshire's Introductory Training Instructional Guide & Resource Manual. PCAs who administer medication must complete eight hours of medication administration training and pass an exam and competency evaluation.



## New Jersey

New Jersey delivers personal assistance services through the Medicaid State Plan and two Medicaid HCBS Waivers: the Global Options Waiver and the Renewal Waiver. Under the Medicaid State Plan, PCAs are required to complete one of the following: homemaker/home health aide training, a certified personal care assistant training program in a hospital or long-term care facility, a training course offered by the Department of Human Services, or one year of experience working as a personal care aide.

Under the Global Options Waiver, agency-employed PCAs must be certified homemaker/home health aides, which requires 76 hours of training (16 clinical) and a competency evaluation. Under the Renewal Waiver, which serves individuals with intellectual and developmental disabilities, agency-employed PCAs are required to complete pre-service training in a few broad areas, administered through the College of Direct Support. Participant-directed PCAs serving individuals in the Global Options Waiver have no specified training requirements. Participant-directed aides in the Renewal Waiver are trained at the discretion of the participant.

## New Mexico

New Mexico offers personal assistance services through the Medicaid State Plan and the Mi Via HCBS Medicaid Waiver. Participant-directed services are available under both programs. Agency-employed PCAs must pass a competency test administered by the employer agency and approved by the state. Participant-directed PCAs in the Medicaid State Plan and Mi Via programs receive training at the discretion of the participant.

## New York

New York delivers personal assistance services under the Medicaid State Plan and three HCBS Medicaid waivers: the Long Term Home Health Care Program (LTHHCP), the Nursing Home Transition and Diversion Waiver, and the Office of People with Developmental Disabilities (OPWDD) HCBS Waiver. Under the Medicaid State Plan, the LTHHCP Waiver, and the Nursing Home Transition and Diversion Waiver, PCAs (known as personal attendants) are required to complete a 40-hour state-approved training program and pass a competency evaluation. Minimally, training programs must cover the state-sponsored curriculum. Certified PCAs are entered into the state's home care registry. Participant-directed PCAs providing services under the Medicaid State Plan are trained at the discretion of the participant. Under the OPWDD Waiver, PCAs are trained by provider agencies in broad areas.





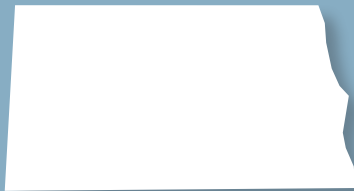
## North Carolina

North Carolina provides personal assistance services under the Medicaid State Plan and the Community Alternatives Program. The Community Alternatives Program (CAP) consists of four HCBS Medicaid waivers: CAP for Disabled Adults (CAP-DA), CAP-CHOICE, and the CAP for Mentally Retarded/Developmentally Disabled Individuals (MR/DD) Comprehensive Waiver, and the CAP-MR/DD Supports Waiver. Personal assistance services in these programs are organized in four levels and the required competencies for aides are specified for each level of service.

In-Home Aides I and II providing personal care services must be deemed competent in specific areas by a supervising RN, but have no formal training requirements. In-Home Aides III and IV provide skilled care and require certified nurse aide licenses. Participant-directed PCAs delivering services under the CHOICE Waiver receive training at the discretion of the participant. Additionally, North Carolina is one of six states awarded a three-year grant by the federal government to develop a training and credentialing program for PCAs, as part of the Personal and Home Care Aide State Training (PHCAST) Program, a provision of the Affordable Care Act of 2010.

## North Dakota

North Dakota offers personal assistance services under the Medicaid State Plan and three HCBS Medicaid waivers: the Medicaid Waiver for HCBS, the DD Self-Directed Supports Waiver, and the Traditional MRDD HCBS Waiver. Under the Medicaid State Plan and Medicaid Waiver for HCBS, agency-based and participant-directed PCAs have the same requirements—they must demonstrate competency in certain specified skills. A nurse educator must conduct the training and submit documentation of competency to the state. The same standards apply for PCAs who deliver services under the Traditional MRDD Waiver, whether employed by department-licensed agencies or as independent PCAs. Training for participant-directed PCAs under the DD Self-Directed Supports Waiver is at the discretion of the participant.





## Ohio

Ohio offers personal assistant services under six HCBS Medicaid Waivers: the PASSPORT Waiver, the Ohio Home Care Waiver, the Transitions Waiver, the Transitions Carve Out Waiver, the Individual Options Waiver, and the Choices Waiver. PCAs delivering services through the PASSPORT program for older adults are required to complete 60 hours of training and a competency evaluation prior to service. The curriculum and exam must be submitted for approval by the Ohio Department of Aging.

