ITUP Insure the Uninsured Project x POLICY at Healthforce Center at UCSF

» Fact Sheet

Strengthening Personal Care Aide Workforce: Advancing Consistency, Training, and Equity

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Introduction: The Critical Yet Undervalued Role of Personal Care Aides (PCAs)

Personal Care Aides (PCAs) play a vital role in the direct care workforce, providing essential support to older adults and individuals with disabilities or serious illnesses. PCAs, working alongside home health aides, make up the largest occupational group in the U.S. workforce, helping individuals maintain optimal health and independence in their homes and communities.

Despite their critical role, PCAs face systemic challenges, including inconsistent training standards across states, and the absence of a national training requirement. This results in fragmented job preparation, limited credential portability, job instability, and barriers to delivering consistent, high-quality care. Compounding these issues, many PCAs are underpaid, further undermining workforce stability and retention.

Based on the 2025 work of Jessica King, Kezia Scales, and Susan A. Chapman in their paper, Training Standards for Personal Care Aides Across States: An Assessment of Current Standards and Leading Examples—produced by ITUP in partnership with Policy at Healthforce—this fact sheet highlights the state of PCA training nationwide, showcases innovative state models, and presents policy solutions to strengthen and equitize the direct care workforce.

Fast Facts »

- **3.7 million** PCAs and home health aides made up the workforce in 2023
- Turnover is ***sky-high***: **79%** among direct care workers
- Median PCAs wage in 2023: just **$16.13/hour**
- ***All 50*** states reported PCA shortages in 2023
- ***No*** federal training standards for PCAs
- ***7**** states have ***zero*** PCA training requirements
- Training hours range from 4 to 125 hours. The median required number of training hours was : **37.5 hours**

**Note: Indiana, Iowa, Kansas, Nebraska, Tennessee, Texas, and Vermont have no training requirements for PCAs.*

Why the PCA Workforce Matters

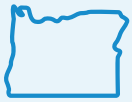
Although PCAs provide essential services, the workforce is often mischaracterized as 'low-skill'—a perception driven by low wages and inadequate training. This harmful narrative undermines job interest, retention, leads to inconsistent care quality across regions, and contributes to poorer outcomes for those receiving care.

Despite the vital nature of their work, PCAs are often left out of recognition, training support, and regulatory structures afforded to other care professionals. Establishing stronger, standardized training not only equips PCAs to meet increasingly complex care needs but also enhances their professional status, mobility, and career stability.

Key Differences Between PCAs & Other Care Workers

ROLE	TRAINING REQUIREMENT	SCOPE OF WORK
Personal Care Aides (PCAs)	No Federal Training Standards	Assist with Activities of Daily Living (ADLs), Companionship, Meal Prep, Mobility, etc.
Home Health Aides	Minimum 75 Hours (Federal)	ADLs + Basic Health Care (e.g., Monitoring Vital Signs)
Certified Nursing Assistants (CNAs)	Minimum 75 hours + Certification Exam	Medical Support in Clinical Settings Under Nurse Supervision

Personal Care Aides (PCAs) Training & Certification by State

State	PCA Training & Certification Requirements
 Washington	• Universal PCA Training & Certification • Robust Career Ladder • Centralized Client Matching Service Registry
 Oregon	• Flexible Training Options (Hybrid Model) • Statewide Training Oversight
 New Jersey	• Integrated Credentialing for PCAs • Cultural Accountability (Bilingual Training Options)
 New York	• State-Endorsed Standardization Curriculum • Centralized Home Care Registry
 Rhode Island	• High Training Hour Requirement • Alternative Training Pathway for Self-Directed PCAs

The Rising Importance of PCA Training

Long undervalued, PCAs are now central to aging and disability care. While training reform efforts like the 2010 Personal and Home Care Aide State Training (PHCAST) program aimed to standardize PCA training in six states (California, Iowa, Maine, Massachusetts, Michigan, and North Carolina), their impact remain limited and fragmented. The urgency for broader reform intensified during the COVID-19 pandemic, which exposed gaps in care systems and sparked momentum to unify direct care roles and strengthen Medicaid home- and community-based services (HCBS). This shift was reinforced by the American Rescue Plan Act of 2021, which invested $4.3 billion in HCBS workforce training.

Spotlighted State Leaders in PCA Training

The following states are Leader States in PCA training, achieving top scores for their consistency, rigor, and credential portability: Washington (11 pts), Oregon (11 pts), New Jersey (10 pts), New York (10 pts), Rhode Island (10 pts), and Washington, D.C. (10 pts). Notably, California—a state with one of the largest PCA workforces—falls short of this benchmark, scoring only 7.7 out of 11, highlighting the need for stronger statewide training standards.

Challenges to Strengthening the PCA Workforce

Ongoing efforts to strengthen PCA training highlight the workers' integral role in the direct care workforce. However, while momentum is being built to improve PCA training and job quality, several structural and systemic barriers continue to hinder the workforce's growth and durability:

Inconsistent and Inadequate Training Standards: Only home health aides and nursing assistants have uniform, federally mandated training.

Limited Language and Accessibility: Few states offer training in languages other than English.

