



## Training Regulations for Direct Care Workers

### What is this policy?

#### Overview

Direct care workers represent a critical component of health care workforce. Direct care workers are composed of three main categories tracked by the U.S. Bureau of Labor Statistics: Nursing Assistants (usually known as Certified Nursing Assistants, CNAs, or Nursing Aides), Home Health Aides (HHAs), and Personal Care Aides (PCAs) ([PHI](#)). The largest segment of the workforce that supports people living with dementia is the direct care workforce ([Alzheimer's Association, 2023](#)).

#### Training Requirements and Regulation for Direct Care Workers

Training for direct care workers is an important topic of interest and is directly relevant to dementia care. Federal requirements require that nursing assistants in nursing homes and home health aides employed by Medicare-certified home health agencies complete at least 75 hours of entry-level training and 12 hours of annual continuing education ([Alzheimer's Association, 2023](#)). In addition to federal requirements, states can establish their own training strategies or mandates. 29 states have nurse aide training requirements beyond the federal minimum, and 17 states have home health aide training requirements beyond the federal minimum. There are no federal training requirements for personal care aides (sometimes known as direct service workers). In this absence, 43 states have training requirements for personal care aides ([National Governors Association, 2021](#)). PHI analyzed training requirements across states for [personal care aides](#), [home health aides](#), and [nursing assistants](#), which we will show in related datasets.

There is great variation in direct care worker training requirements across roles and institutions and a lack of standardized training and competencies across direct care roles. In addition, the methodology by which state labor agencies classify direct care roles can be unclear. For example, California has Home Care Aides, Home Health Aides, and Certified Nurse Assistants, regulated by two different state agencies. In contrast, New Jersey has Direct Support Professionals, Certified Home Health Aides, Certified Homemaker-Home Health Aides, Certified Nurse Aides, and Unlicensed Assistive Personnel, regulated by three different state departments ([National Governors Association, 2021](#)).

The lack of training requirements perpetuates the mischaracterization that direct care work is “low skill” work. Direct care is physically and emotionally demanding work, but the training standards or compensations do not reflect these challenges. Inadequate training leads to

unpreparedness for the complexity and challenges of these roles, undermines job satisfaction and retention, and directly impacts the provision of care ([Alzheimer's Association, 2023](#)).

Ways to improve training and advancement for direct care workers include paid work-based learning opportunities, such as apprenticeships and pre-apprenticeships. Better-defined career pathways may be an opportunity to reduce turnover—many direct care workers are leaving the field to work in higher-wage jobs that have low entry requirements. For example, as the result of a study on how many CNAs went on to receive licenses in Practical Nursing or Registered Nursing in Indiana, Indiana's largest public community college developed a bridge program offering college credit to CNAs ([National Governors Association, 2021](#)). Another example in Colorado is shown as follows:

***Example: Colorado***

Colorado established a Training Advisory Committee in 2019 made recommendations to standardize training requirements for home care workers and to periodically review training content to ensure relevancy and alignment with Colorado Medicaid. Colorado has created a website called My Colorado Journey that provides an overview of salary, job openings and growth rate of priority jobs, as well as potential pathways to higher-paid jobs. In addition, the state has initiated an effort to track key outcomes such as salary for graduates, exam results, and retention in key health jobs, which will inform future initiatives. Finally, the state has the Colorado Collegiate Apprenticeship Program, which combines didactic classroom content with paid training opportunities in multiple sectors, including entry-level health care jobs and direct care roles ([National Governors Association, 2021](#)).

***Example: Wisconsin***

In 2018, Wisconsin started the WisCaregiver Career programs, a partnership between the state government, Wisconsin Health Care Association, and LeadingAge Wisconsin. This free, employment-first program has participants apply first to employment in a nursing home—which will then coordinate their Certified Nursing Assistant (CNA) training, certification testing, and \$500 retention bonus after 6 months of employment ([WisCaregivers Careers, 2024](#)). Starting from May 2023, Wisconsin is creating something akin to a universal worker certification program for the home care workforce, which provides home care workers with standardized training and certification, access to a job registry, recruitment and retention bonuses, and a career ladder in the health care industry ([PHI, 2023](#)).

Table 1, Alzheimer’s Association, 2023

**Dementia Caregiving Tasks**

Helping with instrumental activities of daily living (IADLs), such as household chores, shopping, preparing meals, providing transportation, arranging for doctor’s appointments, managing finances and legal affairs, and answering the telephone.

Helping the person take medications correctly, either via reminders or direct administration of medications.

Helping the person adhere to treatment recommendations for dementia or other medical conditions.

