

SEPTEMBER 2017

ISSUE BRIEF

Training Standards for Personal Care Aides: Spotlight on Arizona

BY STEPHEN CAMPBELL

Arizona is among just 19 states that have enacted uniform training requirements for personal care aides (PCAs) across all Medicaid long-term care programs. The process by which the state adopted these training standards spanned from 2004 to 2012. During that time, home care leaders deliberated extensively over how to achieve a system that ensured a baseline level of competency among PCAs, while balancing the priorities of workers, consumers, providers, and the state. This report is part of a three-part series focusing on states that have led the way in developing PCA training standards. Specifically, we ask: what was the need for PCA training standards in Arizona? How did home care leaders address that need? And how were new personal care training standards implemented and accepted?

EXECUTIVE SUMMARY

Older adults and people with disabilities in Arizona who require assistance with daily tasks such as eating, bathing, and dressing are increasingly receiving this assistance in their own homes.¹ This trend toward home-based care—paired with the exponential growth of the older adult population—fuels demand for well-trained personal care aides (PCAs).² Yet there are no federal training requirements for PCAs and, prior to 2012, there were no training requirements at the state level in Arizona (see Figure 1). In 2012, the state, consumers, and providers agreed to enact new training standards that ensure a baseline level of skill among all PCAs.

Arizona’s PCA training standards were crafted by home care leaders through eight years of curriculum development, pilot-testing, and deliberation. The process began in 2004 when the governor convened the Citizens Workgroup on the Long-Term Care Workforce. This group developed Arizona’s first state-sponsored training curriculum, called the “Principles of Caregiving,” and advised the state to develop a training system for all PCAs that would be uniform, statewide, and state-funded.³

The state subsequently created the Direct Care Workforce Committee to realize this recommendation. Through extensive deliberation and public engagement, the committee members drafted PCA training standards based on the Principles of Caregiving. The draft standards required prospective workers to complete a fundamental skills training module and a population-specific module, and then pass a standardized test to demonstrate their competencies.

The state incorporated the Direct Care Workforce Committee’s recommendations into state Medicaid policy and the new training system took effect in 2012.⁴ Following implementation, the state and the Direct Care Workforce Committee continued to receive comments from the public, and they amended state regulations, programs, and the training curriculum accordingly. The result of these efforts is a well-received training system that achieves the original intent of the Citizens Workgroup on the Long-Term Care Workforce: it assures consumers and employers that PCAs have achieved competency in the skills required for their jobs.

FIGURE 1: PCA TRAINING STANDARDS IN THE UNITED STATES

- Without federal standards, states have implemented an assortment of training requirements. Even within a given state, there is typically little uniformity across programs.
- **23 states** have at least one personal assistance services program with no training requirements (excluding consumer-directed PCA services).
- While **19 states** have uniform training requirements for PCAs across programs, only **7 states** specify detailed skills or offer a state-sponsored curriculum.
- **7 states** require PCAs to complete home health aide or certified nurse aide training

Source: PHI. 2016. “Personal Care Aide Training Requirements.”
<https://phinational.org/policy/issues/training-credentialing/training-requirements-state/personal-care-aide-training>

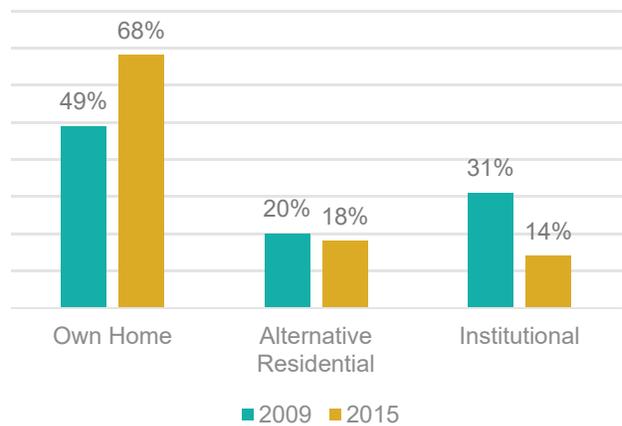
THE NEED FOR WELL-TRAINED PERSONAL CARE AIDES

Since 1989, Arizona has provided Medicaid-funded long-term services and supports through the Arizona Long-Term Care System (ALTCS), a managed long-term care program with 60,000 members, including older adults, people with physical disabilities, and people with intellectual and developmental disabilities.⁵

