Training Requirements for Personal Care Attendants

Overview

In response to a request by a Member State, NASUAD sent to all Member States a mini-survey asking for information about training requirements for Medicaid-funded personal care attendants (PCAs). Twenty-four states responded. The survey included three questions on this topic:

- Does your state require PCAs who provide services to people receiving Medicaid-funded home and community-based services to be trained in cardio-pulmonary resuscitation (CPR)?
- Do you have any other minimum requirements for PCAs?
- Are there different requirements for PCAs who are “agency-based” and who are “consumer-directed”?

Responses

Seven states (29 percent) mentioned that PCAs must be trained in CPR, and twenty-one states (71 percent) said there are other minimum requirements for PCAs. Other minimum requirements identified include the following:

- Eight states (one-third) indicated that background checks are required.
- The following requirements for PCAs were mentioned by a few states each: minimum age (age 18); basic math, reading and communication skills; First-Aid certification; and training/skills in personal assistance and homemaker services; annual training/renewal/continuing education.
- Other requirements mentioned by one state each include: knowledge of abuse, neglect, exploitation; knowledge of HIPPA; health and welfare training; understanding of direct care ethics; prohibition that PCA may not be a family member or surrogate.

Twelve states (50 percent) indicated that there are different CPR requirements and other minimum requirements for PCAs who are agency-based and who are consumer-directed. For example:

- One state mentioned that a consumer may waive the requirement for his/her consumer-directed PCA to be trained in CPR, but this requirement may not be waived for PCAs employed by agencies.
• Four states commented that other training requirements are more stringent for agency-based PCAs than for consumer-directed PCAs.

• Another state noted that TB testing and background checks may be waived for consumer-directed PCAs but not for PCAs employed by an agency.

• A few states indicated that for agency-based PCA the provider must train the PCAs how to meet the needs of consumers, and for consumer-directed services the consumer and his/her support group directs the PCA how to provide services.

Conclusions

Based on information provided by twenty-four states, there appears to be variation in CPR training and other minimum requirements for Medicaid-funded PCAs. Half of the states said there are differences in requirements between PCAs who are agency-based and PCAs who are consumer-directed. Several states mentioned that CPR training and other minimal requirements for PCAs are more stringent for those who are agency-based than for those who are consumer-directed.