Assisting with personal activities of daily living (ADLs), such as bathing, dressing, grooming and feeding and helping the person walk, transfer from bed to chair, use the toilet and manage incontinence.

Managing behavioral symptoms of the disease such as aggressive behavior, wandering, depressive mood, agitation, anxiety, repetitive activity and nighttime disturbances.

Finding and using support services such as support groups and adult day service programs.

Making arrangements for paid in-home, nursing home or assisted living care.

Hiring and supervising others who provide care.

Assuming additional responsibilities that are not necessarily specific tasks, such as:

- Providing overall management of getting through the day.
- Addressing family issues related to caring for a relative with Alzheimer’s disease, including communication with other family members about care plans, decision-making and arrangements for respite for the main caregiver.
- Managing other health conditions (i.e., “comorbidities”), such as arthritis, diabetes or cancer.
- Providing emotional support and a sense of security.

**Dementia-Specific Training and Considerations**

Dementia introduces additional concerns and considerations relating to training. An estimated 6.7 million Americans age 65 and older have Alzheimer’s disease—1 in 9 of all Americans 65 and older. Between 2020 and 2025, it has been estimated that every state in the country will experience at least a 6.7% increase in the number of people with Alzheimer’s. This growing population requires an increased infrastructure of dementia-trained caregivers.

The table on the left provides a list, developed by the Alzheimer’s Association (2023), on dementia caregiving tasks generally. Tasks performed by direct care workers are similar, but with a few differences. In addition to assisting with ADLs, direct care workers may perform certain clinical tasks under the supervision of licensed nurses or other professionals. They also can promote and support nutrition, exercise, functional ability, social engagement, and emotional well-being ([Alzheimer’s Association, 2023](#)).

*Source: Alzheimer’s Association. 2023 Alzheimer’s Disease Facts and Figures. Alzheimer’s Dement 2023;19(4). DOI 10.1002/alz.13016.*

Training requirements in dementia care are limited, which is unsurprising considering the limited training requirements for direct care to begin with. Nursing assistants are required to have training in care for residents with cognitive impairment, but home health aides are not. In a 2015 review, the authors found that 44 states and the District of Columbia had dementia care training standards for assisted living staff. However, in 14 of those states, the standards only applied to special dementia care facilities or units. For in-home care, the requirements were even more limited—only 13 states were found to have dementia care training requirements for in-home care ([Alzheimer’s Association, 2023](#)).

**Summary**

Training requirements for direct care workers are limited and differ greatly from specific job classifications, job settings, and states. Requirements for dementia care specifically are even more limited. Researchers collect data about direct care workers' training by conducting surveys, interviews, interventions or organizing state regulations. Researchers do not often use the datasets listed below.

**What are related datasets?**

**1. PHI data**

Description	PHI conducted state-by-state analyses of training requirements for personal care aides (PCA), home health aides (HHA), and nursing assistants (NA).
Time Period	PCA (2024); HHA (2016); NA (2016)
Tags	Direct care workers; Training requirements; Personal care aides; Home health aides; Nursing assistants
Public/Proprietary	Public
Related Variables	<p>PCA training data: Training requirements for private-pay; Consistent requirements across Medicaid; Consumer Directed; Any training hours; Continuing education; Any competency assessment; Portable credentials; Central registry; Instructor requirements; State-sponsored curricula; PCA training index.</p> <p>HHA training data: Minimum training hours; Minimum clinical hours; Home Health Aide Training Standards Exceed Federal Minimum</p> <p>NA training data: Minimum training hours; Minimum clinical hours; Nursing Assistant Training Standards Exceed Federal Minimum</p>
Example Articles	<p>While we did not find peer-reviewed journal articles using PHI data, below are a few related journal articles:</p> <ul style="list-style-type: none"> <li>- Scales, K. (2020). <a href="#">It Is Time to Resolve the Direct Care Workforce Crisis in Long-Term Care</a>. <i>The Gerontologist</i>, 61(4), 497–504.</li> </ul>

