

PERFORMANCE AUDIT



Office of the
Washington
State Auditor
Pat McCarthy

I-1163 2024: Following up on selected issues from previous audits

June 18, 2024

Report Number: 1035125

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State Auditor's Conclusions

This short report follows up on recommendations made in several earlier, in-depth performance audits of the home care aide certification program in Washington. It is a quick check-in, if you will, on the certification system approved by voters in Initiative 1163. The results of our review should be valuable to the many people involved in this important work, including those training to be long-term care workers, the agencies involved in ensuring aides meet appropriate standards, and legislators. This kind of periodic, outside check-in can help agencies focus their efforts on resolving specific challenges, show the progress they have made, and foster continuous improvement of vital services for Washingtonians.

Background

To become certified home care aides, applicants must complete training then pass tests and background checks

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.

As in other states, the share of Washington's population over age 65 is expected to rise from 16 percent to more than 20 percent by 2030. This is likely to strain the currently available workforce. The state must ensure it trains enough people in health care and personal care services to care for all those who will need help.

Washington voters twice approved requirements that long-term care workers pass background checks, complete training requirements, and pass an exam to become certified to care for clients, first in 2008 and again in 2011 with Initiative 1163. 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.

The Department of Health and the Department of Social and Health Services manage different aspects of long-term care worker certification

The Department of Health (DOH) is responsible for certifying long-term care workers upon confirming that they have completed the required 75 hours of training and passed an exam. DOH contracts with Prometric, a testing company, to facilitate the exam, composed of a skills test and a knowledge test. Applicants for certification must take the skills and knowledge test at a Prometric testing center after completing their training. DOH and Prometric are in the process of moving the knowledge test into an online format while continuing to provide the skills test at Prometric testing centers.

The Department of Social and Health Services (DSHS) created a standard curriculum for these workers called “Fundamentals of Caregiving.” DSHS is responsible for approving qualified trainers and training programs, and ensuring that training curricula either follow “Fundamentals of Caregiving” or that the training meets the agency’s requirements.

DSHS works with the Service Employees International Union (SEIU) 775 Benefits Group, a Washington nonprofit corporation that provides training and other benefits to support most home care aides. SIEU 775 Benefits Group formed a nonprofit school, the Training Partnership, to provide training to all caregivers who are employed by a state contractor to care for clients individually and are paid through Medicaid funds. The Training Partnership designs its own trainings, which are approved by DSHS, rather than using the “Fundamentals of Caregiving” curriculum. It trains a large percentage of certified home care aides, making it the largest single training operator in the state; it also hosts testing sites for its trainees.

This audit examined four previous audit recommendations related to certification and training for home care aides

Initiative 1163 requires the State Auditor’s Office to audit the state’s long-term, in-home care program every two years. We have published seven previous performance audits (listed in **Appendix C**). Three of those audits identified challenges related to the training and certification processes:

- *Barriers to Home Care Aide Certification* (2016) found that some applicants faced difficulties accessing both training and testing sites and that flexibility in training was a challenge at times.
- *Evaluating the Relevance of Required Training for Long-Term Care Workers* (March 2022) found that, at that time, long-term care workers and clients felt there were some gaps in the required training.
- *Addressing Testing Barriers for Home Care Aides* (September 2022) identified challenges long-term care trainees experienced in completing testing requirements. That audit found that many applicants had to travel long distances to reach a test site. Additionally, applicants often faced long delays between completing training and taking the test.

This audit reviewed four recommendations from those three audits, seeking to answer these new audit questions:

- What progress has DOH made in allowing long-term care worker applicants to schedule tests before completing their training?
- Has DOH developed objective criteria to determine the number and location of test sites, and how often sites should be made available for tests?

- Has DSHS worked with the Training Partnership and community instructors to increase training locations and adopt flexible schedules?
- What methods does DSHS use to ensure alignment between training content and client needs?

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.

