

PERFORMANCE AUDIT



Office of the
Washington
State Auditor
Pat McCarthy

I-1163: Addressing Testing Barriers for Home Care Aides

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Executive Summary

Background (page 7)

Long-term care supports people who need help meeting their health or personal care needs due to age or disabling conditions. This type of care is important because it can help people preserve their independence, avoid costly institutional care and experience the highest possible level of wellness. Home care aides help people perform activities of daily living such as dressing, bathing and transferring in and out of a wheelchair or bed.

Maintaining an adequate workforce of long-term care workers has been a challenge for Washington. To ensure availability of desperately needed long-term care workers during the COVID-19 pandemic, in March 2020 Governor Jay Inslee suspended requirements that home care aides must apply within 14 days and must become certified within 200 days from the date of hire. The Legislature extended these suspensions through the end of the state of emergency. Nonetheless, the pandemic reduced the already low number of available paid caregivers.

Stay-at-home orders related to COVID-19 upended every aspect of the home care aide certification process. These stay-at-home orders resulted in nearly all state employees suddenly working from home, disrupted home care aide training programs, and prevented in-person home care aide testing for months. Furthermore, suspending certification requirements diminished applicants' motivation to complete home care aide training and testing, as it was no longer a condition of employment.

Initiative 1163 (I-1163), passed by the people of Washington in 2011, increased training requirements and competency assessments for home care aides. Under the initiative, becoming certified as a home care aide requires an applicant to pass a two-part test. The knowledge portion focuses on the activities of daily living and proper treatment of clients. During the skills portion, the applicant must demonstrate correct performance of skills such as safely transitioning a client from a bed to a wheelchair and properly cleaning a catheter.

A 2016 performance audit found that more than half of survey respondents who dropped out due to a barrier said they experienced a problem with the test. Reasons why applicants quit the process included problems scheduling the test and challenges getting to test sites. Inefficiencies in this process have the potential to worsen the current workforce shortage in the state.

Many home care aide applicants were unable to test for months, reducing the likelihood they will pass (page 12)

The longer applicants have to wait to test the less likely they are to pass. Even before the COVID-19 disruptions to testing, only one-third of applicants tested within the Department of Health's (DOH) expected time frame – which totals almost 60 days between training and testing. The number of applicants testing within the time frame dropped further as COVID-19 restrictions were put in place. Transferring information between trainers, DOH and its testing vendor (Prometric) was the greatest factor in testing delays. Parts of this process are outside of DOH's control, as the agency depends on applicants submitting complete applications and training programs sending graduation information in a timely manner. Also, Prometric struggled to schedule applicants in a timely manner once it received applicant information. Changing the approach to scheduling tests could benefit applicants and help shorten DOH's time frame. Prior to COVID-19, Prometric generally tested applicants as expected, but timeliness has declined over time. Overall, COVID-19 exacerbated an already delayed process.

Regions of the state lack test sites, resulting in long travel times for some applicants (page 21)

The number of regional test sites dropped 20 percent since our 2016 audit. Additionally, since COVID-19 waivers resulted in fewer testers overall, and test sites require a minimum number of test takers to schedule a test date, many sites had fewer dates available for testing. Some stakeholders believe Prometric's requirements limit the number of potential sites. For regions of the state that lack test sites, including southwest Washington and the coast, the ability to create additional sites is constrained by available funds.

DOH could improve monitoring of testing delays and managing the contract with Prometric (page 26)

DOH does not track and monitor the time frame between training and testing. Such gaps in monitoring reduce awareness of the many reasons applicants drop out during the process. Also, DOH has limited accountability mechanisms in place

for the overall training-to-testing process. For example, though state law requires them, DOH's contract with Prometric lacks some key performance measures or benchmarks.

Comparable professions and other states offer solutions to testing delays and lack of test sites

(page 31)

The audit identified ways to address testing issues by considering comparable professions such as nursing assistants. While nursing assistants and home care aides are comparable professions, statutes regarding testing are more prescriptive and limiting for the latter. Nursing assistants can already take the knowledge portion of the test remotely, while home care aides must test in person. Possible solutions from other states include allowing applicants to test within or at the end of training and a focus on providing in-home care through nursing assistants, which could be a better path for some applicants in Washington.

State Auditor's Conclusions (page 36)

Providing personal care to Washingtonians who need it is important work, but prospective home care aides face a number of barriers to becoming certified in our state. This performance audit offers recommendations to legislators and state leaders with the authority to remove or lessen those challenges, while continuing to ensure home care aides are properly trained.

One of those recommendations is to increase the number of test sites – a recommendation we also made in a performance audit of the program in 2016. Today, applicants in even some of our larger cities must travel long distances to take certification tests. For example, potential aides in Vancouver must travel more than 100 miles to Olympia to test. We acknowledge the global coronavirus pandemic disrupted training and testing for home care aides. However, we also found that concrete steps such as establishing more test sites and reducing delays between the completion of training and scheduling a certification test would result in a greater number of qualified home care aides available in communities across Washington.

Recommendations (page 37)

We made a series of recommendations to the Department of Health to address delays between training and testing, lack of test sites, and gaps in performance and contract management. We also recommend the Legislature provide DOH with similar authority and discretion in testing home care aides as the Nursing Commission has for testing certified nursing assistants.

Next steps

Our performance audits of state programs and services are reviewed by the Joint Legislative Audit and Review Committee (JLARC) and/or by other legislative committees whose members wish to consider findings and recommendations on specific topics. Representatives of the Office of the State Auditor will review this audit with JLARC's Initiative 900 Subcommittee in Olympia. The public will have the opportunity to comment at this hearing. Please check the JLARC website for the exact date, time, and location (www.leg.wa.gov/JLARC). The Office conducts periodic follow-up evaluations to assess the status of recommendations and may conduct follow-up audits at its discretion. See **Appendix A**, which addresses the I-900 areas covered in the audit. **Appendix B** contains information about our methodology.

Background

Home care aides support people in many different settings who need extended care due to age or disability

Long-term care supports people who need help meeting their health or personal care needs due to age or disabling conditions. This type of care is important because it can help people preserve their independence, avoid costly institutional care and experience the highest possible level of wellness.

Home care aides help people perform activities of daily living such as dressing, bathing and transferring in and out of a wheelchair or bed. They can work in residential facilities, such as assisted living facilities and adult family homes. They can also provide care in people's homes, either by working for a home care agency or by working for the person receiving the services, with payment coming from the client or from Medicaid through the state's contracted employment vendor.

Washington needs long-term care workers

Maintaining an adequate workforce of long-term care workers has been a challenge for Washington. The University of Washington Center for Health Workforce Studies projected that more than 88,000 Washingtonians insured by Medicaid will need in-home care by 2030. This will require the availability of nearly 77,000 home care aides. This is only part of the need and does not include the many people who are insured by other means. As of May 2022, the number of active certified home care aides is approximately 25,000; many more provide care but have not yet completed the certification process. Home care aides had a turnover rate of 37 percent in 2019 – among the highest rates for medical occupations in the state.

COVID-19 worsened an existing workforce shortage

The COVID-19 pandemic significantly reduced the availability of long-term care workers in Washington. To ensure availability of desperately needed long-term care workers, in March 2020 Governor Jay Inslee suspended requirements that home care aides must apply within 14 days and must become certified within 200 days from the date of hire. The Legislature extended these suspensions through the end of the state of emergency. Nonetheless, the pandemic reduced the already low

number of available paid caregivers. Many caregivers could no longer work, some because they were afraid of catching or spreading the virus, others because they suddenly had to care for their own family members or look after children who were no longer in school or other care settings.

Stay-at-home orders related to COVID-19 upended every aspect of the home care aide certification process. These stay-at-home orders resulted in nearly all state employees suddenly working from home, where they no longer had ready access to tools they normally used, including faster agency file-servers. The orders disrupted training programs, which had to figure out how to use Zoom and other remote platforms to teach content they would normally present in person. COVID regulations prevented in-person home care aide testing for months, and then when restrictions were lifted, some testing facilities limited the number of applicants entering their facilities. Other test sites decided to not resume testing at all. Furthermore, suspending home care aide certification requirements diminished applicants' motivation for completing home care aide training and testing, as it was no longer a condition of employment.

When people who need in-home care cannot find it, they, their family members and Washington's health care system are all affected

When people cannot find paid caregivers, their basic needs – bathing, eating, getting around – may go unmet. In some cases, the difficulty is in finding consistent care: clients may experience a revolving door of caregivers. If paid caregivers cannot be found, family members may have to step in to provide care, although doing so can create challenges in their own lives as they try to balance care responsibilities with a job or their own families. Their own health may decline due to stress, burnout and isolation if they cannot find respite care. Without a trained caregiver, the patient's risk of falls and medication errors increases.

Lacking either paid or family care, the person might resort to less appealing or cost-effective alternatives, including nursing homes or congregate care settings. However, there is no guarantee that facility care will be available. Washington and other states continue to experience an extreme shortage of beds at nursing homes and other long-term care facilities due to lack of staffing. These facilities compete for the same people who work in hospitals and in-home care settings.

Hospital system crises show gaps in long-term care harm everyone. For example, a February 2022 CNN report stated:

When frail older patients can't get adequate care at home, they can deteriorate and end up in the hospital. The hospital may have to keep older patients for several extra days if home care can't be arranged upon discharge, putting people at risk of deteriorating physically or getting infections and making new admissions more difficult.

Washington's hospitals have directly experienced the challenges that arise when patients cannot be safely discharged to long-term care. In January 2022, at the height of a COVID-19 surge, the Washington State Medical Association sent a letter to Governor Inslee, stating, "We are effectively operating crisis capacity strategies throughout our health care system. Our emergency departments are overrun, our hospitals are full."

Initiative 1163 increased training, background check and certification requirements for home care aides

Initiative 1163 (I-1163), passed by the people of Washington in 2011, increased training requirements and competency assessments for personal care aides. There are no federal requirements for training and testing personal care aides (the federal designation for Washington's home care aides). States have broad discretion in this area, and Washington's requirements are among the most stringent in the country.

Under the initiative, becoming certified as a home care aide requires an applicant to pass a two-part test. The knowledge portion focuses on the activities of daily living and proper treatment of clients. During the skills portion, the applicant must demonstrate correct performance of skills such as safely transitioning a client from a bed to a wheelchair and properly cleaning a catheter. Because home care aides typically provide services to vulnerable clients in their homes, with limited supervision, they must demonstrate they have mastered the material, as errors can result in life-threatening consequences.

Training, testing and certifying a home care aide involves coordination between state agencies, agency partners, trainers and the applicant

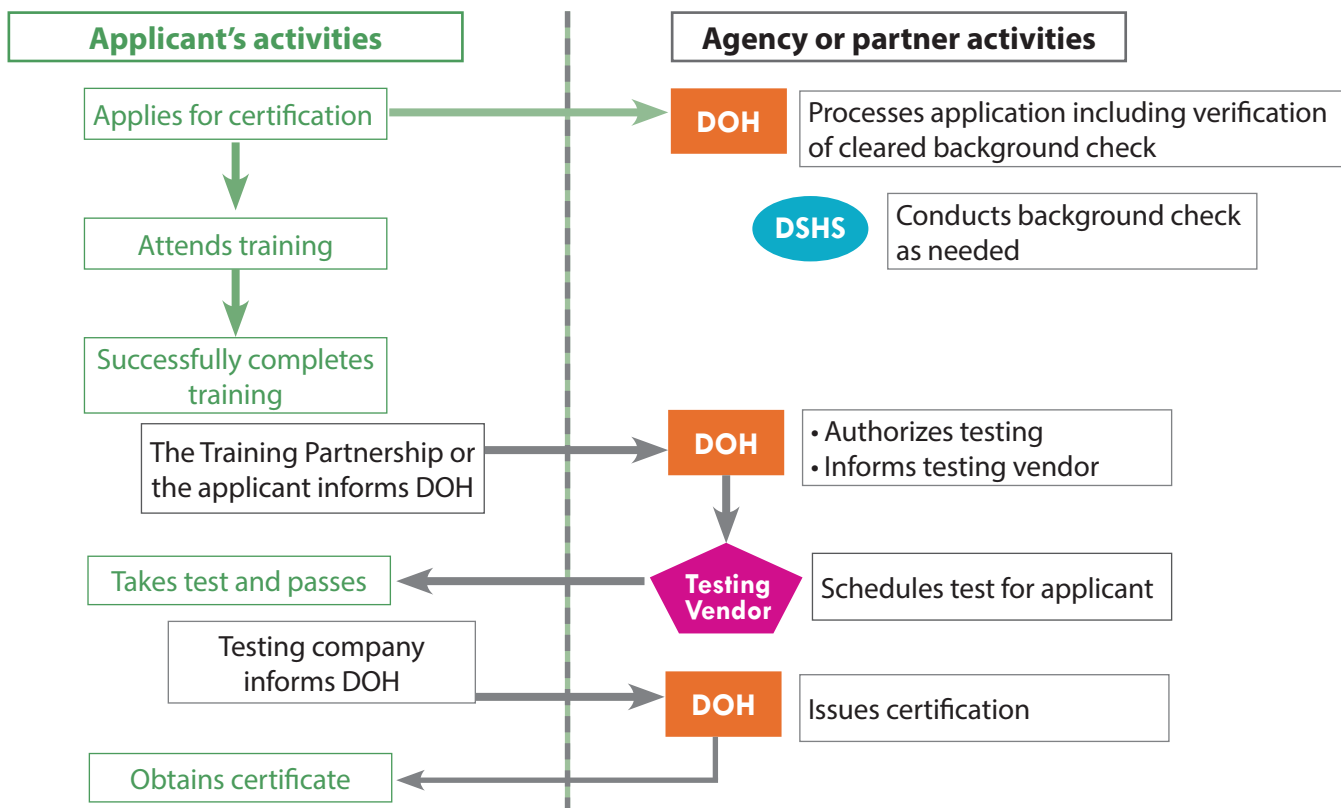
Applicants for home care aide certification must interact with multiple organizations and state agencies to succeed (shown in **Exhibit 1** on the following page). They are:

- **Department of Health (DOH)** accepts and processes all applications. It also contracts with Prometric, a testing vendor, and certifies all applicants who pass the test.
- **Department of Social and Health Services (DSHS)** approves trainers and the 75-hour curriculum. It also works with the Service Employees International Union (SEIU) 775 Benefits Group, a Washington nonprofit corporation that provides training, as well as healthcare and retirement benefits, to support

most home care aides. In addition, DSHS must process all background checks within 120 days of an applicant being hired.