In recent years, it has become increasingly common for ALTCS members to receive assistance with daily tasks such as eating, bathing, and dressing in their own homes—instead of in nursing homes. From 2009 to 2015, the percentage of members who lived in institutional settings declined from 31 percent to 14 percent, and the percentage of members who lived at home grew from 49 percent to 68 percent (see Figure 2).⁶ Demand for home care will be driven higher by rapid growth among the older adult population. In Arizona, the population of adults aged 65 and above is expected to more than double, from 1.1 million in 2015 to 2.3 million in 2050 (see Figure 3).⁷ Given that 43 percent of older ALTCS members lived at home in 2015, this population growth will fuel the concurrent growth in home care recipients.

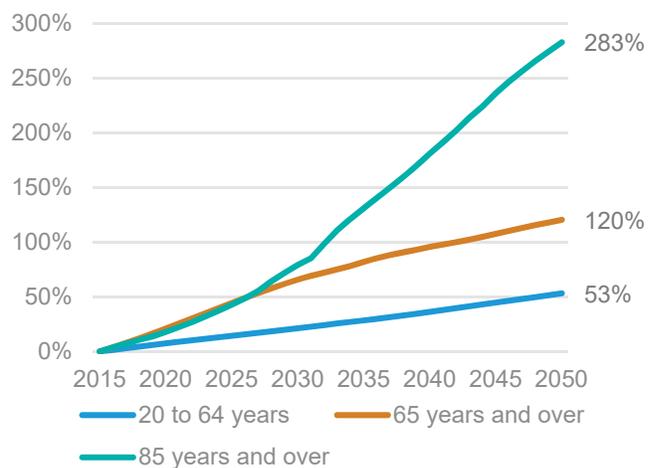
This growing population of home care recipients (who have a higher level of need than in the past) will drive demand for a large and well-prepared PCA workforce. Yet prior to 2012, these workers were not subject to any state or federal training requirements, which posed challenges for home care employers because they could not accurately assess their job applicants' prior training—either the quantity or quality. New hires might have been given pre-service training that duplicated their previous employers' training, or they might have begun work without sufficient training. Therefore, home care consumers were not guaranteed that their workers had been trained in the basic skills required to provide personal care.

FIGURE 2: THE PROPORTION OF ALTCS MEMBERS RECEIVING SERVICES AT HOME INCREASED DRAMATICALLY FROM 2009 TO 2015.



Source: Division of Health Care Management. 2016. *Annual HCBS Report CY 2015*. Phoenix, AZ: Arizona Long-Term Care System. https://azahcccs.gov/Shared/Downloads/HCBS/AnnualHCBS_CMSReportCYE2015.pdf; analysis by PHI (August 8, 2017).

FIGURE 3: IN ARIZONA, THE POPULATION OF ADULTS AGED 65+ WILL MORE THAN DOUBLE FROM 2015 TO 2050.



Source: Division of Health Care Management. 2016. *Annual HCBS Report CY 2015*. Phoenix, AZ: Arizona Long-Term Care System. https://azahcccs.gov/Shared/Downloads/HCBS/AnnualHCBS_CMSReportCYE2015.pdf; analysis by PHI (August 8, 2017).