Summary of past recommendations and 2024 audit results

Exhibit 1 – Summary table of previous recommendations to Department of Health and 2024 audit results

Original recommendations and report source	Status	Summary of 2024 results
I-1163: Addressing Testing Barriers, 9/8/2022		
Work with Prometric to allow applicants to schedule tests during training, so they can plan on testing shortly after completing training.	✓	Applicants now schedule tests on the basis of their expected completion date, rather than having to complete training before they may begin test-scheduling activities. (see page 9)
Develop objective criteria (such as applicant travel times and availability of testing for comparable professions) to determine: <ul style="list-style-type: none"> • How many test sites are needed and where these sites should be located • How often test sites should be available to applicants 	Partially implemented	DOH developed criteria to evaluate some aspects of test site numbers and locations. However, the criteria used did not address the basis of the original finding, which was grounded in testing delays and travel time. (see page 11)
<ul style="list-style-type: none"> • If there are areas of the state where it would be best to give applicants stipends for travel expenses 	✓	DSHS submitted a budget request to the Legislature to fund stipends, but it did not pass. Without funding, the recommendation cannot proceed, and we deem it completed. (see page 12)
Based on the analysis described in the previous recommendation: <ul style="list-style-type: none"> • Determine how much it would cost to establish and supply additional test sites. 	✓	DOH and stakeholders determined new test sites would cost an estimated \$40,000 each. (see page 12)
<ul style="list-style-type: none"> • 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. 	✓	DOH formed a workgroup that included these stakeholders, but has had difficulty establishing new test sites in some parts of the state. (see page 12)

Exhibit 2 – Summary table of previous recommendations to the Department of Social & Health Services and 2024 audit results


Original recommendations and report source	Status	Summary of 2024 results
<i>Barriers to Home Care Aide Certification, 11/28/2016</i>		
Continue to work with the Training Partnership and community instructors to increase training locations and adopt flexible schedules.	✓	DSHS regularly meets with the Training Partnership to promote flexible schedules. Trainings are held throughout the state and DSHS is expanding online trainings. (see page 13)
<i>I-1163: Evaluating the Relevance of Required Training for Long-Term Care Workers, 3/1/2022</i>		
Establish a more robust process for ensuring alignment between training content and client needs.	✓	DSHS designs and revises training curricula using client data, consultation with subject matter experts and best practice research. (see page 14)

Audit Results

The Department of Health and the Department of Social and Health Services fully implemented three of the four reviewed recommendations

To determine whether the two agencies implemented the selected recommendations, we interviewed agency staff and reviewed documents that supported the actions they said they had taken. Additionally, we mapped testing and training sites to determine travel-time distances applicants face in completing the steps for certification.

DOH has fully implemented one reviewed recommendation

Original recommendation and source	Status	Summary of 2024 results
<p>I-1163: Addressing Testing Barriers, 9/8/2022</p> <p>Work with Prometric to allow applicants to schedule tests during training, so they can plan on testing shortly after completing training.</p>		<p>Applicants now schedule tests on the basis of their expected completion date, rather than having to complete training before they may begin test-scheduling activities.</p>




Recommendation: Allow applicants to schedule tests during training – Implemented

The 2022 audit, “Addressing Testing Barriers for Home Care Aides,” found that most applicants faced long delays between completing training and taking the test. In addition, applicants who waited a long time to test after their training had more difficulty passing the test than applicants who tested promptly. The audit noted that applicants were not allowed to schedule test dates until they had completed training. The administrative process for setting test dates added wait time before applicants could take their tests.

In October 2023, DOH changed its application form for home care aide certification as well as its process for scheduling tests. The form now asks applicants for their estimated completion date instead of requiring an actual completion date, which the applicant cannot know until they complete training. Prometric sends applicants an email confirming they are eligible to proceed with scheduling their test dates.

By scheduling the test based on the estimated training completion date, DOH can process some of the administrative tasks involved in scheduling sooner. As a result, applicants benefit from shorter wait times before they take their tests.