- **The Training Partnership**, a nonprofit school formed by the SEIU 775 Benefits Group, as well as other networks of community instructors, provides training to home care aides. Once the applicants have completed training, either the Training Partnership or the applicant informs DOH that they are ready to test.
- **Prometric** administers both the knowledge and skills portions of the test to all applicants. Once the applicants have completed the test, Prometric informs DOH if the applicant has passed or failed.
- **Home care aide employers** work with applicants throughout the certification process, for example by initiating background checks and processing payments. The Consumer Direct Care Network – Washington (CDWA) employs home care aides that care for most clients insured through Medicaid. Private home care agencies also employ home care aides, or clients may hire aides directly.

Exhibit 1 – Regardless of employer, the process for training, testing and certifying home care aides involves many steps



Source: Auditor created from interviews with Department of Health management.

This audit examined potential barriers in the process for testing home care aides

A 2016 performance audit found that more than half of survey respondents who dropped out due to a barrier said they experienced a problem with the test.

Reasons why applicants quit the process included:

- Problems scheduling the test, which takes place at a different time and location than their training
- Getting to the test site (in some parts of the state)

Inefficiencies in this process have the potential to worsen the current workforce shortage in the state.

Initiative 1163 requires the State Auditor's Office to audit the state's long-term, in-home care program every two years. The Office has published six previous performance audits, listed in **Appendix C**. This audit, the seventh in the series, answers the following question:

- How can Department of Health reduce testing barriers for home care aides?

Audit Results

Many home care aide applicants were unable to test for months, reducing the likelihood they will pass

Results in brief

The longer applicants have to wait to test the less likely they are to pass. Even before the COVID-19 disruptions to testing, only one-third of applicants tested within the Department of Health's expected time frame – which totals almost 60 days between training and testing. The number of applicants testing within the time frame dropped further as COVID-19 restrictions were put in place. Transferring information between trainers, DOH and Prometric was the greatest factor in testing delays. Parts of this process are outside DOH's control, as the agency depends on applicants to submit complete applications and training programs to send graduation information in a timely manner. Also, Prometric struggled to schedule applicants in a timely manner once it received applicant information. Changing the approach to scheduling tests could benefit applicants and help shorten DOH's time frame. Prior to COVID-19, Prometric generally tested applicants as expected, but timeliness has declined over time. Overall, COVID-19 exacerbated an already delayed process.

The longer applicants have to wait to test the less likely they are to pass

Passage rates decreased significantly the further the test date was from the end of training. Our 2016 "Barriers to Home Care Aide Certification" performance audit (shown in the sidebar) found 82 percent of applicants in 2014 and 2015 passed when they took the test within a month of completing training. The passage rate dropped to 67 percent for those that took the test three months after training.

Read this report on the State Auditor's Office website at: portal.sao.wa.gov/ReportSearch/Home/ViewReportFile?arid=1018059&isFinding=false&sp=false

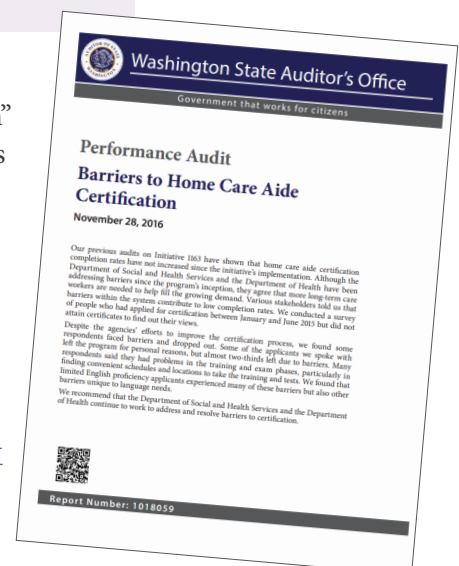
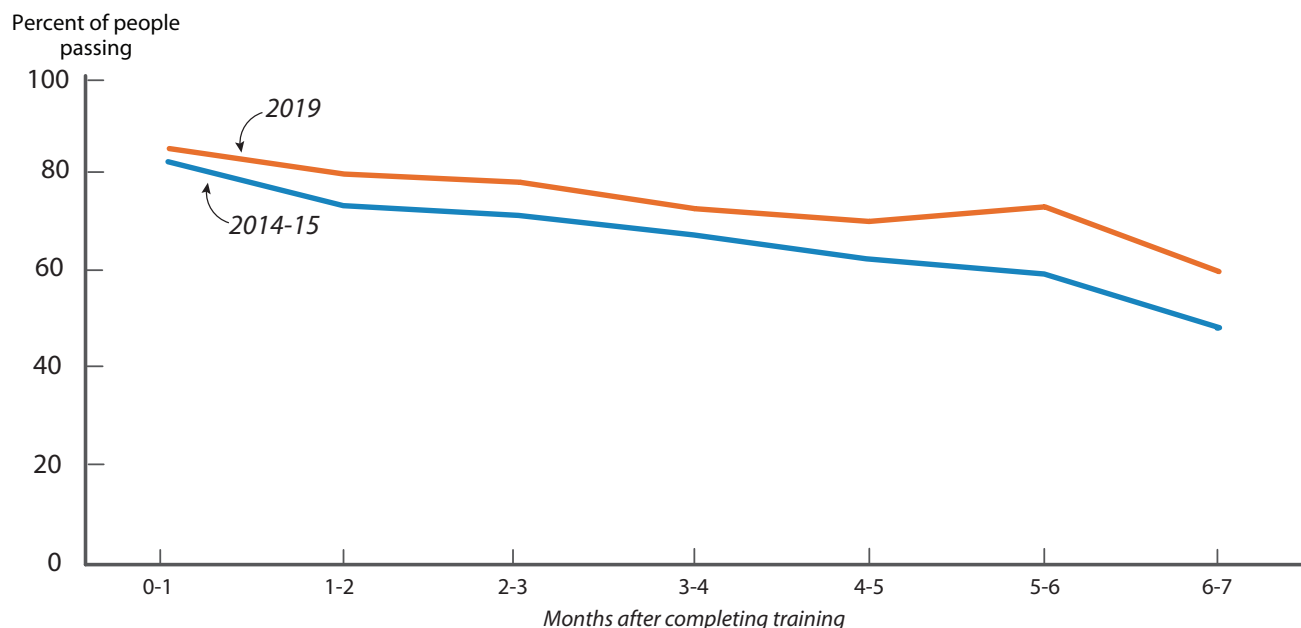


Exhibit 2 compares data from the earlier audit to new data from 2019. While overall passage rates are now higher, the general pattern of declining passage rates over time remains present. In 2019, 86 percent of applicants taking the test within 30 days of completing training passed. Three months after training, only 72 percent passed.

Exhibit 2 – Improved passage rates nonetheless declined the further the test date is from the date training concluded

Data from 2014-2015 compared to 2019.



Source: Department of Health’s Integrated Licensing Regulatory System.

Even before COVID-19 disruptions to testing, only one-third of applicants tested within the Department of Health’s expected time frame

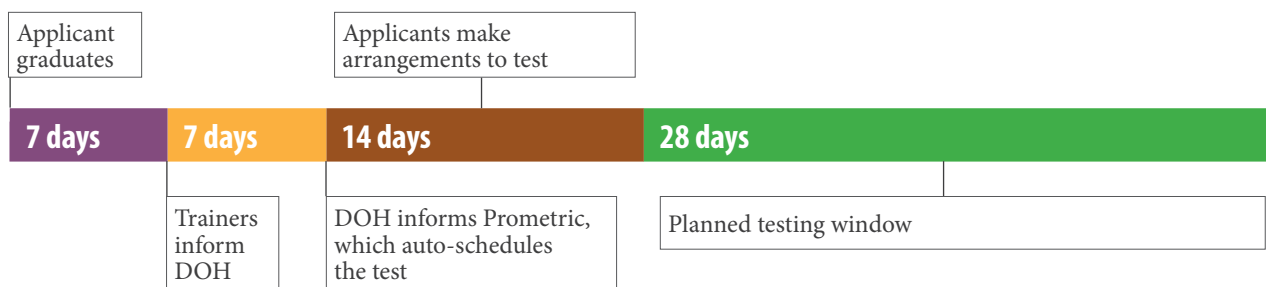
Steps in DOH’s expected time frame total almost 60 days between training and testing

Department of Health (DOH) expects applicants to test within 56 days, or eight weeks, after completing training. During this time, hand-offs between those involved in the process take place at several points:

- Trainer or applicant informs DOH training has been completed
- DOH informs Prometric that the applicant is approved to take the test
- Prometric schedules test dates and sites, then informs applicants of their date and location
- Once the test has been taken, Prometric informs DOH of the applicant’s pass/fail status

Exhibit 3 shows DOH’s expected time frame for these activities, as established by the agency and published in the Long-Term Care Workforce Development Progress Report. The time frame allows two weeks between sending applicants their scheduled test dates and testing, so that applicants can make any necessary arrangements. If applicants cannot attend on the scheduled date or site, they must work with Prometric to find an alternative. To simplify our analysis, we rounded the 56 days up to 60 days.

Exhibit 3 – Department of Health’s time frame from the completion of training to testing



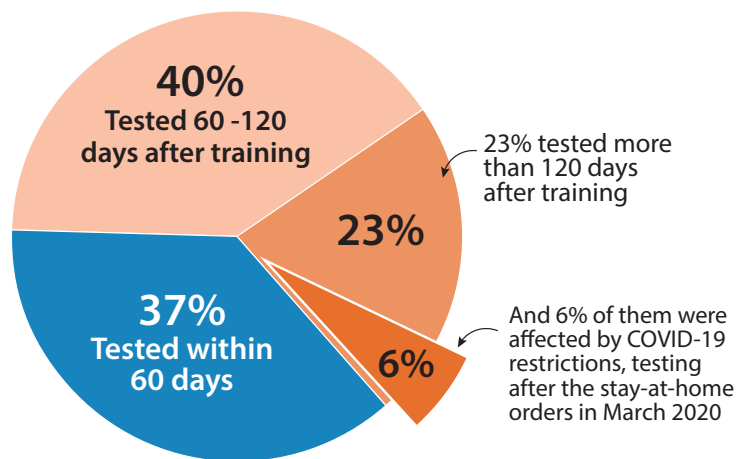
Source: Long-Term Care Workforce Development Steering Committee report and interviews with Department of Health management.

This time frame represents the process as designed – the ideal periods within which activities should take place. Some of these processes are outside DOH’s control: the overall time frame assumes applicants will submit complete applications for certification within 14 days of date of hire, and training programs will inform DOH that applicants have graduated within seven days.

In Quarter 3 of 2019, one-third of applicants tested within 60 days – and the number of applicants testing within the time frame dropped further as COVID-19 restrictions were put in place

Of applicants who applied in the third quarter of 2019, between July 1 and September 30, just 37 percent tested within 60 days of completing training, as shown in Exhibit 4. Not only did the majority of applicants take their test more than 60 days after completing training, but almost a quarter of all applicants did so after more than 120 days. This was the last quarter of applicants that was largely unaffected by COVID-19 restrictions – with only 6 percent testing after Governor Inslee’s March 17, 2020, stay-at-home orders took effect. And that small percentage was only affected by COVID-19 because they waited hundreds of days to test. These delays

Exhibit 4 – Most candidates who applied during Quarter 3, 2019, tested more than 60 days after completing training
Applicants from July 1 through Sept 30, 2019



Source: Department of Health’s Integrated Licensing Regulatory System.

occurred for multiple reasons within a system that involves many entities. We explore these reasons in the sections that follow.

The effects of the COVID-19 shutdowns on delays in the training to testing time frame became more apparent for applicants from Quarter 4 of 2019. Of those who applied between October 1 and December 31, 2019, only 23 percent tested within 60 days. Forty percent of these applicants tested after the COVID-19 shutdown began. As we show later in this chapter, COVID-19 precautions worsened an already poor rate of timely testing and certification.