DEVELOPING PERSONAL CARE AIDE TRAINING STANDARDS

In 2004, the inadequacy of PCA training in Arizona was addressed for the first time by the newly formed Citizens Workgroup on the Long-Term Care Workforce. The group was comprised of long-term care providers, educational institutions, state agencies, and consumer groups. The group members represented older adults, people with intellectual and developmental disabilities, and people with physical disabilities. In their final report, the group recommended that Arizona adopt training standards that were uniform, statewide, and state-funded.⁸

A subcommittee of the group also developed the first state-sponsored PCA training curriculum, titled the “Principles of Caregiving.” This group was made up of representatives from Phoenix College, the Alzheimer’s Association Desert Southwest Chapter, Foundation for Senior Living (a provider for older adults), AIREs (a provider for individuals with intellectual and developmental disabilities), and Ability360 (a center for independent living).⁹ The group’s first project involved crafting a 30-hour fundamental skills curriculum for all PCAs, drawing from existing training programs as well as private, public, and non-profit resources. For example, Ability360 contributed the philosophy and history of independent living, while Foundation for Senior Living provided material on confidentiality. After completing the fundamental skills curriculum, the subcommittee created two specialized training modules: one on caring for older adults and people with physical disabilities, and the other on caring for people with intellectual and developmental disabilities (see Figure 4).¹⁰

The Citizens Workgroup disbanded shortly after releasing its final report, and the state created the Direct Care Workforce Committee to facilitate statewide, voluntary adoption of the Principles of Caregiving curriculum.¹¹ More than 100 individuals from 58 organizations offered their input to the committee, including 31 permanent members who had decision-making power (see Appendix).¹² In 2007, with limited funding from the state and substantial volunteer hours, the Principles of Caregiving was pilot-tested with 137 workers at community colleges and home care agencies in Maricopa and Pima counties. Post-test evaluations found that the training met or exceeded expectations among 95 percent of trainees.¹³

Post-test evaluations found that the new PCA training met or exceeded expectations among 95 percent of train

However, it soon became clear that home care providers were reluctant to expand or amend their existing training programs voluntarily, and in 2007 the Direct Care Workforce Committee began working with the state to include training requirements in Medicaid contracting standards.¹⁴ This approach was designed to impact the largest number of PCAs given that Medicaid was the largest payer of home care in the state.¹⁵

The Direct Care Workforce Committee developed tiered training requirements that aligned with the structure of the Principles of Caregiving curriculum (see Figure 5). Nearly all PCAs would be required to complete the fundamental skills training, although consumer-directed workers would be exempt in deference to regulations that allowed consumers to determine their workers’ training needs.¹⁶

FIGURE 4: THE “PRINCIPLES OF CAREGIVING” INCLUDES A MODULE ON FUNDAMENTAL SKILLS AND TWO POPULATION-SPECIFIC SPECIALTY MODULES.

TITLE	DESCRIPTION AND COMPETENCIES
Fundamentals	<ul style="list-style-type: none"> • Roles and Responsibilities within the Agency and/or Community • Ethical and Legal Behavior • Observing, Reporting, and Documenting • Communication and Cultural Competency • Job Management Skills and Self-Care • Infection Control • Safety and Emergencies • Nutrition and Food Preparation • Home Environment Maintenance • Body Mechanics and Techniques for Maintaining Back Safety
Older Adults and People with Physical Disabilities	<ul style="list-style-type: none"> • Chronic Diseases and Physical Disabilities • Knowledge of the Physical and Emotional Needs of an Individual • Transfers and Positioning • Personal Care • Activities and Activity Planning • Dementia-Specific Care Competencies • Grief and End-of-Life
People with Intellectual and Developmental Disabilities	<ul style="list-style-type: none"> • Working with People with Developmental Disabilities • Knowledge of Disabilities • Abuse and Neglect • Role and Requirements of the Division of Developmental Disabilities • Support Plans • Daily Living • Incident Reporting • Positive Behavior Support

Source: Arizona Direct Care. 2011. “Principles of Caregiving.” http://www.azdirectcare.org/Training--DCW_Curriculum.html.