DOH has partially implemented other reviewed recommendations from the 2022 report

Original recommendation and source	Status	Summary of 2024 results
I-1163: Addressing Testing Barriers, 9/8/2022		
Develop objective criteria (such as applicant travel times and availability of testing for comparable professions) to determine: <ul style="list-style-type: none"> • How many test sites are needed and where these sites should be located • How often test sites should be available to applicants 	Partially implemented	DOH developed criteria to evaluate some aspects of test site numbers and locations. However, the criteria used did not address the basis of the original finding, which was grounded in testing delays and travel time.
<ul style="list-style-type: none"> • If there are areas of the state where it would be best to give applicants stipends for travel expenses 		 DSHS submitted a budget request to the Legislature to fund stipends, but it did not pass. Without funding, the recommendation cannot proceed, and we deem it completed.
Based on the analysis described in Recommendation #4: <ul style="list-style-type: none"> • 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. 		DOH and stakeholders determined new test sites would cost an estimated \$40,000 each.
		DOH formed a workgroup that included these stakeholders, but has had difficulty establishing new test sites in some parts of the state.

The same audit found that being able to reach testing sites was a significant challenge for applicants. Many faced long travel times to testing sites that primarily served the most populated areas of the state and left many potential applicants a long distance from a test site. Even Vancouver was not served by a regional testing site at that time.

As a result, we made one recommendation that DOH develop objective criteria 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

The next recommendation said that, based on the foregoing analysis, DOH should then:

- 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.

These observations and recommendations led the Legislature to pass E2SSB 5278 in the 2023 legislative session. This bill required DOH to address some of these challenges.

To fulfill the requirements of E2SSB 5278, DOH formed a workgroup that included its own staff as well as staff from DSHS, plus representatives from long-term care agencies and the SEIU 775 Benefits Group. This workgroup completed much of the work needed to address our recommendations. Forming this workgroup fulfilled the recommendation to work with stakeholders to establish partnerships that can lead to new test sites. However, as noted in the following section, DOH has faced challenges in opening new test sites that meet the state's needs.

Recommendation: Develop objective criteria to determine the number and location of test sites, and the need for applicant stipends – Overall, partially implemented

Through the workgroup, DOH developed criteria for potential new test sites and their locations. However, because the criteria used was not based on travel times and testing delays, they did not address the basis of the original finding, so gaps in testing locations remain around the state.

DOH's criteria for an adequate number of test locations used the number of licensed long-term care workers by county as a proxy for anticipated testing volume. The agency's analysis then assumed that a high number of existing long-term care workers in a county indicated a greater need for testing sites. DOH did this because staff believed that Prometric, the testing vendor, would only open new test sites where there was already sufficient demand for a test site.

Additionally, DOH grouped together some neighboring counties with low numbers of certified aides to meet its threshold for a potential new testing site. Based on its criteria, DOH determined new test sites were needed in eight counties. Nonetheless, even with those additional sites, travel times and wait times would still be significant in some areas. DOH subsequently shared its analysis with partners and opened new sites in Vancouver and in the Seattle area.

However, because the criteria were not based on travel time to a testing site, significant gaps in testing sites remain around the state. Cities such as Moses Lake, Pullman, Clarkston and Walla Walla, as well as all of Washington's Pacific Coast communities, are more than an hour from a regional test site. See **Appendix D** for a map that shows the persistent problem of test locations and travel times.

As for the portion of this recommendation that addressed the potential for applicant stipends, DOH determined that some applicants must travel a considerable distance to a testing site, such that it might justify a stipend for travel expenses. DSHS submitted a budget request for stipends during the 2023 legislative session that was not enacted. Without legislative funding, this recommendation cannot go any further and we deem it therefore complete.

Recommendation: Based on that analysis, determine the cost of additional test sites and establish partnerships that lead to new test sites – Partially implemented


DOH worked with other stakeholders in a workgroup to determine that a new test site would cost an estimated \$40,000 for each site.