PCAs delivering services under the Home Care and Transitions Waivers must complete the training and competency evaluation required of the state's certified home health aides. The Individual Options Waiver for individuals with intellectual or developmental disabilities does not require set hours of training, but does require that PCAs be trained in health and safety and in individual rights. Training for participant-directed PCAs in the CHOICES Waiver is at the discretion of the participant.



## Oklahoma

Oklahoma provides personal assistance services through the Medicaid State Plan and three Medicaid HCBS waivers: the Advantage Waiver for Elderly and Disabled, the My Life My Choice Waiver, and the Sooner Seniors Waiver. Agency-employed PCAs must be certified as home health aides, as stated in the licensing requirements for home care agencies. Participant-directed PCAs delivering services under the Medicaid State Plan, My Life My Choice, and Sooner Seniors waivers must demonstrate competency to provide the services under the plan of care. Training for these aides is left to the discretion of the participant.



## Oregon

Oregon offers personal assistance services through the Medicaid State Plan and two Medicaid HCBS waivers: the Aged and Disabled Waiver and the Comprehensive Waiver. Agency-employed PCAs delivering services under the Medicaid State Plan and Aged and Disabled Waiver must complete training provided by the employer agency in broad topics outlined by the state. The agency must also conduct competency evaluations for each PCA. Participant-directed PCAs must complete an orientation within 30 days of providing service, and otherwise are trained at the discretion of the participant. In the Comprehensive Waiver program, which offers only participant-directed personal care services, training of aides is at the discretion of the participant.



## Pennsylvania

Pennsylvania offers personal assistance services through five Medicaid HCBS waivers: the Attendant Care Waiver, the Independence Waiver, the OBRA Waiver, the Home and Community Based Waiver for Individuals Aged 60 and Older, and the Person/Family-Directed Supports Waiver. Under the three waivers for persons with physical disabilities—the Attendant Care, Independence, and OBRA waivers—PCAs must complete an agency-based training and competency evaluation program meeting certain state-specified subject requirements. The Home and Community Based Waiver for Individuals Aged 60 and Older has the same requirements for agency-employed aides.

Under the Person/Family-Directed Supports Waiver, the agency is required to ensure that PCAs are trained and qualified to provide services defined in the support plan, but formal training requirements are not specified. Each of these waivers offers a participant-directed option—these PCAs must be competent to provide services in the individual’s plan of care and submit to training if necessary.



## Rhode Island

Rhode Island provides personal assistance services under the Medicaid State Plan and under a Global Medicaid 1115 Waiver that combines the state’s HCBS waivers into one program. Within the global waiver, the state offers four programs that allow persons with disabilities to remain in their homes or in the community: Personal Choice Program, Habilitation Program, Developmental Disabilities Program, and Rite@Home, an option for adults who cannot live alone but wish to live with their caregiver and receive personal care and homemaker services. PCAs who work for licensed home care agencies must successfully complete the state’s 80-hour certified nurse aide training course and competency evaluation. PCAs employed in participant-directed options, offered under the Personal Choice Program and the Rite@Home Program, have no formal training requirements.



## South Carolina

South Carolina delivers personal assistance services through three Medicaid HCBS waivers: the Community Choices Waiver, the Mental Retardation and Related Disabilities Waiver, and the Community Supports Waiver. Training requirements for PCAs are the same across all the waiver programs. For Personal Care Aides (II) and Attendants, the state has outlined broad subject areas for training and requires aides to complete a state-sponsored competency evaluation. Personal Care Aides (I), who perform only instrumental activities of daily living, must complete six hours of provider-documented training in certain broad areas before providing service. Participant-directed PCAs in the Community Choice and Mental Retardation and Related Disabilities Waivers have the same requirements as agency-directed aides.





## South Dakota

South Dakota offers personal assistance services under the Medicaid State Plan and two Medicaid HCBS waivers: the HCBS for South Dakotans Waiver and the Family Supports Waiver. Under the Medicaid State Plan and the HCBS Waiver, certified home health agencies (CHHAs), as defined by federal regulations, must provide services. PCAs employed by CHHAs are required to be competent in certain skill areas, but there is no formal requirement for competency evaluation. The Family Supports Waiver offers participant-directed services under the agency-with-choice model. In this case, training for PCAs is at the discretion of the participant, but the plan of care must outline who is responsible for providing the training in each necessary skill.