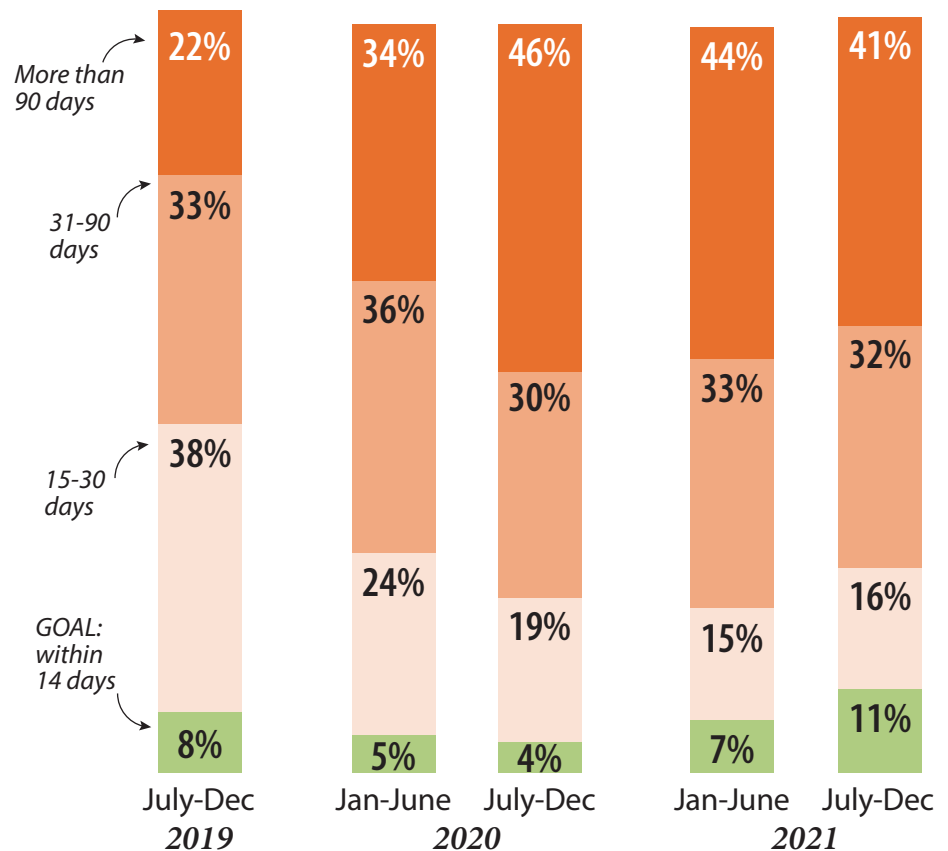
Transferring information between trainers, DOH and Prometric was the greatest factor in testing delays

Prometric rarely received applicants' authorization to test within the expected time frame. The 56-day time frame indicates that Prometric should receive applicants' authorization to test from DOH within 14 days of completing training. However, as Exhibit 5 shows, this step took significantly longer than expected – over 90 days – much more often than it met the 14-day time frame. It met that time frame less than 15 percent of the time.

Two key causes for delays – incomplete applications and late notifications of training completion – are outside of DOH's control. DOH managers said applicants not submitting complete applications within 14 days of hire is a significant source of delays.

Exhibit 5 – Information rarely reached Prometric within the expected time of 14 days

Applicants from July 1, 2019, through December 31, 2021. Due to rounding, results for some periods do not total 100%.



Source: Department of Health's Integrated Licensing Regulatory System; Prometric data.

In addition, DOH must wait to receive notification that applicants have completed training before it can notify Prometric that people are authorized to test. DOH managers said this information often reaches them months after applicants complete training. For example, in August of 2021, training programs took more than 100 days, on average, to inform DOH that applicants had completed training.

A potential solution to alleviating these delays would be to have training programs authorize applicants to test, as currently occurs for certified nursing assistants. Currently training programs inform DOH that home care aide applicants completed training, and then DOH authorizes that these applicants are ready to test. However, for the majority of certified nursing assistants, the training programs handle this responsibility. Eliminating the extra step of having DOH authorize testing for home care aides could shorten the length of time between training and testing. However, this would require creating a system where trainers informed Prometric that applicants completed training, so the benefits need to be compared with the costs.

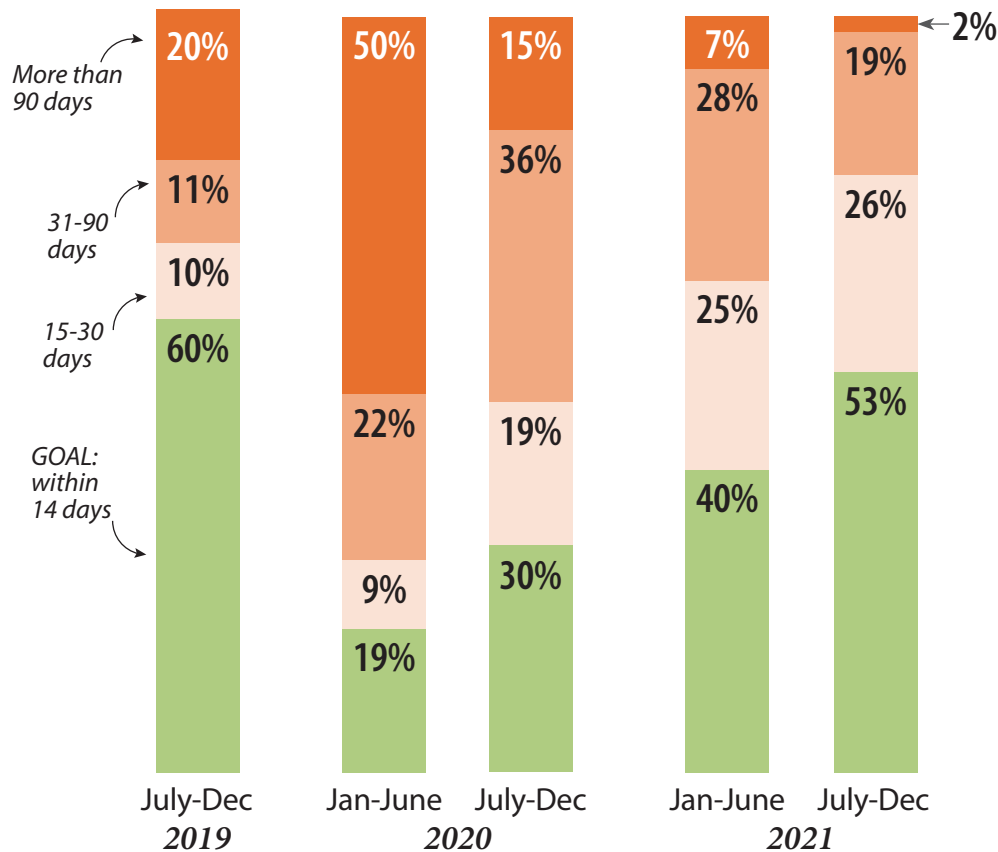
Prometric struggled to send applicants test dates in a timely manner

DOH and Prometric had different understandings about the time frame for scheduling an applicant to test. Agency managers believed that Prometric scheduled an applicant's test date automatically, almost immediately, after the company received the applicant's authorization to test. This would be day 14 or 15 on DOH's time frame. However, Prometric representatives clarified that they aim to notify applicants of their scheduled test dates within 14 days of receiving the authorization to test from DOH. In some cases, Prometric's system "auto-schedules" applicants and in other cases, such as when a test date is not available or the applicant needs an interpreter, Prometric must manually schedule the applicants. Our analysis also used 14 days as the duration for this step because that is the window in which Prometric expected to process information received from DOH and when tests should begin to occur according to DOH's expected time frame.

Prometric has struggled to send applicants test dates within two weeks of receiving authorization from DOH, but recovered somewhat in 2021. In the last six months of 2019, Prometric met the 14-day expectation more than half the time. At that point, 60 percent of applicants received their test date within 14 days, as shown in Exhibit 6. That meant DOH’s expectation of an applicant being scheduled within a day or two was also not being met. In the first half of 2020, Prometric met the 14-day scheduling time frame just 19 percent of the time. The governor’s COVID-19 stay-at-home order fell within that period, and produced significant, if understandable, delays. While Prometric was able to schedule more applicants within 14 days once the stay-at-home order was lifted in June 2020, at the end of 2021 it only scheduled 53 percent of all applicants within 14 days.

Exhibit 6 – Prometric struggled to send applicants test dates within two weeks but recovered somewhat in 2021

Applicants from July 1, 2019, through December 31, 2021. Due to rounding, results for some periods do not total 100%.



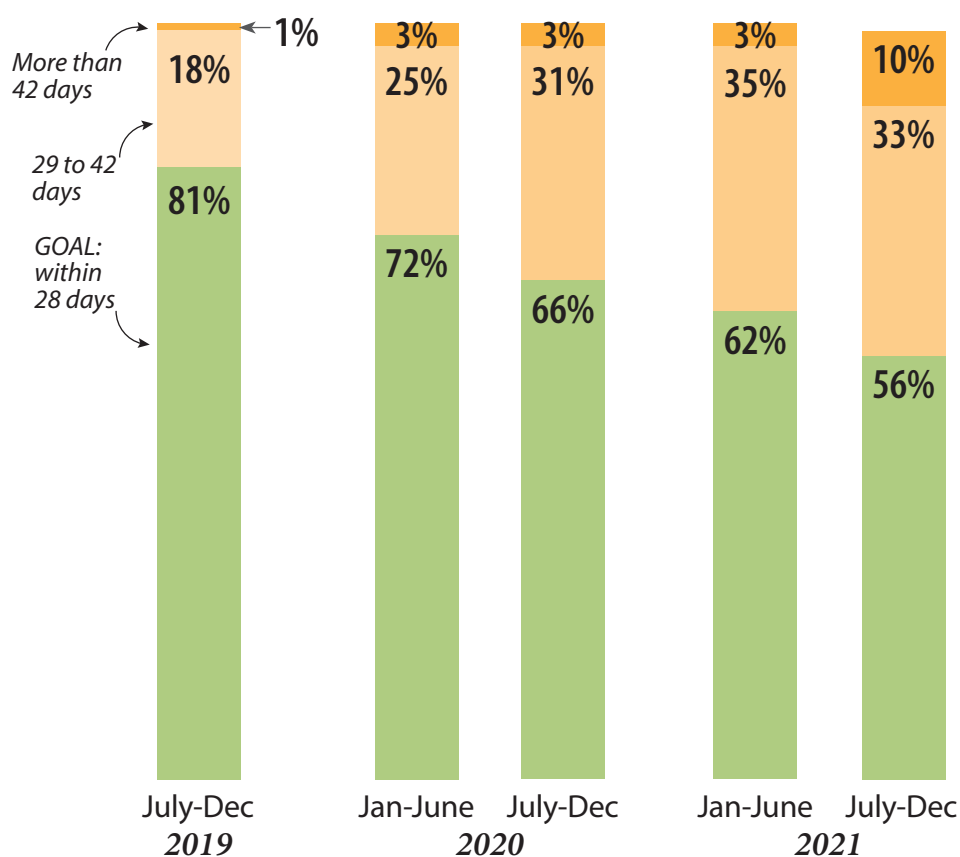
Source: Prometric data.

Prior to COVID-19, Prometric generally tested applicants as expected, but timeliness has declined over time

During the second half of 2019, 81 percent of applicants took their test within 28 days of Prometric scheduling their test date. This percentage dropped to around 56 percent by the second half of 2021, as shown in Exhibit 7. However, throughout the audit period, the majority of applicants who were not able to test within 28 days did so within two weeks of the expected goal.

Exhibit 7 – Most of the time applicants tested within 28 days of receiving their appointments

Applicants from July 1, 2019, through December 31, 2021. Due to rounding, results for some periods do not total 100%.



Source: Prometric data.

Changing the approach to scheduling tests could benefit applicants and help shorten DOH's time frame

Two areas can contribute to delays in scheduling tests for applicants. First, applicants must negotiate alternative dates with Prometric if they cannot attend the assigned date; second, waiting to schedule tests until applicants finish training. The first of these two areas is already being addressed by Prometric; the second is an approach DOH might consider.

- **Confirming test dates and locations with applicants.** Prometric will schedule applicants for the first available date at their preferred location. If these dates do not work, applicants must contact Prometric to reschedule, potentially causing a delay beyond the 14-day scheduling goal. Starting in 2023, applicants will no longer need to wait for Prometric to contact them with a potential test date. Instead, they will be able to schedule their own test online, gaining control over when they take their test and eliminating the need to contact Prometric for alternative dates. This should streamline an important step in the process and reduce the amount of time applicants wait to test.
- **A concurrent, rather than sequential, time frame around when tests are scheduled.** The current process calls for applicants to complete all training before scheduling their test. Some steps around scheduling tests could take place while the applicant is still in training. Although state law requires that applicants *complete* training before testing, it does not prohibit either DOH or Prometric from *scheduling* the test while an applicant finishes training.

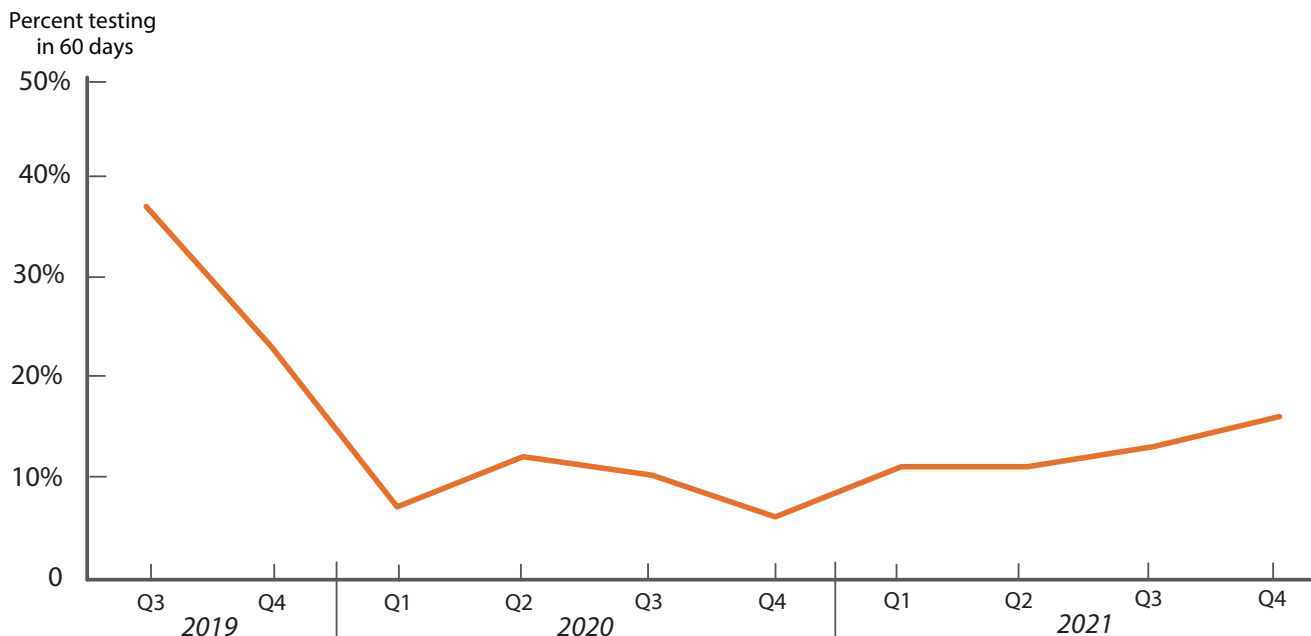
While there is some risk applicants might miss part of their training and have to reschedule their tests, this would allow those applicants who do graduate training on time to plan on testing shortly after training. This change in approach would shorten the expected time frame from training to testing, as many of the steps would happen while people are still in training. Scheduling testing during training was part of a DOH pilot that was cut short in 2014, but given the potential benefit of scheduling tests during training, another attempt is worth considering.