Most workers would also be required to complete specialty training about the population they served. Committee members agreed that paid family caregivers already had in-depth knowledge of the specialized needs of their loved ones, so were exempted from specialty training requirements.¹⁷ However, they agreed that paid family members should receive the fundamental skills training, which covered topics that cannot be learned through experience, such as legal and administrative requirements and on-the-job safety.

To allow employers to determine the competency of previously trained job applicants, the Direct Care Workforce Committee created a standardized test, available in both English and Spanish, which included a written component and skills demonstration.¹⁸ To pass, trainees would need to score 80 percent or higher on the written portion and 100 percent on the skills portion.¹⁹ If trainees failed to demonstrate competency in any skill, they would be required to retest those skills individually. If they failed the written knowledge test, they would be required to retake the entire test.²⁰

The standardized test also allowed the Direct Care Workforce Committee to assess trainers' own knowledge of the subject matter. In late 2009, when committee members administered the standardized test to trainers for the first time, only two of the 12 participants passed.²¹ The committee also discovered that some trainers did not have any caregiving experience. Committee members had previously considered mandatory courses for trainers, but their recommendation was dropped as the state could not guarantee it would be adequately funded.²² Instead, the committee decided that trainers would be required to pass the standardized test with a score of 92 percent or higher on the written portion and a perfect score on the skills portion.²³ Training instructors would also need at least one year of caregiving experience and one year of experience teaching adults.²⁴

FIGURE 5: CERTAIN WORKERS ARE EXEMPT FROM THE FULL TRAINING REQUIREMENTS BASED ON CREDENTIALS, EXPERIENCE, AND EMPLOYMENT.

Training Requirement	PCAs	Exempted PCAs*	CNAs, LPNs, RNs	Paid Family Members	Consumer-Directed Aides
Principles of Caregiving Fundamental Skills Training	Required	Employer-Determined	Employer-Determined	Required	Not Required
Principles of Caregiving Specialty Training	Required	Employer-Determined	Employer-Determined	Not Required	Not Required
Standardized Test	Required	Employer-Determined	Employer-Determined	Not Required	Not Required

*PCAs were exempt from training requirements if they passed the challenge test on the first attempt, or if they had served as PCAs since before 2012 without changing employers.

Source: Arizona Health Care Cost Containment System (AHCCCS) Contractor Operations Manual. 2012. *Direct Care Worker Training and Testing Program*. Chapter 429.

Although these requirements for trainers were fixed, the Direct Care Workforce Committee granted employers some discretion over the training standards for PCAs. Specifically, workers who were already certified as nursing assistants, licensed practical or vocational nurses, or registered nurses could be exempted, since their respective training requirements exceeded the PCA training requirements.²⁵ Furthermore, given the daunting challenge of re-training the entire existing PCA workforce, the committee compromised by recommending that existing workers could be exempted from the training standards at the discretion of their employers, but they would be trained after changing employers.²⁶

The Direct Care Workforce Committee also gave agencies leeway to allow workers with demonstrated caregiving experience to forgo training and take a “challenge test.” Workers would only have one opportunity to take the challenge test, and if they failed, they would be required to complete the full training.²⁷

The Direct Care Workforce Committee proposed that non-exempted workers would need to complete the fundamental skills training prior to providing services and the population-specific training within 30 days of starting work.²⁸ However, arguing that a significant number of workers did not remain in their new positions beyond 30 days, employers were concerned they would invest in workers who would take their new skills elsewhere. In response, the deadline for training completion was extended to 90 days from the time of hire.²⁹

While learning objectives and testing would be standardized across training programs, the Direct Care Workforce Committee chose not to mandate training hours. Early iterations of the training curriculum suggested 40 to 50 hours, but providers were concerned about the cost associated with such a requirement.³⁰ The committee concluded that the minimum length of training programs was less important than their effectiveness, which would be demonstrated through standardized test results.

These training requirements fulfilled the recommendations made by the original Citizens Workgroup on the Long-Term Care Workforce, with one exception: reimbursement policies were unchanged. Thus, home care providers would be limited in their ability to invest in training by reimbursement rates from managed care organizations.