	<p>- Stone, R. (2017). <u>Developing a Quality Direct Care Workforce: Searching for Solutions</u>. <i>Public Policy &amp; Aging Report</i>, 27(3), 96–100</p>
<p>Dataset Details</p>	<p>PCA training data: PHI reviewed Medicaid regulations, Medicaid waiver documents, Medicaid provider policy manuals, and state licensure regulations. PHI defined a “training requirement” as a set of regulations that specifies training content and/or duration. They excluded regulations that do not specify content or duration, as well as training regulations that specify only first aid and CPR, as these skills are not specific to PCA roles. They also searched for requirements on instructor qualifications, competency assessment, portability of credentials, and continuing education. The PCA training index comprises the following 10 personal care aide training provisions: 1) Consistent Requirements Across Medicaid; 2) Private-Pay Training Requirements; 3) Requirements in Consumer-Directed Programs; 4) Any Training Hours Specified; 5) Any Competency Assessment Specified; 6) Portable Credentials; 7) Central Training Registry; 8) Requirements for Instructor Qualifications; 9) State-Sponsored Curriculum; 10) Continuing Education Requirements in Place.</p> <p>HHA training standards exceed federal minimum: Federal regulations require that home health aides employed by Medicare- or Medicaid-certified home health agencies complete 75 hours of training and 12 hours of continuing education. For this indicator, states are scored on whether they have set a higher minimum training hours standard for home health aides (100=yes, 0=no) compared to federal minimum.</p> <p>NA training standards exceed federal minimum: Federal regulations require that nursing assistants employed by Medicare- or Medicaid-certified nursing homes complete 75 hours of training and 12 hours of continuing education. For this indicator, states were scored on whether they have set a higher minimum training hours standard for nursing assistants in nursing homes, based on PHI’s review of state training regulations (100=yes, 0=no) compared to federal minimum.</p>
<p>Relevant Links</p>	<p>Training requirements across states for</p> <ul style="list-style-type: none"> <li>- <a href="#">Personal Care Aides</a></li> <li>- <a href="#">Home Health Aides</a></li> <li>- <a href="#">Nursing Assistants</a></li> <li>- <a href="#">State index tool methodology &amp; FAQ</a></li> </ul>
<p>Limitations</p>	<p>PCA data: Because this analysis will rely on data from publicly available online sources, there is a chance of missing requirements that are contained elsewhere (e.g., provider manuals) or not yet codified (e.g., new legislation). In addition, the complexity and occasional inconsistencies of the source material may require inference and</p>

	<p>interpretation, which will introduce a risk of error. PHI will aim to overcome these limitations by triangulating sources wherever possible.</p> <p>HHA and NA data: The data was not updated since 2016, but the situation may not have been much changed.</p>
In our harmonized dataset?	Yes

## 2. Assisted Living State Regulatory Review

Description	The National Center for Assisted Living (NCAL) periodically publishes a report called the “Assisted Living State Regulatory Review”, which summarizes key selected state requirements and legislative updates for assisted living licensure or certification for all 50 states and the District of Columbia. The review includes overview of any staffing requirements for direct care staff, and any direct care staff education or training requirements.
Time Period	2001, 2003, 2005, 2007, 2011, 2012, 2013, 2019, 2021, 2022, 2023
Tags	Staffing requirements and training; Assisted living; Direct care staff
Public/Proprietary	Public
Related Variables	Staffing Requirements; Direct Care Staff Education and Training Requirements
Example Articles	<ul style="list-style-type: none"> <li>• Temkin-Greener, H., Mao, Y., Ladwig, S., Cai, X., Zimmerman, S., &amp; Li, Y. (2021). <a href="#">Variability and Potential Determinants of Assisted Living State Regulatory Stringency</a> Journal of the American Medical Directors Association, 22(8), 1714-1719.e2.</li> <li>• Trinkoff, A. M., Yoon, J., Storr, C. L., Lerner, N., Yang, B., &amp; Han, K. (2020). <a href="#">Comparing residential long-term care regulations between nursing homes and assisted living facilities</a>. Nursing Outlook, 68(1), 114–122.</li> </ul>
Dataset Details	This report summarizes a variety of selected state requirements for assisted living licensure or certification. States use various terms to refer to assisted living, such as residential care and personal care homes. This report includes requirements for those types of communities that offer seniors and people with disabilities housing, supportive services, person-centered assistance with activities of daily living, and some level of health care. For every state and the District of Columbia, this report provides information on preselected topics, such as which state agency licenses assisted living, recent legislative and regulatory updates affecting assisted living, scope of care, limitations of services, staffing, and training.

	There is information about dementia care, dementia training and regulations, and regulations and requirements about dementia for both general assisted living programs and dementia-specific assisted living programs in each state.
Relevant Links	<ul style="list-style-type: none"><li>▪ <a href="#">State Regulatory Resources</a></li><li>▪ <a href="#">Previous Assisted Living State Regulatory Reviews</a></li></ul>
Limitations	State-level data, not person-level data. There are no specific categories for dementia care and training, so the data is difficult to extract.
In our harmonized dataset?	No

### Harmonized dataset

We are working on it, and more information will come soon.

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