COVID-19 exacerbated an already delayed process

As we have noted, the pandemic worsened delays for applicant testing. In late March 2020, Prometric followed the Governor’s stay-at-home order and closed all test sites until mid-July 2020, causing a significant drop in the number of applicants able to test within 60 days. Only 7 percent of applicants from Quarter 1 of 2020 tested within 60 days from completing training. Those numbers remained low – well below 50 percent – for the rest of the year, as shown in **Exhibit 8**.

Exhibit 8 – COVID-19 worsened delays for getting applicants tested

Percent of time that applicants tested within 60 days of completing training; Applicants from Quarter 3, 2019, through Quarter 4, 2021.



Source: Department of Health’s Integrated Licensing Regulatory System.

Prometric cleared the backlog of applicants waiting to test by Thanksgiving 2020. However, throughout 2021, the percentage of applicants testing within 60 days remained much lower than before the pandemic, when 37 percent of applicants tested within 60 days.

Regions of the state lack test sites, resulting in long travel times for some applicants

Results in brief

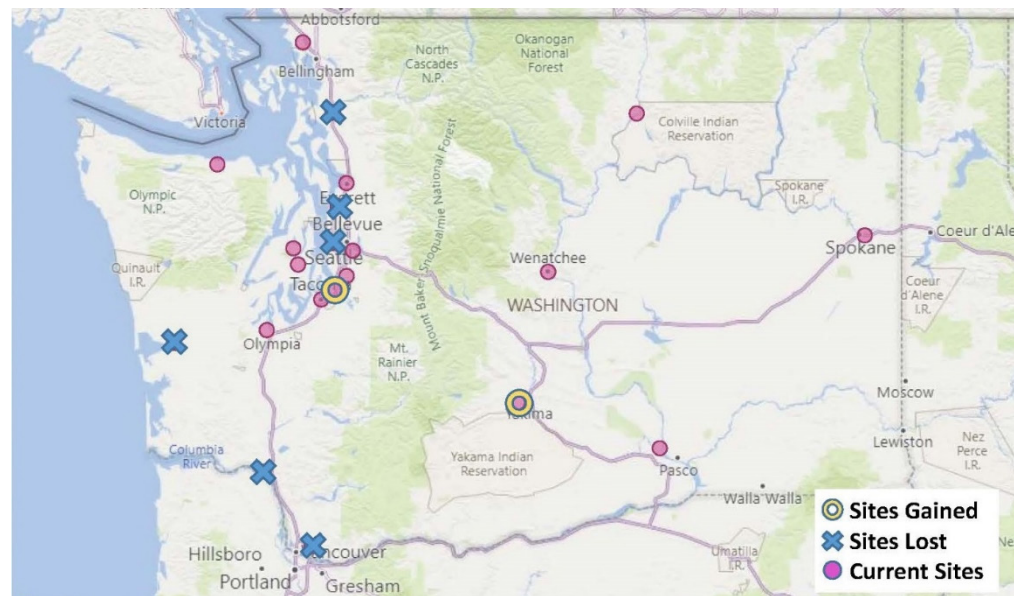
The number of regional test sites dropped 20 percent since our 2016 audit. Additionally, since COVID-19 waivers resulted in fewer testers and test sites require a minimum number of test takers to schedule a test date, many sites had fewer dates available for testing. Some stakeholders believe Prometric’s requirements limit the number of potential sites. For regions of the state that lack test sites, including southwest Washington and the coast, the ability to create additional sites is constrained by available funds.

The number of regional test sites dropped 20 percent since our 2016 audit

Although the 2016 “Barriers to Home Care Aide Certification” performance audit recommended DOH add more test sites, the state had fewer sites in March 2022. The 2016 audit found that limited test sites were a barrier to home care aide certification and recommended that the agency work with Prometric to increase the number of test sites to reduce applicant travel times. At that time, there were 19 regional test sites, which exist only to administer tests and are open to any authorized applicant.

Although Prometric has added two new regional sites since 2016 (located in Yakima and Federal Way), lost sites outnumber the gains: six sites have closed, leaving 15 regional test sites statewide, as the map in Exhibit 9 shows.

Exhibit 9 – Home care aide regional test sites gained and lost since 2016



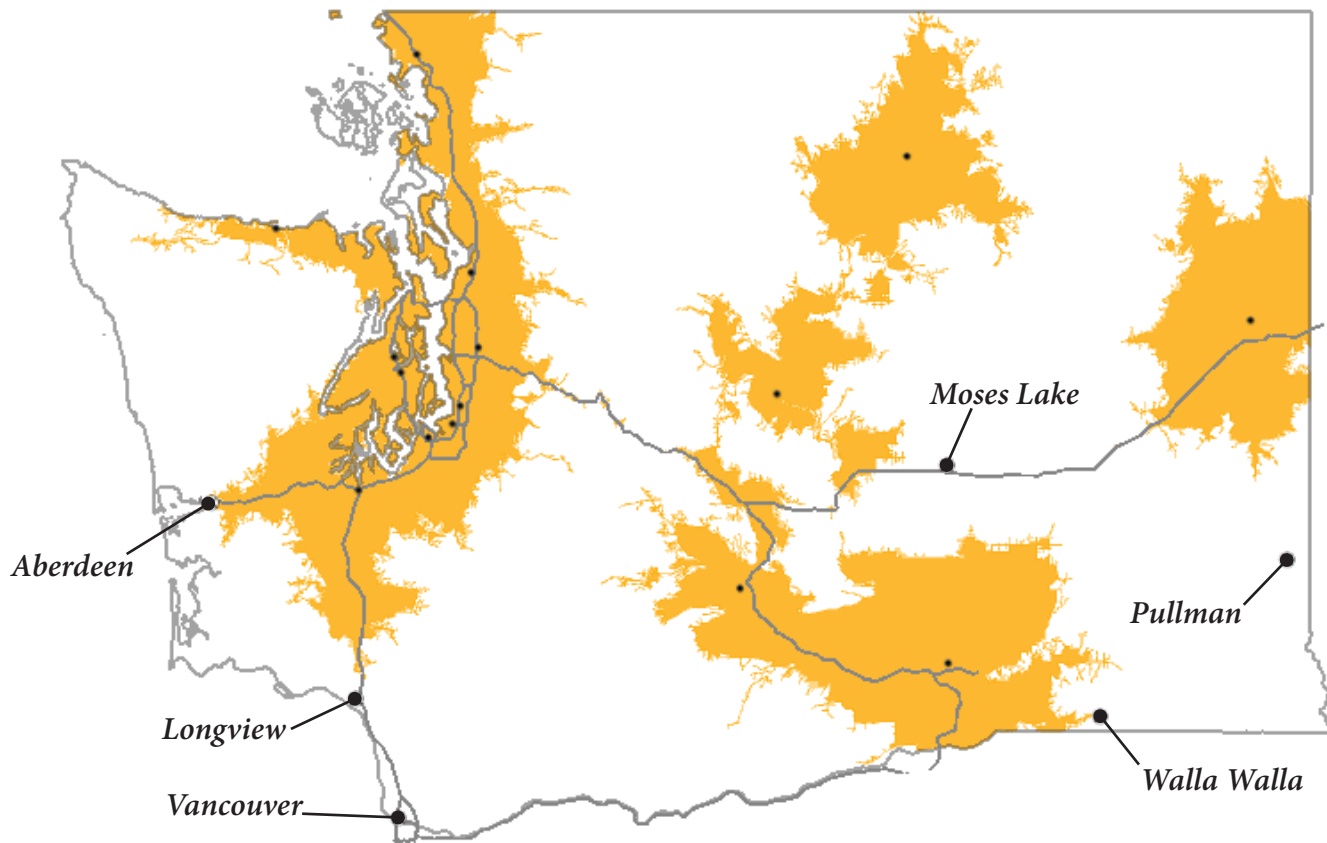
Source: Previous audit and current list of Prometric test sites.

Regional test sites have closed for a variety of reasons. Some were sold and the new owners decided not to re-open as test sites. One in Aberdeen burned down, while the Lynnwood site remained closed after the COVID-19 stay-at-home orders ended.

These closures have left additional areas of the state without any test sites, which means applicants must allow more travel time to reach one. With the closures of test sites in Vancouver, Longview and Aberdeen, applicants in those areas must now test in Olympia or Tacoma. Seattle also lost a test site, so applicants there must travel to Bellevue; King County Metro’s website shows this could take up to two hours on public transit. In addition, many home care aides provide services while becoming certified, and those applicants must find coverage for their clients for the time they spend traveling to the test site and testing. The 2016 audit calculated the 60-minute drive time radius from each test site to estimate how long applicants might have to travel to reach a site. Using the same standard for this audit’s analysis, we found many communities are not within a one-hour drive of a test site. The six most populous are Aberdeen, Longview, Moses Lake, Pullman, Vancouver and Walla Walla. Factoring in public transportation and/or traffic would add time to reach a site.

Estimated drive time to test sites is mapped in **Exhibit 10**, in which each dot represents a current Prometric test site and shaded areas represent a one-hour drive to that site.

Exhibit 10 – Many areas of that state are not within a one-hour drive of a regional test site



Source: Auditor analysis of current list of Prometric test sites.

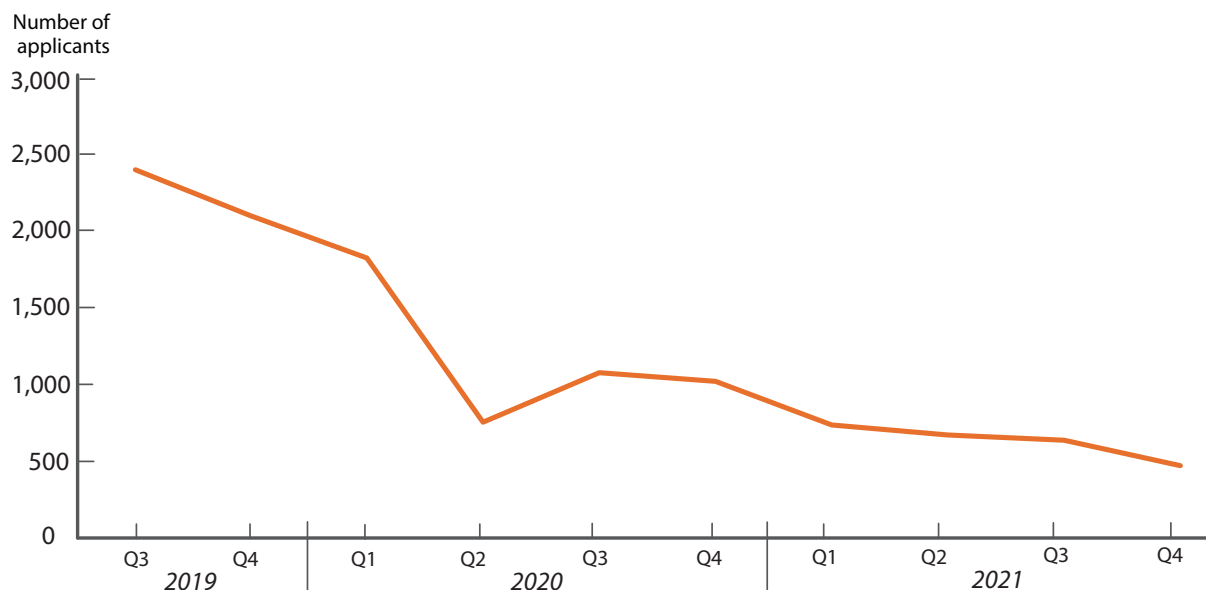
Because fewer applicants completed training, many sites had fewer dates available for testing

Prometric needs a minimum number of applicants to test together at each site to recover its costs, but waiting to assemble sufficient numbers for each site and date can delay the scheduling step in DOH’s time frame. To break even, Prometric typically only tests at a location when at least four applicants are ready, as applicant fees cover the costs for the test. Prometric managers said being the test vendor for this profession is not profitable, and sometimes they lose money. DOH managers also noted that while some sites host multiple test dates a week, others are available once a month, at most, which can also delay test dates.

COVID-19 waivers resulted in fewer testers overall, making it more difficult for Prometric to have the four applicants necessary to open a specific test site. In March 2020, Governor Inslee suspended the requirement that home care aides be certified within 200 days of hire. A related effect of the waivers was fewer graduates from training programs, which led to fewer applicants to test. For example, the number of applicants completing training plummeted from 2,398 during Quarter 3 of 2019 to 637 in Quarter 3 of 2021, as shown in Exhibit 11.

Exhibit 11 – The number of applicants who completed training plummeted during the period affected by COVID-19 waivers

Applicants from Quarter 3, 2019, through Quarter 4, 2021.



Source: Department of Health’s Integrated Licensing Regulatory System.