The committee concluded that the minimum length of training programs was less important than their effectiveness, which would be demonstrated through standardized test results.

IMPLEMENTATION AND ACCEPTANCE

The training requirements went into effect in October 2012, after providers requested an additional year to prepare. Currently, there are 158 training programs across Arizona,³¹ which are offered by home care agencies, private vocational programs, and educational institutions such as high schools, colleges, or universities (see Figure 6).³² Training entities can develop their own curricula, provided they meet the learning objectives of the Principles of Caregiving, but only four training programs have exercised this option.³³

The Direct Care Workforce Committee played an ongoing role in supporting implementation of the new training requirements. In 2012 and 2013, the committee hosted train-the-trainer workshops to familiarize new trainers with teaching the Principles of Caregiving curriculum. They also improved the specialty training curriculum on caring for people with intellectual and developmental disabilities with assistance from the Arizona University Center for Excellence in Disabilities Education, Research, and Service. Finally, they developed additional test questions to create more than one version of the standardized test, to reduce the risk that trainees who failed the first time could pass the second time based on their recall of the test questions rather than their improved knowledge.

The state also supported the transition to the new training system by developing an online training verification system. Initially, employers were required to request testing verification from each new worker's previous employer, which was burdensome. As of 2016, employers can use an online portal to easily verify job applicants' training status and test results dating back to 2012.

Aside from the manual verification process, employers were also frustrated about investing significant time and resources in training new PCAs who subsequently left their positions. In such cases, employers were required to start training other new hires, regardless of the individual's prior experience. However, this concern has diminished over time, as more applicants for PCA jobs have already completed the state-required training.

While employer resistance to training requirements has eased, compliance with the requirements remains an issue, according to state audits. Six months after training programs are approved, the state audits the programs' policies, trainers, equipment, space, and supplies. These audits often reveal some level of noncompliance with training standards. However, evaluators describe audits as an opportunity to provide technical assistance, so rather than revoke a training program's approval status due to noncompliance, they offer a corrective action plan. The state is considering conducting the audit *before* approving new applications, which would enable training programs to receive technical assistance before they start training new PCAs.

Consumers and family members have also accepted the new training standards. Consumers are generally appreciative that the state requires a minimum level of training among PCAs, while requirements are more controversial among family members, who are sometimes frustrated when they are required to complete training on fundamental caregiving skills. Before they complete the training, they see it to an unnecessary barrier to providing paid services to their loved ones. However, they are more appreciative once they learn new skills through the training.

FIGURE 6: THERE ARE 158 PCA TRAINING PROGRAMS ACROSS ARIZONA.



Source: Arizona Health Care Cost Containment System (AHCCCS). 2016. *Approved Program Listing*. Phoenix, AZ: AHCCCS. <https://www.azahcccs.gov/plansproviders/downloads/dcw/ApprovedProgramsListing.pdf>; analysis by PHI (August 8, 2017).

CONCLUSION

In response to greater demand for qualified PCAs, home care leaders in Arizona successfully enacted statewide training requirements for all PCAs. After an adjustment period, the training standards were accepted among workers, providers, consumers, and their families alike. While the state did not adopt training-related payment reforms, the PCA training system in Arizona still ensures that new PCAs are uniformly trained in the basic competencies required for their jobs.

Stephen Campbell is PHI's Policy Research Associate.

Support for this case study was provided by the Community Living Policy Center, with funding from the National Institute on Disability, Independent Living, and Rehabilitation Research (grant 90RT5026) and the Administration for Community Living.