However, as discussed in the previous section, DOH has faced challenges opening new test sites in underserved areas where it may be difficult for the vendor to gain sufficient revenue from testing fees. Opening additional test sites in these areas would have more fully addressed our recommendation.

DOH evaluated other avenues to resolve these challenges, but needs support to implement them

DOH has already moved the knowledge test to an online platform. The agency continues to explore integrating testing into training activities, while trainees are already at a site. If the agency and its partners were to fully integrate skills testing into training, doing so could eliminate the need for separate testing sites entirely. This is especially true if DOH completes its planned move of the knowledge test into an online setting. The workgroup formed by DOH to address these issues has outlined costs of new testing sites and identified possible challenges with integrating testing into training.

DSHS has fully implemented both recommendations

Original recommendation and source	Status	Summary of 2024 results
<p><i>Barriers to Home Care Aide Certification, 11/28/2016</i></p> <p>Continue to work with the Training Partnership and community instructors to increase training locations and adopt flexible schedules.</p>		<p>DSHS regularly meets with the Training Partnership to promote flexible schedules. Trainings are held throughout the state and DSHS is expanding online trainings.</p>

Recommendation: Continue to work with the Training Partnership and community instructors to increase training locations and adopt flexible schedules – Implemented

In the 2016 audit, “Barriers to Home Care Aide Certification,” we surveyed long-term care workers. Some respondents said that training was difficult to access. For this follow-up audit, we were not able to conduct work that would confirm whether these concerns still exist, although we were able to examine the training options available across the state to understand processes at DSHS for approving new courses to expand access to training.

DSHS regularly meets with its existing trainers to discuss their availability and class scheduling. DSHS managers said that the agency has expanded training opportunities. Furthermore, they said the agency does not need to recruit additional training programs because they believed there were sufficient numbers of trainers seeking approval on their own initiative. There are currently 177 training sites in the state, including 36 Training Partnership sites. The Training Partnership has added two sites since June 2022.

To verify that training is broadly available, we mapped the current training locations and determined that the places where training is unavailable did not represent significant gaps in populated areas. See Appendix D for a map of training locations.

In addition to in-person trainings, DSHS has approved 19 online training courses for the knowledge portion of the curriculum, which allow applicants to attend from anywhere in Washington and on their own schedules. As for the skills portion of the training curriculum, DSHS has approved two online programs, and is currently working to approve a third. Applicants enrolled in online training programs that do not include agency-approved skills training must find 16 hours of skills training elsewhere. In these instances, DSHS works with employers and trainers to find applicants a place to complete the 16 hours of skills training in person.

Original recommendation number and source	Status	Summary of 2024 results
<i>I-1163: Evaluating the Relevance of Required Training for Long-Term Care Workers, 3/1/2022</i>		
Establish a more robust process for ensuring alignment between training content and client needs.	✓	DSHS designs and revises training curricula using client data, consultation with subject matter experts and best practice research.

Recommendation: Establish a more robust process for ensuring alignment between training content and client needs – Implemented

The 2022 audit, “Evaluating the Relevance of Required Training for Long-Term Care Workers,” found that some caregivers and clients had concerns about the relevance of training to the needs of their clients. The audit noted that when DSHS reviews trainings for approval, it does not include any evaluation of the training’s relevance. The audit recommended DSHS review client data to help ensure the training is relevant. The audit report gave this example:

“...analyze its annual client care-needs assessments and other client data in aggregate, to understand the overall population’s diagnoses and need”

We recommended that DSHS establish a more robust process to align training content and client needs. In its response to the audit, DSHS said that it already had such a process in place, but because we received this information after audit work had been completed, we were unable to assess it. For this reason, we examined the issue more closely in this follow-up audit.