Some stakeholders believe Prometric's requirements limit the number of potential sites

Prometric has extensive requirements for test sites, which some stakeholders believe limits the number of suitable sites. Prometric's checklist of required elements runs five pages, and includes:

- Building's structural elements: a restroom for the test takers as well as a sink with hot and cold running water in the testing area, space to demonstrate skills, and separate waiting area
- Additional elements: computers, a printer, a bed and over-the-bed table, and an anatomically correct manikin

The former are difficult to provide if the site lacks them outright; the latter could be provided to a potential site that lacks them. However, the test site checklist does not indicate whether facilities could expect support if they lack some specific elements. For example, if a potential site lacked a printer, Prometric's checklist does not indicate that Prometric or DOH could provide one. Nor does the checklist propose alternative solutions to missing elements. For example, if the site lacked a waiting room, the checklist does not suggest Prometric might work around the problem by having applicants wait in their cars or have those using public transportation wait in another area of the building.

Some stakeholders have looked into becoming a test site, but they say that these requirements, coupled with a lack of sufficient compensation, are overly prescriptive and discourage possible participation. Although Prometric representatives said they are actively recruiting potential test locations, they also said barriers include finding locations that are willing to meet the requirements and the lack of sufficient compensation. The representatives added that the biggest hurdles to becoming a test site are having enough personal computers for testers to use and having appropriate space for clinical evaluations.

During fieldwork the audit team recommended DOH review the list of test site requirements with Prometric to determine if everything listed is necessary. DOH managers implemented this recommendation and determined everything listed is needed to conduct the certification exam. In the section that follows we discuss the possibility of supporting potential test sites with items like printers and anatomically correct manikins.

The ability to create additional sites is constrained by available funds

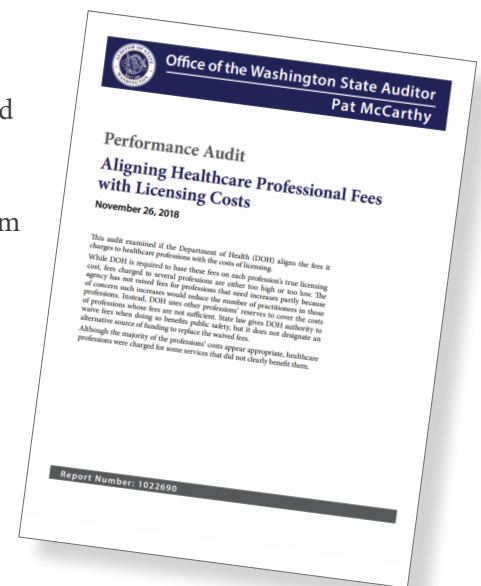
Opening additional test sites is constrained by how high Prometric can reasonably raise test fees. Applicants, or the union that represents them, pay Prometric \$137 to take the test. These test fees are the only source of funding for DOH's contract with Prometric. Wages for home care aides are low, so there is a limit on how high fees can be set, as raising them could result in applicants pursuing other employment.

Another constraint on raising test fees is the separate \$85 application fee applicants pay to DOH to begin the certification process. State law requires all professions to pay for their own certification costs. These fees are intended to cover departmental costs to certify the profession, as required by RCW 43.70.250 (1), which states "It shall be the policy of the state of Washington that the cost of each professional, occupational, or business licensing program be fully borne by the members of that profession, occupation, or business." Despite this requirement, our 2018 performance audit "Aligning Healthcare Professional Fees with Licensing Costs" found fees paid by other professions had subsidized deficits for the home care aide program totaling over \$5.2 million (as of June 30, 2017). DOH managers confirmed during this audit that the home care aide profession continues to be millions of dollars in debt.

Together, these financial constraints limit the resources available for resolving testing challenges. If additional funding became available, DOH and its partners could pursue a few possible solutions to address the challenges described in this chapter. For example:

- Provide printers or anatomically correct manikins to potential sites that lack needed equipment.
- Subsidize Prometric's costs to test at sites that do not regularly attract four applicants at a time, to encourage the company to test in those areas more frequently.
- Offer travel stipends to applicants in areas that lack sufficient numbers to ever support a test site, to enable them to reach a more distant site. For example, DOH managers mentioned an approach taken by the Health Care Authority (HCA) in its peer counseling certification program which offers similar stipends to its participants.

Nonetheless, given limitations to funding other parts of this program, these solutions – however low cost – may be challenging to fund.



Read this report on the State Auditor's Office website at: portal.sao.wa.gov/ReportSearch/Home/ViewReportFile?rn=1022690&isFinding=false&sp=false

DOH could improve monitoring of testing delays and managing the contract with Prometric

Results in brief

DOH does not track and monitor the time frame between training and testing. Such gaps in monitoring reduce awareness of the many reasons applicants drop out during the process. Also, DOH has limited accountability mechanisms in place for the overall training-to-testing process. For example, though state law requires them, DOH's contract with Prometric lacks some key performance measures or benchmarks.

DOH does not track and monitor the time frame between training and testing

Two offices at DOH – the Office of Health Professions and the Office of Customer Service – are responsible for different aspects of home care aide testing and certification. The Office of Health Professions creates administrative rules for the profession and manages the contract with Prometric. The Office of Customer Service processes applications, payments and background checks; helps applicants through the process; and certifies home care aides. Both offices also partner with DSHS and the Training Partnership to address issues related to home care aide training, testing and certification.

Neither office monitors the overall length of time between training and testing, which diminishes DOH's awareness of all the delays applicants face. While managers at the Office of Health Professions monitor exam passage rates and managers at the Office of Customer Service monitor metrics related to application timeliness, no one monitors the overall length of time between training and testing. Managers said they do not do so because so much depends on factors outside their control, such as applicant decisions which include when they submit complete applications, and when and where they decide to test. Factors also include how timely trainers send DOH necessary information. However, not monitoring this essential program time frame results in managers not knowing how rarely the expected time frame was met, with applicants often taking their test months after they have completed training.

Additionally, the two offices' current action plans do not address either the delays between training and testing or the declining number of test sites. In the first, both offices participate in a long-standing rolling action plan together with DSHS and the Training Partnership, which focuses on resolving specific challenges facing home care aides. In the second, begun in July 2021, the Office of Customer Service launched an action plan that focused on speeding certification processing time for all professions, including home care aides, so much-needed health care professionals could enter practice as quickly as possible.

Neither action plan has set out specific goals to:

- Reduce the overall length of time between training and testing
- Increase the number of test sites

The lack of defined goals in these areas hinders establishing related performance measures, as good performance measures monitor progress toward defined goals.

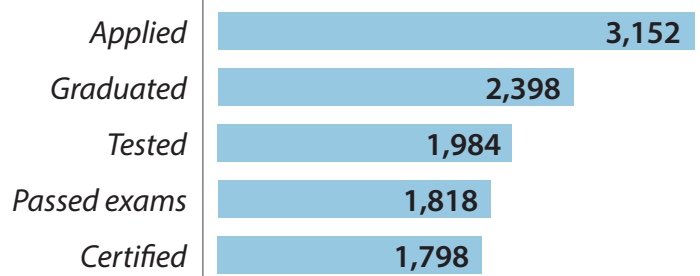
Finally, while DOH's time frame has expectations for specific steps in the process, this information was not shared with everyone responsible. For example, no one informed the current manager at the Office of Customer Service about the expected time frame for authorizing applicants to test, which is work completed by that office. Given this lack of communication, that manager could not monitor whether or not the office was meeting the expectation.

These gaps in monitoring reduce awareness of the many reasons applicants drop out before becoming certified

Distribution of responsibility between multiple partners and offices increases the likelihood of gaps, resulting in good applicants never becoming home care aides. Stakeholders within the SEIU 775 Benefits Group said the caregivers they represent report struggling with the many required steps and different organizations they must deal with. Many become so frustrated that they quit before becoming certified. Data from Quarter 3 of 2019 shows that 1,354 (43 percent) of applicants never became certified (Exhibit 12).

Exhibit 12 – Many applicants left the program before becoming certified

Data for candidates who applied during Quarter 3, 2019.

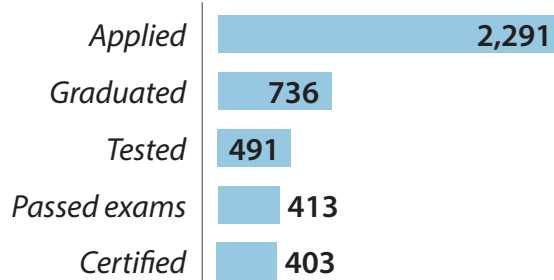


Source: Department of Health's Integrated Licensing Regulatory System.

Then, as certification waivers related to COVID-19 came into effect, the percentage of applicants that completed the process plummeted, with more than 80 percent never becoming certified, as shown in Exhibit 13. While these home care aides have been able to practice without becoming certified, the waivers that permitted this will end in 2022. All applicants hired during Quarter 1 of 2021 must be certified by September 18, 2022, or stop providing care. These aides will likely need additional support to successfully complete the process.

Exhibit 13 – COVID-19 waivers slashed the percentage of applicants who became certified

Data for candidates who applied during Quarter 1 2021, current as of January 31, 2022



Source: Department of Health’s Integrated Licensing Regulatory System.

DOH has limited accountability mechanisms in place for the overall training-to-testing process

While DOH has given careful consideration to certain aspects of the application process, it has few internal controls or accountability mechanisms for the overall training-to-testing process. The Office of Customer Service has internal controls for parts of the application process, including:

- A dashboard with key statistics like the number of applications to be entered into the system
- Daily reports that show timelines for applications and where applications are in the process
- A list of delayed applications so supervisors know which applications need to take priority

Beginning in October 2021, managers in the Office of Customer Service assigned staff application caseloads, so they could follow up on long-pending applications to see if applicants need help with specific steps like scheduling the test. This change provides an internal control to ensure applicants have support addressing barriers within the Office’s responsibilities.

However, neither this office nor the Office of Health Professions have accountability mechanisms in place for their part in ensuring tests are scheduled within the expected time frame, or for any other aspect of the overall training-to-testing process. In addition, these offices have limited recourse if training programs do not submit training completion information in a timely manner, as DOH does not control that part of the process.

Though state law requires them, DOH's contract with Prometric lacks some key performance measures or benchmarks

DOH's current contract with Prometric lacks sufficient performance measures or benchmarks related to timeliness for scheduling and testing applicants. Since 2012, state law (RCW 39.26.180) has required agencies to incorporate performance measures and measurable benchmarks in their contracts, and to enter into performance-based contracts to the extent practicable. Prometric's original response to DOH's request for proposals included an expectation to send all applicants their test date within five business days of receiving notice they are ready to test. While this expectation was incorporated by reference into the original contract, neither Prometric nor DOH have been working toward that expectation as a performance measure or benchmark. After the original contract expired and a new bid process was completed, DOH entered into a second contract with Prometric in February 2022. Prometric has a key performance metric related to scheduling applicants within 30 days of their preferred date. However, this is only one step in the process, and the new contract does not have any stated goals or targets for the metric, let alone mechanisms that would hold Prometric to those goals.

While DOH's previous contract with Prometric lacked key performance measures or benchmarks related to the number of test sites, this has been partially remedied in the new contract. The original contract with Prometric lacked any benchmarks related to number of test sites. Managers said expectations around test sites were in Prometric's response to the original request for proposals. However, the response to the request, incorporated by reference into the original contract, included only vague statements like "Prometric will utilize geographically dispersed regional test sites located throughout the state of Washington." It lacked any commitment to establish a specific number of test sites, and did not define "geographically dispersed." This has been partially remedied in Prometric's response to the recent request for proposals, in which Prometric included a target of 21 testing locations. However, Prometric's response still does not define what adequate coverage of sites across Washington will entail. Also, while Prometric has a key performance metric related to scheduling applicants at preferred locations. However, that metric uses existing test sites as its reference, not the needs of applicants across Washington.

DOH managers have been reluctant to add performance measures to the contract due to both the nature of work and Prometric's responsiveness to the state's needs. Managers said they worked closely with their agency's contracts unit when they entered into the new contract with Prometric. While they wanted to move to a performance-based contract, Prometric's performance depends on many factors outside of its control, such as the number of applicants completing training.

In addition, Prometric has provided services above and beyond what has been specified in the contract. For example, Prometric absorbed costs related to opening the Yakima regional test site, including providing the necessary computers, and responded to other requests made by DOH at no cost to the state. Finally, managers said Prometric was the only bidder during the most recent request for proposals. However, because the new contract includes only minimal performance measures or benchmarks, DOH has fewer tools to hold Prometric accountable should performance decline below an acceptable level in the future.

Comparable professions and other states offer solutions to testing delays and lack of test sites

Results in brief

The audit identified ways to address testing issues by considering comparable professions such as nursing assistants. While nursing assistants and home care aides are comparable professions, the statutes around testing are more prescriptive and limiting for the latter. Nursing assistants can already take the knowledge portion of the test remotely, while home care aides must test in person. Possible solutions from other states include allowing applicants to test within or at the end of training and a focus on providing in-home care through nursing assistants, which could be a better path for some applicants in Washington.

The audit identified ways to address testing issues by considering comparable professions such as nursing assistants

Audit work included research seeking best practices that could reduce barriers to testing and certification. That work examined how selected other states test their equivalents of home care aides, as well as testing for a comparable profession within Washington.

In Washington, certified nursing assistants (also known as nursing assistants-certified) can be considered a comparable profession to home care aides. They have similar training, testing and certification requirements. During testing, nursing assistants must demonstrate competency in skills similar to those expected of home care aides, including: mouth care, catheter care, passive range of motion exercises to a client's shoulder, knee and ankle, and transfers from bed to wheelchair. The most significant difference between the two professions is that nursing assistants are trained to provide additional services such as monitoring vital signs.

While nursing assistants and home care aides are comparable professions, statutes related to testing are more prescriptive for the latter

While statute grants the Nursing Commission broad authority for testing nursing assistants, statutes for testing home care aides are prescriptive and limiting.

