



Office of the
Washington
State Auditor
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PERFORMANCE AUDIT

Report Highlights

I-1163: Addressing Testing Barriers for Home Care Aides

Long-term care supports people who need help meeting their health or personal care needs due to age or disabling conditions. However, maintaining an adequate workforce of long-term care workers has been a challenge for Washington, a problem exacerbated by the COVID-19 pandemic. Stay-at-home orders related to COVID-19 upended every aspect of the home care aide certification process. These 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.

Initiative 1163 (I-1163) increased training requirements and required applicants to pass a test. The knowledge portion focuses on activities of daily living; in the skills portion, the applicant must correctly perform tasks 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

The longer applicants have to wait to test, the less likely they are to pass. Even before the pandemic disrupted 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 testing within the time frame dropped further during COVID-19 restrictions. The greatest factor in testing delays was in transferring information between trainers, DOH and its testing vendor, Prometric. Some elements are outside DOH's control: it depends on applicants submitting complete applications and training programs sending graduation information promptly. Prometric struggled to schedule applicants in a timely manner once it received applicant information, but changing the approach to test scheduling could benefit applicants and help shorten the 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

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

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

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

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

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.