DSHS’ team of instructional designers ensure alignment between training content and client needs. They are responsible for revising the “Fundamentals of Caregiving” curriculum that almost all community instructors use. The Training Partnership, which trains all individual providers, described a process similar to that used by DSHS, but we did not seek as much detail on its training.

DSHS staff said that to revise curriculum, the instructional designers assemble data and reports on how caregivers can better serve their clients in multiple populations. The team manager said the information includes reviews of Care Assessments and encounter data to understand the demographics of clients and their specific care needs. The instructional designers also draw on many other sources to help them design training, including analysis conducted by the agency’s Research and Data Analysis Division. Designers also consult with subject matter experts who specialize in the care needs of the populations served by the long-term care workers who take the training. Finally, the designers also establish pilots for training revisions, working with trainers to ensure that the revised content meets their needs before releasing it to the entire population of long-term care worker applicants.

This detailed process addresses the recommendation made in the earlier audit, and we deem it completed.

Recommendations

This audit makes no new recommendations.

Agency Response



STATE OF WASHINGTON

June 14, 2024

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

Dear Auditor McCarthy:

Thank you for the opportunity to review the State Auditor's Office (SAO) performance audit report, *I-1163: Following up on selected issues from previous audits.* The Department of Health (DOH), Department of Social and Health Services (DSHS), and Office of Financial Management provide this response.

Home care aide workers provide essential care for people needing assistance with fundamental personal care needs due to age or disability. DOH and DSHS continue to improve their programs and safeguards to ensure workers have the skills to provide dignified, person-centered care for Washingtonians in need.

We appreciate the SAO revisiting its previous performance audits on this topic. This report acknowledges some of our ongoing efforts and improvements in the training and certification processes for long-term, in-home care workers.

We recognize that traveling to testing sites can be a challenge for some applicants. We appreciate the report acknowledging the actions that agencies have taken to ease travel burdens for applicants. DOH continues to lead efforts with its partners — DSHS, the Training Partnership, and Prometric — to find sustainable ways to make the process easier.

The Training Partnership is piloting a Prometric exam site at one of its training locations which could reduce travel for some applicants. However, the system involves a complex network of training providers and more information is needed. DOH also created a workgroup to investigate piloting the incorporation of the exam into training at one or two in-facility training sites. These sites would no longer use Prometric as an exam provider.

Thank you again for your work on this audit. We will continue to work together on viable improvements.

Sincerely,

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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.
2. Identify services that can be reduced or eliminated	No.
3. Identify programs or services that can be transferred to the private sector	No.
4. Analyze gaps or overlaps in programs or services and provide recommendations to correct them	Yes. The audit analyzed whether there are gaps in testing sites, training locations or in the Department of Social and Health Services’ training revision process.
5. Assess feasibility of pooling information technology systems within the department	No.

I-900 element	Addressed in the audit
6. Analyze departmental roles and functions, and provide recommendations to change or eliminate them	No.
7. Provide recommendations for statutory or regulatory changes that may be necessary for the department to properly carry out its functions	No.
8. Analyze departmental performance data, performance measures and self-assessment systems	No.
9. Identify relevant best practices	No.

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: Objectives, Scope and Methodology

Objectives

The purpose of this performance audit was to identify whether the Department of Health (DOH) and the Department of Social and Health Services (DSHS) implemented recommendations from past performance audits conducted in 2016 and 2022. The audit addressed the following objectives:

1. What progress has DOH made to allow long-term care worker applicants to schedule tests during their training?
2. Has DOH developed objective criteria to determine the number and location of test sites, and how often sites should be made available for tests?
3. Has DSHS worked with the Training Partnership and community instructors to increase training locations and adopt flexible schedules?
4. What methods does DSHS use to ensure alignment between training content and client needs?

Scope

The audit evaluated whether the two state agencies that have responsibility for certifying long-term care workers have implemented recommendations from previous audits. This audit looked at actions taken between the publication of those earlier audits and the end of 2023 to determine whether recommendations were implemented. It looked at four recommendations made to the two agencies.