For example, for nursing assistants, RCW 18.88A.060 gives the Nursing Commission the power to “prepare, grade, and administer, or determine the nature of, and supervise the grading and administration of, the competency evaluation for applicants.” In other words, the Commission has broad discretion over the details on who administers the test. For home care aides, RCW 18.88B.031(4) states the test “shall be administered and evaluated by the department [of Health] or a contractor that is neither an employer of long-term care workers or a training provider.” In other words, statute specifically prohibits certain people or organizations from delivering the test. This restriction means that some of the solutions pursued by other states with comparable skills tests, as discussed in the following section, are not feasible in Washington. An example of an alternative approach includes Maine, where caregiver instructors are autonomous and are allowed to test their students.

Unlike home care aides, who must test in person, nursing assistants can already take the knowledge portion of the test remotely

Changes to the testing protocols for nursing assistants offer them benefits not available to home care aides. In 2021, the Long-Term Care Workforce Development Steering Committee (see sidebar) recommended several changes to the way nursing assistant tests are delivered that benefit both applicants and those who evaluate them. Because of technological advances and the necessity for workers, students and customers to stay at home during COVID-19, more industries are moving away from in-person interaction. For example, nursing assistants can now take the knowledge test remotely. In addition, beginning in September 2022, nursing assistants will also be able to take the skills test immediately after graduation from the training course. Evaluators will watch and grade their skills in a remote environment. These changes eliminate the need for evaluators to travel to test sites, leading to cost savings for the test vendor. They also cut travel and related costs for applicants, and allow them to test in a familiar environment rather than traveling to a new place expressly for testing. These options should also eliminate long waits between training and testing, increasing the applicants’ chances of passing the test.

Although DOH and Prometric have initiated discussions regarding remote testing for the knowledge test for home care aides, this was not an option during audit fieldwork. Remote knowledge testing for home care aides is supported by key stakeholders from DSHS and the SEIU 775 Benefits Group.

The Legislature convened the Long-Term Care Workforce Development Steering Committee in 2018. Under the direction of the Washington State Nursing Care Quality Assurance Commission, this Committee has produced four reports since 2018 in an effort to assess the long-term care and nursing workforce shortage and make recommendations to meet the current and future care needs of the public.

- [2018 Legislative Report](#)
- [2019 Interim Report](#)
- [2020 Progress Report](#)
- [2021 Final Report](#)

Some states allow applicants to test within or at the end of training

Some states with comparable skills tests for their home care aide equivalents allow testing on the last day of training (similar to the testing protocol for nursing assistants mentioned above), or after each training module. We identified nine states with comparable skills tests for their personal care aides, which is the federal category for Washington's home care aides. Three of these states allow the test to be administered within training. Maine, for example, schedules the final exam for its personal support specialists at the conclusion of the last module of training. Arizona's rules allow trainers to split their tests into smaller units within the training program. To learn more about how these states approach testing, see [Appendix D](#).

Stakeholders support integrating testing and training, which is possible in Washington. An SEIU report from 2015 supported testing within training, reflecting that applicants would be less likely to forget the information they learned. DSHS managers support testing upon completion of training to streamline the process. The practice would inform applicants well in advance when their tests will be, so they can arrange childcare, job cover or transportation. It also addresses testing barriers such as driving to an unfamiliar location or taking the test in a new environment. While current state law requires DSHS to oversee training and DOH to administer testing, nothing precludes DOH or its contractor from administering testing at the applicants' training sites. Indeed, training sites can become in-facility test sites at any time if they meet Prometric's requirements.

DOH managers said that they piloted a program in 2014 to have applicants test on the last day of training. However, because many applicants missed a portion of training and were thus ineligible to test, DOH ended the pilot. The agency could still devise a separate test path for applicants who missed a portion of the training so they can test at another time.

Other states focus on providing in-home care through nursing assistants, which could be a better path for some applicants in Washington

Four states – Hawaii, Ohio, Rhode Island and Wyoming – plus Washington, D. C., require their personal care aides to become either nursing assistants or home health aides. The Centers for Medicaid and Medicare Services gives states latitude in the terms used for personal care aides and how they structure service delivery models,

as long as the states develop provider qualifications. All five developed provider qualifications by requiring personal care aides to enter a related profession. Exhibit 14 shows the similarities between federal job titles and descriptions for these professions.

Exhibit 14 – Federal compared to Washington state job titles for selected health care professionals

Federal job title	Position description	Washington job title
Certified Nursing Assistant (CNA)	Trained to help nurses by providing non-medical assistance to patients, such as help with bathing, dressing, toileting and other activities of daily living. Also checks vital signs such as blood pressure, respiration and pulse.	Nursing Assistant-Certified Washington does not have home health aides. Instead anyone serving in this role becomes a nursing assistant.
Home Health Aide	Assists with bathing, dressing, toileting and other activities of daily living. Also checks vital signs such as blood pressure, respiration and pulse.	
Personal Care Aide	Provides non-medical services, including companionship, cleaning, cooking and assistance with activities of daily living. Some aides work specifically with people who have developmental or intellectual disabilities to help create a behavior plan and teach self-care skills.	Home Care Aide

Guiding people who want to provide long-term care to a nursing assistant course of study is a workable option for Washington, and DOH managers support this route depending on the applicants’ individual situations. In Washington, nursing assistants can already provide long-term, in-home care as long as their credentials are current. Their training requirements – 85 hours – are only 10 more hours than that of home care aides. That said, this path may not be appropriate for all applicants because nursing assistant programs requires a level of proficiency in English, and offers few supports to applicants who speak limited English. Prometric’s testing data for the time period reviewed showed 12 percent of home care aides took the knowledge test in languages other than English.

Benefits to this approach for those who want to provide long-term care include better pay and job opportunities. The Centers for Medicare and Medicaid Services has established national guidance and program requirements for home health aides and nursing assistants, and federal requirements for nursing assistants have produced similar tests across the country. This means nursing assistants are generally able to transfer their credentials to other states, known as reciprocity,

a benefit not allowed to home care aides because each state sets its own requirements. In addition, nursing assistants are allowed to work in different settings, such as hospitals, which leads to better pay. As of 2021, Washington's Employment Security Department reported that home care aides' average hourly wage was \$16.37, while nursing assistants' average hourly wage was \$18.09.

Another benefit of encouraging people setting out to become home care aides to become nursing assistants instead is the latter's well-established testing infrastructure. For example, while Washington has regularly graduated comparable numbers of nursing assistants and home care aides, nursing assistants have more than three times as many test sites as home care aides. Even better, the majority of test sites for nursing assistants are the same place where applicants train, allowing them to test in a familiar environment. For further comparison of home care aide and nursing assistant test sites, see **Appendix E**.

State Auditor's Conclusions

Providing personal care to Washingtonians who need it is important work, but prospective home care aides face a number of barriers to becoming certified in our state. This performance audit offers recommendations to legislators and state leaders with the authority to remove or lessen those challenges, while continuing to ensure home care aides are properly trained.

One of those recommendations is to increase the number of test sites – a recommendation we also made in a performance audit of the program in 2016. Today, applicants in even some of our larger cities must travel long distances to take certification tests. For example, potential aides in Vancouver must travel more than 100 miles to Olympia to test. We acknowledge the global coronavirus pandemic disrupted training and testing for home care aides. However, we also found that concrete steps such as establishing more test sites and reducing delays between the completion of training and scheduling a certification test would result in a greater number of qualified home care aides available in communities across Washington.

Recommendations

For the Legislature

To address delays between training and testing for home care aides, as described on pages 12-20, we recommend the Legislature provide the Department of Health with similar authority and discretion in testing home care aides as the Nursing Commission has in RCW 18.88A.060 for testing certified nursing assistants.

For the Department of Health (DOH)

To address delays between training and testing, as described on pages 12-20, we recommend considering solutions pursued by comparable professions and other states, including:

1. Introduce legislation requesting similar authority and discretion in testing home care aides as the Nursing Commission has for testing certified nursing assistants.
2. Work with the Department of Social and Health Services (DSHS), the SEIU 775 Benefits Group, Prometric and community trainers to:
 - a. Develop and implement a plan to integrate testing into training, allowing applicants to test at the same location where they train
 - b. Allow remote testing within home care aide training programs, immediately after graduation or shortly after completion of the program
 - c. Determine the benefits and costs of having home care aide training programs authorize applicants to test instead of DOH

To address these delays as described on pages 12-20, we also recommend DOH:

3. Work with Prometric to allow applicants to schedule tests during training, so they can plan on testing shortly after completing training.

If after considering the recommendations listed above, in-person skills testing is still considered necessary, to address challenges related to a lack of test sites as described on pages 21-25, we recommend:

4. Develop objective criteria (such as applicant travel times and availability of testing for comparable professions) to determine:
 - How many test sites are needed and where these sites should be located
 - How often test sites should be available to applicants
 - If there are areas of the state where it would be best to give applicants stipends for travel expenses

During fieldwork, we recommended DOH review test site requirements with Prometric to determine if all listed requirements are necessary, and eliminate any nonessential requirements. DOH reports it has implemented this recommendation.

5. Based on the analysis described in Recommendation #4:
 - Determine how much it would cost to establish and supply additional test sites
 - Work with DSHS, the SEIU 775 Benefits Group, Prometric and other stakeholders to determine the best way to establish appropriate partnerships that can lead to new test sites
 - Establish appropriate protocols to apply for travel stipends
 - Determine how often applicants' tests are delayed due to insufficient testers at a site, and further determine how much it would cost to subsidize sites that regularly do not attract four applicants at a time
 - Work with the Legislature to acquire the necessary funding to enact these recommendations

To address delays related to gaps in tracking and monitoring as described on pages 26-28, we recommend:

6. Within a new or existing action plan, establish goals related to:
 - Reducing the overall length of time between training and testing
 - Increasing the number of available test sites
7. Establish performance measures for the goals in recommendation #6.
8. Assign one of the two offices responsible for aspects of home care aide certification responsibility for monitoring overall length of time between training and testing. To determine if the goals are being achieved:
 - Specifically monitor the length of time between when applicants complete training and when this information reaches DOH and regularly share these results with DSHS and the Training Partnership
 - Work with Prometric to set an agreed-upon target for length of time to get applicants scheduled to test once Prometric receives their authorizations
 - Until applicants can schedule their own tests, monitor the length of time between when Prometric learns applicants are ready to test and applicants receive their test dates
9. Establish accountability mechanisms for the overall training to testing process.

To address gaps in contract management as described on pages 29-30, we recommend:

10. In future contract amendments, comply with state law by including all key performance measures, defining what sufficient access to test sites entails, and moving toward a performance-based contract.
11. Detail the costs Prometric is expected to bear and which are the state's responsibility, so contract management will not have to rely on the benevolence of the vendor.

Agency Response



STATE OF WASHINGTON

August 30, 2022

The Honorable Pat McCarthy
Washington State Auditor
P.O. Box 40021
Olympia, WA 98504-0021

Dear Auditor McCarthy:

Thank you for the opportunity to review and respond to the State Auditor's Office performance audit on Initiative 1163: Addressing Testing Barriers for Home Care Aides. The Department of Health and Office of Financial Management worked together to provide this response.

We appreciate the work of the performance audit team, and value the opportunity to respond to your recommendations. We acknowledge that the home care aide credentialing process has room for improvement. We will work with our partners to implement several of the recommended changes to make this process easier and more efficient for applicants.

We also appreciate that the report recognizes the additional challenges that the COVID-19 pandemic posed for every aspect of the home care aide credentialing process. Due to the impacts of the pandemic, we believe the data and timeframes reflected in this audit do not represent what applicants experienced prior to the pandemic, nor what they will experience going forward. Given the unpredictable work stoppages and backlogs unique to this time period, it is challenging to build a timeline-centered improvement plan based upon these data.

We thank your team for their work on this audit. We look forward to engaging with our partners and applicants to identify and mitigate barriers to completing the credentialing process in a reasonable amount of time.

Sincerely,

Umair A. Shah, MD, MPH
Secretary of Health

David Schumacher
Director
Office of Financial Management

cc: Jamila Thomas, Chief of Staff, Office of the Governor
Kelly Wicker, Deputy Chief of Staff, Office of the Governor
Nick Streuli, Executive Director of Policy and Outreach, Office of the Governor
Mandeep Kaundal, Director, Results Washington, Office of the Governor
Tammy Firkins, Performance Audit Liaison, Results Washington, Office of the Governor
Scott Frank, Director of Performance Audits, Office of the Washington State Auditor

OFFICIAL STATE CABINET AGENCY RESPONSE TO THE PERFORMANCE AUDIT ON INITIATIVE 1163: ADDRESSING TESTING BARRIERS FOR HOME CARE AIDES – AUGUST 30, 2022

The Department of Health and Office of Financial Management provide this management response to the State Auditor's Office performance audit report received on August 5, 2022.

SAO PERFORMANCE AUDIT OBJECTIVES:

This performance audit was designed to address the question:

- How can the Department of Health (DOH) reduce testing barriers for home care aides?
-

Recommendations to DOH:

SAO Recommendations 1-2: To address delays between training and testing, we recommend considering solutions pursued by comparable professions and other states, including:

1. Introduce legislation requesting similar authority and discretion in testing home care aides as the Nursing Commission has for testing certified nursing assistants.
2. Work with the Department of Social and Health Services (DSHS), the SEIU 775 Benefits Group, Prometric, and community trainers to:
 - a. Develop and implement a plan to integrate testing into training, allowing applicants to test at the same location where they train
 - b. Allow remote testing within home care aide training programs, immediately after graduation or shortly after completion of the program
 - c. Determine the benefits and costs of having home care aide training programs authorizing applicants to test instead of DOH

STATE RESPONSE:

1. DOH agrees that testing flexibility could benefit applicants. DOH is working with DSHS, which has authority over training programs, and Prometric to explore whether training programs are willing and able to authorize applicants to test.
2. DOH agrees with exploring this recommendation; however, the department does not have statutory authority over training programs.