APPENDIX: DIRECT CARE WORKFORCE COMMITTEE PERMANENT MEMBERS

NAME	ORGANIZATION
Debra Adams	Pima Community College
Karen Barno	Assisted Living Federation of America (ALFA)
Lourdes Barrera	Pima Health System
Timothy Cleary	Gateway Community College
Gwen Dean	Arizona Bridge to Independent Living (ABIL)
Dawn DeMers	Home Instead
Kim Gaunt	Bridgeway Health Solutions
Olivia Guerrero	Pinal-Gila Council for Senior Citizens
Robin Gwozdz	Pima Health System
Pat Houston	Pima Community College
Ida Jones	Creative Networks
Diane Logan	AIRES
Teri Mahoney	Chandler Gilbert Arc/Practical Training Solutions
Leslie Mitchell	AccentCare
Robin Moise	AIRES
Emily Nock	Alzheimer's Association Central Arizona Region
Veronique Parker	Phoenix College
Diane Patton	Arizona Bridge to Independent Living (ABIL)
Irene Pferdcort	Arizona Direct Care Worker Association
Ted Roush	Pima Community College
Barb Savage	Gateway Community College
Alan Schafer	Arizona Health Care Cost Containment System (AHCCCS)

APPENDIX: DIRECT CARE WORKFORCE COMMITTEE PERMANENT MEMBERS (CONT.)

NAME	ORGANIZATION
Debbie Seplow	Home Instead
Kim Simmons	Department of Economic Security (DES), Division of Developmental Disabilities (DDD)
Wendy Sokol	SOREO In-Home Support Services LLC
James Tiffany	Department of Health Services, Assisted Living Licensing
Jutta Ulrich	Department of Economic Security (DES), Division of Aging and Adult Services (DAAS)
Rae Vermeal	Pima Health System
Kathy Wilson	Arizona Direct Care Worker Association
Carol Wilson	Pinal-Gila Council for Senior Citizens
Adina Wingate	Pima Council on Aging

Source: Direct Care Workforce Committee. 2008. *Direct Care Workforce Initiative: Proposed Levels of Training (Revised 8-14-08)*. Phoenix, AZ: Arizona Department of Economic Security (DES).
<https://web.archive.org/web/20100716045924/https://www.azdes.gov/print.aspx?id=2062#>