## Tennessee

In Tennessee, the Medicaid program is operated under a Medicaid 1115 Waiver called TennCare. TennCare's CHOICES program for long-term care provides personal care services and attendant care through managed care organizations (MCOs) that contract with the state. Under these arrangements, MCOs are responsible for contracting with long-term care provider agencies that employ qualified aides to provide these services. TennCare's CHOICES program also offers participant-directed services, in which case the fiscal agent is responsible for ensuring a certain minimum level of training of PCAs (including CPR and First Aid), and the participant is responsible for conducting additional training on individual needs and preference.

The state also operates three waivers for individuals with intellectual and developmental disabilities: the Arlington Waiver, the Self-Determination Waiver, and the Statewide Waiver. For the PCAs providing these services, competencies are outlined by the state and training is conducted using the College of Direct Support.



## Texas

Texas offers personal assistance services under several programs, including the Medicaid State Plan and a 1929 (b) waiver program called Community Attendant Services, which serves individuals with income up to 300 percent of regular Medicaid eligibility. Additionally, the state provides personal assistance services under its Managed Long Term Care Waiver, “Star+PLUS,” and two Medicaid HCBS waivers: the Community-Based Alternatives Waiver and the Home and Community-Based Services Waiver. Training requirements for agency-employed PCAs are essentially universal across these programs, but quite minimal. PCAs must be deemed competent by their employer agency, with no further guidance from the state. The Home and Community-Based Services Waiver is the one exception—the provider agency must outline a plan for initial and ongoing training of PCAs and administer a written competency-based assessment of the applicant’s ability. Each of these programs offers a participant-directed option, in which case the participant is responsible for conducting training of the PCA.



## Utah

Utah delivers personal assistance services under the Medicaid State Plan and four Medicaid HCBS waivers: the Waiver for Individuals Age 65 and Older, HCBS Waiver for Individuals with Physical Disabilities, the New Choices Waiver, and the Community Supports Waiver for Individuals with Intellectual Disabilities or Related Conditions. The Medicaid State Plan requires that PCAs be employed by certified home health agencies, which must ensure that they are trained in all aspects of delivery of care and can demonstrate competency in all areas of training. The content of training and methods of evaluation are not specified by the state. The same broad agency-based requirements apply to agency-employed PCAs serving clients under the waiver programs. Participant-directed options are available under each of the waivers; in these programs, training for aides is at the discretion of the participant.



## Vermont

Vermont has recently consolidated its Medicaid programs under two Medicaid 1115 Waivers. The Choices for Care 1115 Waiver now encompasses most Medicaid HCBS Waivers. The Global Commitment 1115 Waiver includes Medicaid State Plan services as well as services for specific populations that do not qualify for traditional Medicaid. Personal assistance services are available under both waivers. Under Choices for Care, agency-based personal assistance must be delivered through a certified home health agency, which is responsible for training and for ensuring the competency of its PCAs. Under the participant-directed option available in the Choices for Care program and the Global Commitment Waiver, training for participant-directed PCAs is at the discretion of the participant.



## Virginia

Virginia offers personal assistance services under three Medicaid HCBS waivers: the Elderly and Disabled Waiver, the Individual and Family Developmental Disabilities Waiver, and the Intellectual Disability/Mental Retardation Waiver. All three waivers offer participant-directed options. All agency-employed PCAs delivering services under these waivers must complete a 40-hour curriculum, exam, and skills checklist—all provided by the Department of Medical Assistance Services. Agencies may adapt these materials to add additional units, but must, at a minimum, teach the curriculum content.

Under the Individual and Family Developmental Disabilities Waiver and the Intellectual Disability/Mental Retardation Waiver, providers must also ensure that PCAs are trained to work with individuals with developmental disabilities. This additional training can be done using the state-sponsored Mental Retardation Staff Orientation Workbook and accompanying exam, or using specified units/tests from the College of Direct Support. Under the participant-direction options, training for PCAs is at the discretion of the participant.



## Washington

Washington provides personal assistance services under the Medicaid State Plan and six Medicaid HCBS waivers: the Community Options Program Entry System (COPEs), the Medically Needy In-Home Waiver (MNIH), the New Freedom Consumer-Directed Services Waiver, the BASIC Waiver, the BASIC Plus Waiver, and the CORE Waiver. In all of these programs, personal assistance can be provided by agency-employed PCAs or participant-directed PCAs. As of January 2012, all PCAs, with the exception of parents providing personal care, are required to be “certified home care aides.” They must complete a 75-hour basic training curriculum and pass a Department of Health-approved competency evaluation. Agencies provide this training, with approval from the Department of Health. The SEIU NW Training Partnership provides the training for independent PCAs, who are then listed on the state’s Referral Registry.