DOH will conduct a cost-benefit analysis of having trainers (rather than the department) authorize applicants to test. Implementation of these changes would require significant technological changes by Prometric or an alternative testing vendor (at this time there are no other vendors interested).

Action Steps and Time Frame:

- Work with DSHS, the Training Partnership, community trainers, and Prometric to evaluate the viability of integrating testing into training and allowing remote testing. *By Jan. 31, 2023.*
 - Conduct a cost-benefit analysis of having trainers (rather than the department) authorize applicants to test. *By June 30, 2023.*
-

SAO Recommendation 3: To address these delays, we also recommend DOH:

3. Work with Prometric to allow applicants to schedule tests during training, so they can plan on testing shortly after completing training.

STATE RESPONSE:

3. DOH agrees with this recommendation and is currently working with Prometric, DSHS, SEIU, Training Partnership and community trainers to implement a process that allows applicants to schedule their own exam during or shortly after completing training.

Action Steps and Time Frame:

- Work with Prometric, DSHS, SEIU, the Training Partnership and community trainers to allow applicants to schedule their own exam. *By June 30, 2023.*

SAO Recommendations 4-5: If after considering the recommendations listed above, in-person skills testing is still considered necessary, to address challenges related to a lack of test sites, we recommend:

4. Develop objective criteria (such as applicant travel times and availability of testing for comparable professions) to determine:
 - How many test sites are needed and where these sites should be located
 - How often test sites should be available to applicants
 - If there are areas of the state where it would be best to give applicants stipends for travel expenses
5. Based on the analysis described in Recommendation #4:
 - Determine how much it would cost to establish and supply additional test sites
 - Work with the Department of Social and Health Services (DSHS), the Service Employees International Union (SEIU) Healthcare 775 NW, Prometric, and other stakeholders to determine the best way to establish appropriate partnerships that can lead to new test sites
 - Establish appropriate protocols to apply for travel stipends
 - Determine how often applicants' tests are delayed due to insufficient testers at a site, and further determine how much it would cost to subsidize sites that regularly do not attract four applicants at a time
 - Work with the Legislature to acquire the necessary funding to enact these recommendations

STATE RESPONSE:

4. DOH agrees with the recommendation to develop criteria for how many test sites are needed, where they should be located and how often test sites should be available. DOH will conduct work sessions with Prometric, DSHS, SEIU, the Training Partnership, community trainers, and other interested parties on developing these criteria.

DOH also agrees it would be beneficial for some applicants to have travel stipends. We will work with our partners to explore which agency may be best equipped to administer a stipend program and what resources would be needed.

5. DOH will include in the analysis the cost and viability of providing additional test sites. We will partner with DSHS, SEIU, the Training Partnership and community training programs to determine how and if it is possible to establish new test sites.

We agree that it would be beneficial for some applicants to have travel stipends.

DOH will also work with partners to determine whether the current structure requiring at least four applicants to conduct a test is a barrier to timely testing. However, the data we currently have is not sufficient to determine the impact of lowering the four-applicant threshold. We will work with our partners to evaluate and determine the resources needed to mitigate the impact.

Action Steps and Time Frame:

- Conduct work sessions with Prometric, DSHS, SEIU, the Training Partnership, community trainers, and other interested parties to develop criteria. *By Jan. 31, 2023.*
- Explore with our partners which agency could best administer a stipend program and the resources needed. *By Jan. 31, 2024.*
- Explore with our partners the cost and viability of supplying additional test sites. *By June 30, 2023.*
- Work with our partners to evaluate the requirement of having four applicants to conduct a test and determine what resources are needed to lower the four-applicant threshold. *By June 30, 2023.*

SAO Recommendations 6-9: To address delays related to gaps in tracking and monitoring described in Chapter 3, we recommend:

6. Within a new or existing action plan, establish goals related to:
 - Reducing the overall length of time between training and testing
 - Increasing the number of available test sites
7. Establish performance measures for the goals in recommendation #6.
8. Assign one of the two offices responsible for aspects of home care aide credentialing responsibility for monitoring overall length of time between training and testing. To determine if the goals are being achieved:
 - Specifically monitor the length of time between when applicants complete training and when this information reaches DOH and regularly share these results with DSHS and the Training Partnership
 - Work with Prometric to set an agreed-upon target for length of time to get applicants scheduled to test once Prometric receives their authorizations
 - Until applicants can schedule their own tests, monitor the length of time between when Prometric learns applicants are ready to test and applicants receive their test dates
9. Establish accountability mechanisms for the overall training to testing process.

STATE RESPONSE:

6. DOH agrees with the recommendation to develop meaningful performance metrics for the home care aide program. DOH acknowledges the gap between training and testing. However, many factors beyond the department's control may contribute to this. These factors include applicants not submitting their credential application within 14 days of hire, applicants not responding to department requests for additional information, and delays in receiving confirmation of training completion. These factors reflect the unique nature of this population. Applicants often juggle multiple clients at once; they may also have additional jobs outside long-term care and work schedules that change with little to no notice.

7. DOH disagrees with the recommendation to use length of time between training and testing as a metric for success in credentialing this unique profession for reasons detailed above. We agree that it is important to develop meaningful performance metrics to evaluate this process. DOH will engage applicants and other stakeholders to solicit feedback about customer experience and to identify what potential improvements are within the department's control.
8. This is addressed in No. 7.
9. DOH agrees with the recommendation to establish accountability mechanisms. The feedback we solicit as described in No. 7 will help us to understand from the customers' perspective the barriers to completing credentialing. This feedback will help us establish accountability mechanisms and performance metrics for the training to testing process.

Action Steps and Time Frame:

- Engage applicants and stakeholders for feedback on the customer experience to inform DOH's improvement efforts, performance metrics and accountability mechanisms. *By June 30, 2023.*
-

SAO Recommendations 10-11: To address gaps in contract management described in Chapter 3, we recommend:

10. In future contract amendments, comply with state law by including all key performance measures, defining what sufficient access to test sites entails, and moving towards a performance-based contract
11. Detail the costs Prometric is expected to bear, and which are the state's responsibility, so contract management will not have to rely on the benevolence of the vendor.

STATE RESPONSE:

10. DOH agrees with the recommendation and will continue to work on meaningful performance measures to add through future contract amendments. We anticipate that the feedback we solicit from our customers can help with this effort.
11. DOH agrees with this recommendation and will continue to work with partners to evaluate all the services needed to support testing for this profession. We will also discuss with Prometric the costs and or resources associated with amending the contract to ensure that the real-time needs of the profession are met. This evaluation and discussion occur on an ongoing basis.

Action Steps and Time Frame:

- Identify performance measures to add in future contract amendments. *By Jan. 30, 2024.*
 - Evaluate and identify the costs and resources needed to support testing. *By June 30, 2023.*
 - Once the above actions are completed, DOH will put forward funding requests to ensure that implementation can be completed. *By June 2024*
-

Appendix A: Initiative 900 and Auditing Standards

Initiative 900 requirements

Initiative 900, approved by Washington voters in 2005 and enacted into state law in 2006, authorized the State Auditor’s Office to conduct independent, comprehensive performance audits of state and local governments.

Specifically, the law directs the Auditor’s Office to “review and analyze the economy, efficiency, and effectiveness of the policies, management, fiscal affairs, and operations of state and local governments, agencies, programs, and accounts.” Performance audits are to be conducted according to U.S. Government Accountability Office government auditing standards.

In addition, the law identifies nine elements that are to be considered within the scope of each performance audit. The State Auditor’s Office evaluates the relevance of all nine elements to each audit. The table below indicates which elements are addressed in the audit. Specific issues are discussed in the Results and Recommendations sections of this report.

I-900 element	Addressed in the audit
1. Identify cost savings	No. This audit did not focus on cost savings. However, addressing testing barriers may increase the number of home care aides and thereby decrease the likelihood of people entering nursing homes, which is far more costly for Medicaid than providing in-home support.
2. Identify services that can be reduced or eliminated	No. While the audit identified ways to streamline testing requirements, it did not identify services that could be reduced or eliminated.
3. Identify programs or services that can be transferred to the private sector	No. Home care aide testing is already contracted to a test vendor. The audit did not identify additional programs or services that could be transferred to the private sector.
4. Analyze gaps or overlaps in programs or services and provide recommendations to correct them	Yes. This audit analyzed gaps between partners that train and test home care aides and offered recommendations to address identified issues.

I-900 element	Addressed in the audit
5. Assess feasibility of pooling information technology systems within the department	No. This audit did not address pooling information technology systems.
6. Analyze departmental roles and functions, and provide recommendations to change or eliminate them	Yes. This audit recommended Department of Health review the benefits and costs of having home care aide training programs authorize applicants to test, instead of departmental staff.
7. Provide recommendations for statutory or regulatory changes that may be necessary for the department to properly carry out its functions	Yes. This audit recommended statutory changes to address testing barriers.
8. Analyze departmental performance data, performance measures and self-assessment systems	Yes. This audit used Department of Health and test vendor data to analyze the length of time it takes to test and credential home care aides, and offered recommendations to address identified barriers.
9. Identify relevant best practices	Yes. This audit used best practices for length of time between training and testing, as identified by previous SAO audits.

Compliance with generally accepted government auditing standards

We conducted this performance audit under the authority of state law (RCW 43.09.470), approved as Initiative 900 by Washington voters in 2005, and in accordance with generally accepted government auditing standards as published in *Government Auditing Standards* (July 2018 revision) issued by the U.S. Government Accountability Office. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

The mission of the Office of the Washington State Auditor

To provide citizens with independent and transparent examinations of how state and local governments use public funds, and develop strategies that make government more efficient and effective. The results of our work are widely distributed through a variety of reports, which are available on our website and through our free, electronic [subscription service](#). We take our role as partners in accountability seriously. We provide training and technical assistance to governments and have an extensive quality assurance program. For more information about the State Auditor's Office, visit www.sao.wa.gov.

Appendix B: Scope, Objectives and Methodology

Scope

This audit examined DOH's process to test and certify home care aides to find out where applicants encounter barriers and experience delays. We examined testing access and structure as well as procedures for certification within the agency, specifically in the Office of Health Professions and the Office of Customer Service. We focused on time frames from training to testing and testing to certification. We reviewed a dataset with applicant information, including date of application, training completed, testing and certification issuance, from July 1, 2019, to January 31, 2022. This allowed analyses of time frames before and during COVID-19 restrictions. We did not audit the content of the test, nor did we evaluate the training programs.

Objectives

The purpose of this performance audit was to identify barriers to testing of home care aides. The audit addressed the following objective:

- How can the Department of Health (DOH) reduce testing barriers for home care aides?

For reporting purposes, the audit results have been organized into key findings as follows:

1. Many home care aide applicants were unable to test for months after completing training, reducing their likelihood of passing
2. Regions of the state lack test sites, resulting in long travel times for some applicants
3. DOH could improve monitoring of testing delays and managing its contract with Prometric
4. Comparable professions and other states offer solutions to testing delays and lack of test sites

Methodology

We obtained the evidence used to support the findings, conclusions and recommendations in this report during fieldwork conducted during March and April 2022, with some additional follow-up work afterward. We have summarized the work performed to address the audit objective in the following sections.

Objective: How can DOH reduce testing and certification barriers for home care aides?

To determine how DOH could reduce testing and certification barriers for home care aides, we followed up on previous audit recommendations, interviewed management from state agencies, spoke with stakeholders, examined laws and rules governing the program, reviewed the agency's own goals and program contracts, reviewed practices of similar professions and other states, and examined test site locations and requirements. We also analyzed data from DOH and Prometric, its third-party test vendor.

Followed up on previous audit recommendations

We identified recommendations from the 2016 Initiative 1163 (I-1163) audit, which included consideration of barriers to testing, to determine if DOH had implemented them. These recommendations included working with Prometric to increase the number of test sites, emphasizing the importance of taking the exam on the scheduled date, and working with the Training Partnership to review data on languages candidates request interpreters for. We conducted interviews with agency managers, Prometric and the Training Partnership, and reviewed websites and documents received from stakeholders to evaluate progress on addressing these recommendations.

Interviewed management and staff from state agencies and other stakeholders

We interviewed management from DOH, the Department of Social and Health Services (DSHS), and other stakeholders to identify barriers to testing and certification. We specifically wanted to know their expectations for how long it should take home care aide applicants to get from training to testing, and from passing the test to becoming certified, and what they thought caused or contributed to delays in the process. We also spoke to representatives from the SEIU 775 Benefits Group, DOH staff in charge of the certified nursing assistance program, and the Governor's Office, to hear their views on these issues.

Examined laws and rules governing the program

We reviewed laws and rules as well as I-1163 to determine testing and credentialing requirements. Auditors examined statutes governing the program to understand DOH's responsibilities for testing and credentialing home care aides. We then compared these responsibilities to performance to identify potential gaps, and to identify any places statutory requirements contribute to unnecessary barriers and might need to change to improve performance.

Reviewed DOH's own goals, procedures and program contracts

To identify defined expectations related to time frames from training to credentialing, and test structure and access, we reviewed DOH's goals, procedures and program contracts. We also examined the agency's strategic plan and action plans to assess whether they contributed toward intended program outcomes and effective management oversight. Finally, we reviewed procedures related to the credentialing process, to understand whether the agency had expectations or targets for performance.

We also compared the agency's current and previous contracts with Prometric to statutory requirements. Specifically we wanted to see if the contract included performance measures and expectations for timeliness and test site locations.

Reviewed similar professions and other states' practices

We reviewed practices used by a similar profession in Washington and by other states' home care aide equivalents, to identify potential solutions to barriers for testing and credentialing home care aides. We looked at states that had both knowledge and skills tests for their home care aide equivalents and researched their test structures.