Uneven Implementation: Some states roll back standards due to administrative burden.

Fragmented Oversight: Training varies by employer, state, and program—creating confusion and gaps.

Lack of Portability: Nearly half of states do not support credential portability, limiting career advancement. Only 15 states* and Washington D.C. meet the criteria for PCA training portability.

** Note: The 15 states meeting the PCA training portability criteria in 2023 are: Arizona, California, Florida, Hawaii, Maine, Michigan, New Jersey, New York, North Carolina, North Dakota, Oklahoma, Oregon, Rhode Island, Washington, and Wyoming.*

Policy Recommendations

PCAs are a vital part of the long-term care ecosystem, yet their potential remains constrained by inconsistent training and limited support. To fully realize the value they bring, it is time to elevate the PCA role through targeted investment, greater recognition, and the establishment of national standards that promote both quality care and meaningful, sustainable work. To advance equitable care and strengthen the PCA workforce, states and federal agencies should:

1. *Establish Federal Training and Funding Standards for PCAs*

The Centers for Medicare & Medicaid Services (CMS) can lead by establishing minimum federal training and funding standard for PCAs—such as aligning with a 75-hour baseline used for other direct care workers and covering training costs and time. This would promote consistency, reduce inequities, and improve workforce mobility across states.

2. *Promote Portability Across States and Settings*

Standardize credentials and support cross-state recognition. This aids in ensuring that PCA training and credentials can be transferred between employers, roles, and settings.

3. *Incentivize Career Pathways*

Implement tiered roles for PCAs (e.g., advanced aide, care coordinator) with additional training and higher pay.

4. *Expand Access to Multilingual, Culturally Relevant Training*

Promote language access and integrate cultural competency and humility training to better serve diverse populations PCAs support, including older adults and individuals with intellectual and developmental disabilities.

5. *Encourage Public Awareness of PCA Role*

Reframe PCAs as essential professionals—on par with CNAs—through public campaigns and educational outreach.

Key Terms

Certified Nursing Assistants (CNAs): Direct care workers who provide hands-on clinical support to patients under the supervision of licensed nurses, including assistance with daily activities and basic health care tasks. By federal law, CNAs must complete at least 75 hours of entry-level training and pass a standardized competency exam to become certified.

Consistency: Refers to the variation or uniformity of training requirements for agency-employed PCAs across each state's Medicaid programs and waivers for older adults and individuals with physical disability.

Direct Care Workforce: A broad group of health care workers who provide essential support to individuals with physical, cognitive, or behavioral health needs—primarily in home, community, and long-term care settings. This workforce includes PCAs, Home Health Aides, and CNAs.

Home Health Aides: Direct care workers who provide personal care and basic health-related services in the home, including assisting with medication, and supporting activities of daily living (ADLs). Home Health Aides are required by federal law to complete a minimum of 75 hours of entry-level training and are typically supervised by licensed health professionals.

Medicaid Home and Community-Based Services (HCBS): A set of Medicaid-funded programs that provide long-term care and support to individuals, primarily older adults and people with disabilities, in their homes and community settings.*

The Personal and Home Care Aide State Training (PHCAST) program: Established in 2010 and aimed to uplift the PCA workforce and standardize training in six states—California, Iowa, Maine, Massachusetts, Michigan, and North Carolina.

Personal Care Aides (PCAs): Occupational workers who support older adults and individuals with disabilities and serious illness to live with optimal health and wellbeing in their own homes and communities. Their role includes assistance with activities of daily living as well as support with other activities of independent living.

Portability: Refers to whether PCA training and credentials can be transferred between employers. Portability allows more career mobility for PCAs while also reducing costs associated with retraining.

Rigor: Refers to the individual components of a state's training requirements. More rigorous, or in other words more specific, training requirements can reduce ambiguity and inequity across PCA training programs and practices, ensuring that all PCAs have commensurate preparation for their role.

**Source: Centers for Medicare and Medicare Services (CMS), Home & Communtiy Based Services, Medicaid.gov, Accessed: June 3: 2025.*

About ITUP

ITUP is an independent, nonprofit, health policy institute that has been a central voice in the California health policy landscape for more than two decades. ITUP serves as a trusted expert, grounded in statewide and regional connections with a network of policymakers, health care leaders, and stakeholders. The mission of ITUP is to promote innovative and community-informed policy solutions that expand access to equitable health care and improve the health of all Californians.

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Policy at Healthforce Center at UCSF

Policy at Healthforce promotes health workforce diversity and economic opportunities in California through a responsive, community-informed research and policy agenda rooted in social justice, with support from The California Endowment. Policy at Healthforce is part of Healthforce Center at UCSF, a trusted partner to funders, policymakers, and healthcare organizations, delivering impactful research, evaluation, policy insights, and capacity building programs. Grounded in equity and built on deep relationships across California's healthcare landscape, our work breaks down silos and drives system transformation—advancing better health for all. We have partnered with ITUP to accelerate the dissemination of workforce research and evidence into the hands of community advocates and policymakers. The evidence synthesized in this fact sheet was originally supported by the Health Resources and Services Administration (HRSA) of the US Department of Health and Human Services (HHS).

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