## West Virginia

West Virginia provides personal assistance services through the Medicaid State Plan and two Medicaid HCBS waivers: the Aged and Disabled Waiver and the MR/DD Waiver. The Medicaid State Plan requires PCAs to complete 32 hours of state-approved training provided by the agency. The broad areas of this training are outlined by the state. For workers delivering services under the Aged and Disabled Waiver, training by the agency in certain broad areas is required, but no curriculum or hours are specified. Participant-directed PCAs under this waiver must complete the same training requirements with the assistance of a resource consultant.

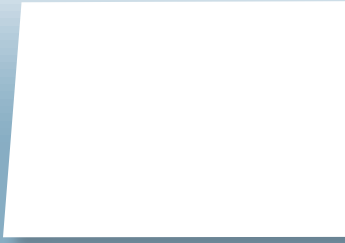
Agencies delivering services under the MR/DD Waiver are required to ensure their employees have basic levels of training in broad areas. Training in the same broad areas must also be documented for participant-directed PCAs under this waiver. West Virginia passed legislation in 2012 (SB 171, HB 4062) that requires the Bureau of Senior Services to establish educational standards for certification of “in-home direct care workers” and create a “direct-care worker registry.”

## Wisconsin

Wisconsin delivers personal assistance services through the Medicaid State Plan and four Medicaid HCBS waivers: the Community Options Waiver, the Community Integration Program, the Community Opportunities and Recovery Waiver, and the IRIS Waiver. In recent years, Wisconsin has consolidated these programs under the Family Care managed long-term care waiver. Participant-directed services are still available under IRIS.

PCAs providing services under the Medicaid State Plan must complete agency-provided training in general topics and specific skills included in the plan of care. The same requirements apply to agency-directed PCAs in the waiver programs. Additionally, all aides (agency-employed and participant-directed) must complete the broad areas of training outlined in the Medicaid Waivers Manual Appendix T. County waiver agencies are responsible for ensuring compliance with this training requirement. These requirements also apply to PCAs providing participant-directed services in the IRIS Waiver.





## Wyoming

Wyoming offers personal assistance services under two Medicaid HCBS waivers: the Long-Term Care Waiver and the Adult Developmental Disabilities Waiver. Under the Long Term Care Waiver, agency-administered services must be provided by a CNA employed by a certified home health agency. In Wyoming, CNAs are required to complete 75 hours of training and a competency evaluation that meets the federal standards for this occupation. Participant-directed PCAs are trained at the discretion of the participant.

Under the Adult Developmental Disabilities Waiver, agency-employed and participant-directed PCAs have the same requirements: CPR and First Aid training, as well as general and participant-specific training. With agency and agency-with-choice service delivery, training must be documented by the agency. The recipient and support broker must document the training under the Fiscal Employer Agent Model.

## Citations

Alabama	Alabama Administrative Code 560-X-35, 560-X-36, 560-X-54, 560-X-57, 560-X-58
Alaska	Alaska Administrative Code, Title 7, 43.750-795
Arizona	Arizona Administrative Code, article 5, R9-28-508; Medicaid provider manual
Arkansas	Arkansas Code 0.16.06.034, Medicaid provider manual; Medicaid waiver applications
California	California Code of Regulations, Title 22, Div. 3, Ch. 3, Art. 2, §51181, and Art. 3, §51204; IHSS Provider Handbook; Medicaid waiver applications
Colorado	Colorado Code of Regulations, Title 10, 2505-10, §8.489, §8.510.8, §8.500.90
Connecticut	Connecticut Regulations: 17a-218-8 through 17a-218-17; 17b-342-2; 17b-262-596
D.C.	D.C. Municipal Regulations, 29-1910, 1916, 4221, 5003
Delaware	Delaware Administrative Code, Title 16: 4406, 4469
Florida	Florida Administrative Rules 59G-13.030, 13.080, 13.083, Medicaid provider manuals; Medicaid waiver applications
Georgia	Georgia Administrative Rules 290-5-54-09, Medicaid provider manuals; Medicaid waiver applications
Hawaii	Hawaii Administrative Rules: 17-1421, 17-1439, 17-1441; Medicaid Provider Manuals
Idaho	Idaho Administrative Procedure Act 16.03.10.300, 16.03.10.320, 16.03.10.700 through 719; Idaho Code 39-5605; Medicaid waiver applications; Idaho Skills Matrix
Illinois	Illinois Administrative Code Title 89; 686.10; Medicaid waiver applications
Indiana	Indiana Administrative Code, 455 IAC 2-6-3; 460 IAC 614-6-14-3, 614-6-14-4; Medicaid waiver applications
Iowa	Iowa Administrative Code 441-83; Medicaid waiver applications
Kansas	Kansas Administrative Rules 30-20-17; 30-63-10; Medicaid provider manuals; Medicaid waiver applications
Kentucky	Kentucky Administrative Rules 906 KAR1:180; 907 KAR 1:090, 1:160, 1:835; 917 KAR 1:145; Medicaid provider manuals
Louisiana	Louisiana Administrative Code Title 50 §12901, Title 40 §9201; Medicaid provider manuals
Maine	Code of Maine Regulations 10-149 CMR Ch. 5, 63; MaineCare manual
Maryland	Code of Maryland Regulations 10.09.20.03, 10.09.55.06, 10.09.54.06, 10.09.22.11
Massachusetts	Code of Massachusetts Regulations, Title 130, 422.00, 422.411; Massachusetts Council for Home Care Aide Services
Michigan	Medicaid provider manuals; Medicaid waiver applications
Minnesota	Minnesota Statute 2009 Supplement 256B.0659
Mississippi	Mississippi Department of Mental Health Operational Standards; Medicaid waiver applications