Using the Nursing Care Quality Assurance Commission's Long-Term Care Workforce Development reports, we reviewed time frames from training to testing for Washington's certified nursing assistants, as they have comparable training hours and required skills to home care aides. We also examined certified nursing assistant test structure and access.

Once we identified states with the most comparable characteristics to Washington's home care aide test process, we reviewed their test structures and access to see if any had practices that could help address issues in Washington. We analyzed existing practices and compared them to practices in other states.

Reviewed test site locations and requirements

We reviewed the number and locations of test sites available to home care aides and compared them to:

- Those available during the 2016 performance audit, to see whether test access had improved since 2016
- Test sites available to nursing assistants

We created a new map using current test sites and included an hour's drive-time radius for each of the 15 regional test sites. We identified the top six populated cities that are outside of the hour's drive time.

We examined Prometric's test site requirements and interviewed Prometric representatives to learn about their efforts to recruit new test sites and any barriers that existed to successful recruitment.

Analyzed DOH and Prometric data

We analyzed data supplied by DOH and Prometric to calculate how long it took for applicants to complete the process from training to credentialing, and to identify points in the process where lags occurred. We completed data reliability testing before conducting the two analyses, and found the data to be sufficiently reliable for the purposes of this audit. The first analysis looked at a DOH dataset covering July 1, 2019, through Jan. 31, 2022, which included dates of application, training graduation dates, exam dates and exam results. We used this data to determine how long it took applicants to progress from the completion of training to testing and from testing to credentialing. We also looked at how long it took applicants to move through each step of the process to determine if there were steps that create significant barriers to taking the test in a timely manner, and compared the results with DOH and stakeholder expectations. The second analysis included data only for those who took the test as scheduled. The audit team has since learned that 24 percent of applicants during 2019–2021 did not appear for their tests and were not included in our second analysis. Since testing occurs after scheduling, whether or not applicants show up on their test dates should not influence scheduling delays, but the team did not specifically test this hypothesis.

Work on internal controls

Auditors looked for relevant internal controls related to the audit scope: DOH's process of testing and certifying home care aides. We conducted interviews with management and reviewed DOH procedures, action plans, contracts with Prometric, the Office of Customer Service dashboard, available reports, and current performance measures. We were unable to test the controls for the application process because the agency had only limited documentation to demonstrate their functions.

Appendix C: Earlier I-1163 Audits

Earlier performance audits in the I-1163 series, conducted by our Office, are available on our website.

Report title	Report number	Publication date
I-1163: Evaluating the Relevance of Required Training for Long-Term Care Workers	1029902	March 1, 2022
Assessing Extended Family Exemptions for Individual Providers	1023358	February 21, 2019
Barriers to Home Care Aide Certification	1018059	November 28, 2016
I-1163: Long-term Care Worker Certification Requirements 2016	1017262	August 4, 2016
Initiative 1163: Long Term Care Worker Certification Requirements [2014]	1012952	December 18, 2014
Initiative 1163: Long-Term Care Worker Certification Requirements [2013]	1008965	January 8, 2013

Appendix D: Other States with Comparable Skills Tests

To address barriers associated with testing specialized skills, we identified eight states, plus Washington, D. C., that require their home care aide equivalents to demonstrate competency in similar skills to home care aides in Washington. Washington state's skills test for home care aides includes several specialized skills, such as cleaning a catheter and transferring a client to a wheelchair. Proper demonstration requires access to equipment like wheelchairs and anatomically correct manikins capable of receiving a catheter, which may not be readily available.

States have broad discretion in how they train and test their home care aide equivalents, which have a variety of titles among states but are all reimbursed as personal care aides by the federal Medicaid program. States are only required to develop provider qualifications. We used the Paraprofessional Healthcare Institute's state-by-state overview of personal care aide requirements to identify states with skills tests, and then further reviewed laws, regulations and related requirements to determine which of these tests were comparable to Washington.

We found:

- Five states require their home care aide equivalents to become either a home health aide or a certified nursing assistant. Requirements in these states are consistent with federal regulations for similar professions.
- Three states incorporate the exam within training to some extent, for example after each module or immediately following the last day of training.
- Four states allow for the knowledge assessment to be conducted remotely.
- Only one state allows the skills assessment to be conducted remotely. Maine requires that instructors demonstrate how they know applicants can competently perform these skills.
- Some states have dozens of test sites. Four states administer their tests in such a way that they can accommodate anywhere from 36 to 100-plus test sites. For example, Maine allows instructors to administer the test, which gives applicants more than 100 test site options. Oklahoma permits independent organizations, such as technology centers, to become test sites. Arizona permits venues such as high schools, vocational schools and community colleges to qualify as test sites. Although Ohio contracts test administration out to one vendor, as Washington does, it provides 42 unique test locations.

Figure 1 on the following page lists the results of our research.

Figure 1 – Comparison of Washington to eight states and Washington, D. C.

State	Worker title	Test within training	Test vendor	Number of test sites	Remote skills assessment allowed	Remote knowledge assessment allowed
Washington	Home Care Aide	No	Prometric	19 (some are in-facility)	No	No
Arizona	Direct Care Worker	Yes	Multiple approved entities	More than 100	No	Unknown
Hawaii	Nurse Aide*	No	Prometric	6 regional sites and multiple in-facility	Unknown	Unknown
Maine	Personal Support Specialist	Yes	Autonomous instructors	More than 100; instructor-based	Yes	Yes
New Jersey	Certified Homemaker – Home Health Aide	Yes	Board of Nursing; Approved test vendor	Dozens (training sites are test sites)	No	No
Ohio	Home Care Attendant*	No	D&S Diversified Technologies	Dozens	No	Yes
Oklahoma	Supportive Home Assistant	No	Independent agency	42	Unknown	Unknown
Rhode Island	Nursing Assistant*	No	Credentia	Number unknown (regional and in-facility)	Unknown	Yes
Wyoming	Home Health Aide*	No	Prometric	15	No	No
Washington D.C.	Home Health Aide*	Unknown	Credentia	Number unknown (regional and in-facility)	No	Yes

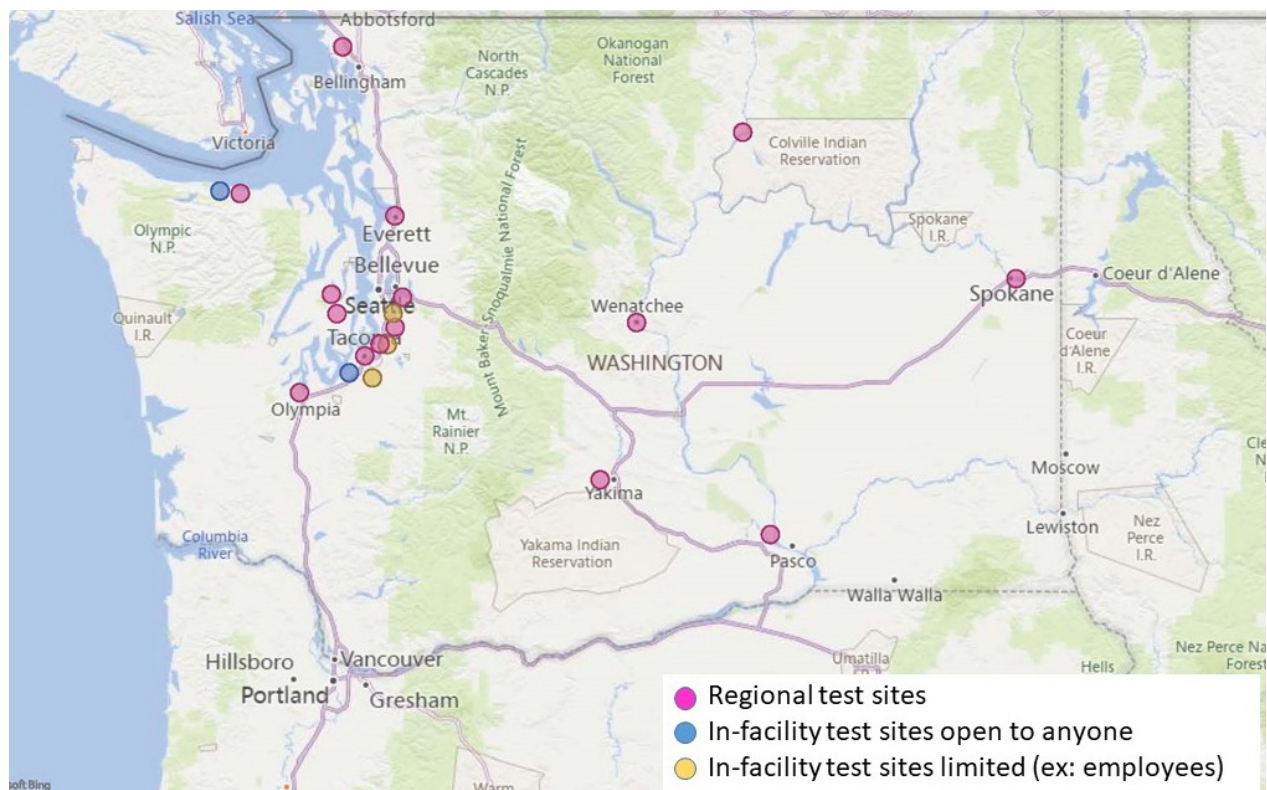
* These states require the personal care aide applicants to become certified as a different profession, such as a home health aide or certified nursing assistant. In Ohio, personal care aides also have another route through which they can become home health aides, but we could not find detailed information on that testing process.

Appendix E: Comparison of Home Care Aide and Nursing Assistant Test Sites

Nursing assistant applicants have access to more than three times the number of test sites as home care aides. Both professions have regional test sites and in-facility test sites. Regional test sites are open to any applicant; in-facility test sites test only those applicants who completed training within that specific facility. According to the Workforce Training and Education Coordinating Board, during 2015 through 2019 Washington graduated comparable numbers of nursing assistants and home care aides.

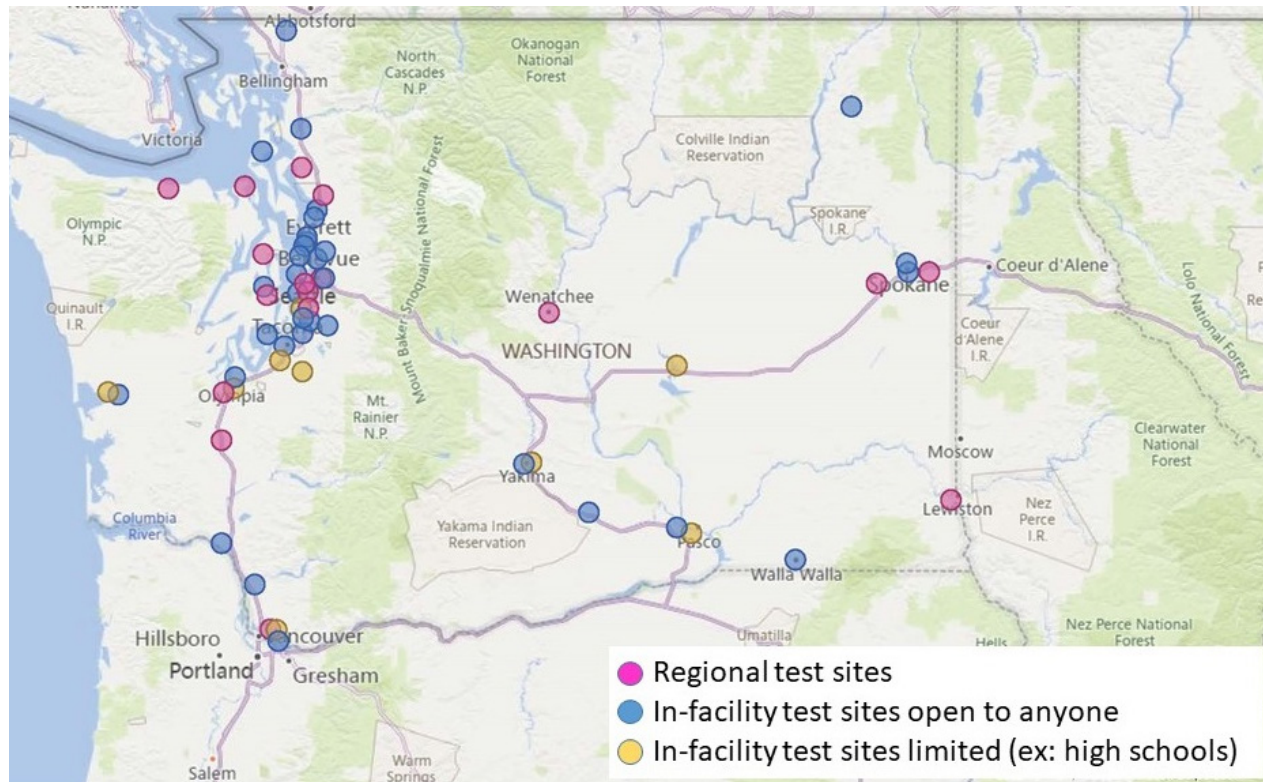
Home care aides have access to 15 regional test sites and five in-facility sites, as shown in **Figure 2**; note that Port Angeles serves as both a regional and an in-facility site. Only two of the five in-facility sites are open to anyone wishing to train and test at that location; three are limited to specific groups of applicants.

Figure 2 – Test sites for home care aides, including regional and in-facility sites



Certified nursing assistants, on the other hand, have access to 19 regional test sites and 67 in-facility sites, as shown in **Figure 3**. Although some of the in-facility sites for nursing assistants are limited to high school students and job corps programs, the vast majority of these sites are available to any applicant wanting to train and test at that location.

Figure 3 – Test sites for nursing assistants, including regional and in-facility sites





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– Pat McCarthy, State Auditor

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