Notes

- ¹ Division of Health Care Management. 2016. *Annual HCBS Report CY 2015*. Phoenix, AZ: Arizona Long-Term Care System. https://azahcccs.gov/Shared/Downloads/HCBS/AnnualHCBS_CMSReportCYE2015.pdf; analysis by PHI (August 8, 2017).
- ² Arizona Office of Economic Opportunity. 2014. *Medium Series, All Areas, 2015-2050 Population Projections*. <https://population.az.gov/population-projections>; analysis by PHI (July 20, 2017).
- ³ Citizens Workgroup on the Long-Term Care Workforce. 2005. *Will Anyone Care? Leading the Paradigm Shift in Developing Arizona's Direct Care Workforce*. Phoenix, AZ: Arizona Department of Economic Security (DES). https://des.az.gov/sites/default/files/legacy/dl/will_anyone_care_june_2005.pdf.
- ⁴ Arizona Health Care Cost Containment System (AHCCCS) Contractor Operations Manual. 2012. *Direct Care Worker Training and Testing Program*. Chapter 429.
- ⁵ Arizona Health Care Cost Containment System (AHCCCS). 2017. AHCCCS Population by Category. Phoenix, AZ: AHCCCS. https://www.azahcccs.gov/Resources/Downloads/PopulationStatistics/2017/Aug/AHCCCS_Population_by_Category.pdf.
- ⁶ Division of Health Care Management, 2016.
- ⁷ Arizona Office of Economic Opportunity, 2014.
- ⁸ Citizens Workgroup on the Long-Term Care Workforce. 2005. *Will Anyone Care? Leading the Paradigm Shift in Developing Arizona's Direct Care Workforce*. Phoenix, AZ: Arizona Department of Economic Security (DES). https://des.az.gov/sites/default/files/legacy/dl/will_anyone_care_june_2005.pdf
- ⁹ Interagency Council on Long-Term Care. 2007. *2007 Annual Report*. Phoenix, AZ: Arizona Department of Economic Security (DES). https://des.az.gov/sites/default/files/legacy/dl/iactc_2007_report.pdf. Ability360 was known then as the Arizona Bridge to Independent Living.
- ¹⁰ Interagency Council on Long-Term Care, 2007.
- ¹¹ Interagency Council on Long-Term Care, 2007.
- ¹² Arizona Department of Economic Security (DES). 2011. "Arizona Direct Care Workforce Committee." Last modified April 13, 2011. <https://web.archive.org/web/20101205145400/https://www.azdes.gov/main.aspx?menu=28&id=1066>. While the committee convened from 2007 to 2012, meeting minutes were only available through 2010. In 2015, PHI conducted interviews with Direct Care Workforce Committee members and state officials to supplement information gathered through meeting minutes and to gauge acceptance of training standards by home care leaders.
- ¹³ DES, 2011.
- ¹⁴ Unless otherwise cited, information about the development of the new PCA training requirements derives from interviews with Direct Care Workforce Committee members conducted by PHI in 2015.
- ¹⁵ Interagency Council on Long-Term Care, 2007.
- ¹⁶ Direct Care Workforce Committee. 2008. *Direct Care Workforce Initiative: Proposed Levels of Training (Revised 8-14-08)*. Phoenix, AZ: Arizona Department of Economic Security (DES). <https://web.archive.org/web/20100716045924/https://www.azdes.gov/print.aspx?id=2062#>.
- ¹⁷ Direct Care Workforce Initiative, 2008.
- ¹⁸ Direct Care Workforce Initiative, 2008.
- ¹⁹ AHCCCS Contractor Operations Manual, 2012.
- ²⁰ AHCCCS Contractor Operations Manual, 2012.
- ²¹ DES, 2011.
- ²² DES, 2011.
- ²³ DES, 2011.
- ²⁴ DES, 2011.
- ²⁵ Direct Care Workforce Initiative. 2009. *Proposed Levels of Training*. Phoenix, AZ: Arizona Department of Economic Security (DES). <https://web.archive.org/web/20100716045924/https://www.azdes.gov/print.aspx?id=2062#>.
- ²⁶ AHCCCS Contractor Operations Manual, 2012.
- ²⁷ AHCCCS Contractor Operations Manual, 2012.
- ²⁸ DES, 2011.
- ²⁹ AHCCCS Contractor Operations Manual, 2012.
- ³⁰ Direct Care Curriculum Pilot Project. 2007. *Summary of Strategic Planning Meeting*. Phoenix, AZ: Arizona Department of Economic Security (DES). <https://web.archive.org/web/20101205145400/https://www.azdes.gov/main.aspx?menu=28&id=1066>

³¹ Arizona Health Care Cost Containment System (AHCCCS). 2016. *Approved Program Listing*. Phoenix, AZ: AHCCCS. <https://www.azahcccs.gov/plansproviders/downloads/dcw/ApprovedProgramsListing.pdf>; analysis by PHI (August 8, 2017).

³² AHCCCS Contractor Operations Manual, 2012.

³³ AHCCCS Contractor Operations Manual, 2012.

About PHI

PHI works to transform eldercare and disability services. We foster dignity, respect, and independence for all who receive care, and all who provide it. As the nation's leading authority on the direct care workforce, PHI promotes quality direct care jobs as the foundation for quality care.

Drawing on 25 years of experience working side-by-side with direct care workers and their clients in cities, suburbs, and small towns across America, PHI offers all the tools necessary to create quality jobs and provide quality care. PHI's trainers, researchers, and policy experts work together to:

- Learn what works and what doesn't in meeting the needs of direct care workers and their clients, in a variety of long-term care settings;
- Implement best practices through hands-on coaching, training, and consulting, to help long-term care providers deliver high-quality care;
- Support policymakers and advocates in crafting evidence-based policies to advance quality care

For more information, visit our website at www.PHInational.org or 60CaregiverIssues.org

© 2017 PHI