Missouri	Code of State Regulations, 15-8.300; Medicaid provider manuals; Medicaid Waiver Applications
Montana	Administrative Rules of Montana 37.34.933; 37.34.934; Medicaid provider manuals; Medicaid waiver applications
Nebraska	Nebraska Administrative Code, Title 465, Ch. 15; Title 480, Ch. 5-005E
Nevada	Nevada Admin Code 435; Medicaid Services Manual, Ch. 2100, 2300, 2600, 3500; Medicaid waiver applications
New Hampshire	New Hampshire Administrative Rules He-W 552, He-P 820, He-M 517, He-M 525, He-M 1201, He-E 800; Medicaid waiver applications
New Jersey	New Jersey Administrative Code 10:44A; 10:44C: 10:140-5:1; Medicaid waiver applications
New Mexico	New Mexico Administrative Code 8.315.4, 8.315.6, 7.28.2
New York	New York Codes, Rules, Regulations 18.505.14, 18.505.28, 10.766.11, 10.700.2, 14.633.8
North Carolina	North Carolina Administrative Code 10A.06A.0100; Medicaid waiver applications
North Dakota	North Dakota Administrative Code, 75.03.23.07; 75.04.01
Ohio	Ohio Administrative Code 173-39-02.4, 5123:2-13-04 (J), 5101:3-47-04, 5101:3-46-04, 5105:3-50-04, 5105:3-50-04, 5101:3-31-06; Medicaid provider handbooks
Oklahoma	Oklahoma Administrative Code, 317:35-15-13.2, 317:35-17, 317:50-3, 317:50-5, 310-662; Medicaid waiver applications
Oregon	Oregon Administrative Code, 411-030-0020 through 0090; 411-030-0170; 411-031-0020 through 0050; 411-034-0333; 411-034-0536; Medicaid waiver applications
Pennsylvania	Pennsylvania Code Title 28, Part IV, H, Ch.611; Medicaid waiver applications
Rhode Island	Rhode Island Rules and Regulations, R23-17.9-NA.
South Carolina	Medicaid Provider Manuals, Medicaid Waiver Applications
South Dakota	South Dakota Administrative Rules 67:16:24, 67:44:03, 46:10:07
Tennessee	Tennessee rules 1200-13-01.05, Medicaid provider manuals
Texas	Texas Administrative Code Title 40, Part 1, Ch. 47; Title 40, Part 1, Ch. 97, SubCh C; Title 40, Part 1, Ch. 97, SubCh. D; Title 40, Part 1, Ch. 48, Sub. J; Title 40, Part 1, Ch. 9, Sub. D, 9.177; Title 40, Part 1, Ch. 44, Subch B.; Medicaid provider handbooks; Medicaid waiver applications
Utah	Utah Code Annotated 26-21, 62A-2, and/or 62A-3; Utah Administrative Code R432-700-23, R539-5; Medicaid provider manuals; Medicaid waiver applications
Vermont	Department of Vermont Health Access Rules 7406.3; Department of Disabilities, Aging, and Independent Living Rules; Code of Vermont Rules 13-110-010
Virginia	Virginia Administrative Code: 12-VAC 30-120-900, 950; 12-VAC 30-120-211, 225, 233; 12-VAC 30-120-700, 766, 770
Washington	Washington Administrative Code 388-106-0200, 388-106-0300, 388-106-0500, 106-1400, 388-845

West Virginia

Medicaid provider manuals

Wisconsin

Wisconsin Administrative Code DHS 105.17; Medicaid Waivers Manual Appendix T

Wyoming

Medicaid Rules Ch. 34, Ch. 41, Ch. 45 Sections 14 and 26



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