Methodology

We obtained the evidence used to support the findings and conclusions in this audit report during our fieldwork period from November 2023 to February 2024, with some additional follow-up work afterward. We have summarized the work we performed to address each of the audit objectives in the following sections.

Objective 1: What progress has DOH made to allow long-term care worker applicants to schedule tests during their training?

To address this objective, we reviewed the DOH webpage, current administrative rules and proposed changes to them, and application materials for long-term care worker applicants. We also interviewed DOH staff to understand what actions they had taken to implement this recommendation. Additionally, we reviewed summary information from a workgroup that DOH formed to meet parallel requirements to the recommendation that the Legislature passed into state law.

Objective 2: Has DOH developed objective criteria to determine the number and location of test sites, and how often sites should be made available for tests?

To address this objective, we interviewed DOH staff, reviewed work products from a workgroup that was formed by DOH to work on testing access issues, compared prior testing site locations to current ones, and mapped the testing sites to determine if significant gaps in testing locations remained around the state by measuring the radii of one-hour in driving time.

Objective 3: Has DSHS worked with the Training Partnership and community instructors to increase training locations and adopt flexible schedules?

To address this objective, we interviewed DSHS staff to understand the training approval process and what the agency does to expand training locations and enhance scheduling. Then we reviewed department materials on training approval as well as the number, location and type of training currently approved. We also reviewed documents of meetings with the Training Partnership, the nonprofit caregiving school run by the Service Employees International Union (SEIU) 775 Benefits Group, to identify work that DSHS conducts with trainers to promote flexibility and expand training locations. Finally, we mapped the training locations to determine whether there were meaningful gaps in the state where training was inaccessible.

Objective 4: What methods does DSHS use to ensure alignment between training content and client needs?

To address this objective, we interviewed DSHS employees to understand their process for developing training. We then reviewed documentation of that process to verify the process took place as staff did.

Work on internal controls

This audit looked at the ways that two state agencies have carried out recommendations from previous audits. The controls related to those recommendations and the work we did to evaluate them are described below.

DSHS

In response to the 2022 training relevance audit, DSHS staff said they annually review client surveys and other quality research through the Research and Data Analysis division to make revisions to the Fundamentals of Caregiving curriculum. We evaluated whether DSHS conducts this activity and how they develop and update training curricula. We determined that DSHS does have the processes in place that staff described, put in place in response to the previous audit.

In response to the 2016 audit on barriers to long-term care worker certification, DSHS staff said that they would work with instructors to expand training and flexible schedules. Therefore, we determined what actions DSHS takes to ensure that ample instruction programs are approved and accessible across the state. We learned that DSHS meets regularly with the largest trainer to expand access and has taken efforts to approve online trainings, which are much more flexible for prospective long-term care workers. We also discovered that there are nearly 200 trainers around the state and therefore there is a high probability of training being available near someone who is pursuing this certification.

DOH

The DOH recommendations that this audit followed up on are from the testing barriers audit in 2022. DOH said that they would work with Prometric, DSHS, the Training Partnership and community trainers to implement a process for scheduling exams during or shortly after applicants complete training. We evaluated this process and determined it had been completed.

This audit also followed up on a recommendation for DOH to develop objective criteria for the number and location of test sites and how often they should be available. DOH said they would do this by conducting work sessions with Prometric, the Training Partnership, community trainers and other interested parties to develop that criteria. Because these are the ways DOH said they would meet the recommendation, they are the internal controls relevant to this audit. We evaluated whether those work sessions were conducted and found that they were, and we determined whether the outcomes of those work sessions addressed the gaps identified in the prior audit.

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: Addressing Testing Barriers for Home Care Aides	1031019	September 8, 2022
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: Maps of Testing and Training Sites

Figure 1 – Home care aide testing sites, as of November 2023

Note: Not all communities with or without testing sites are named on this map

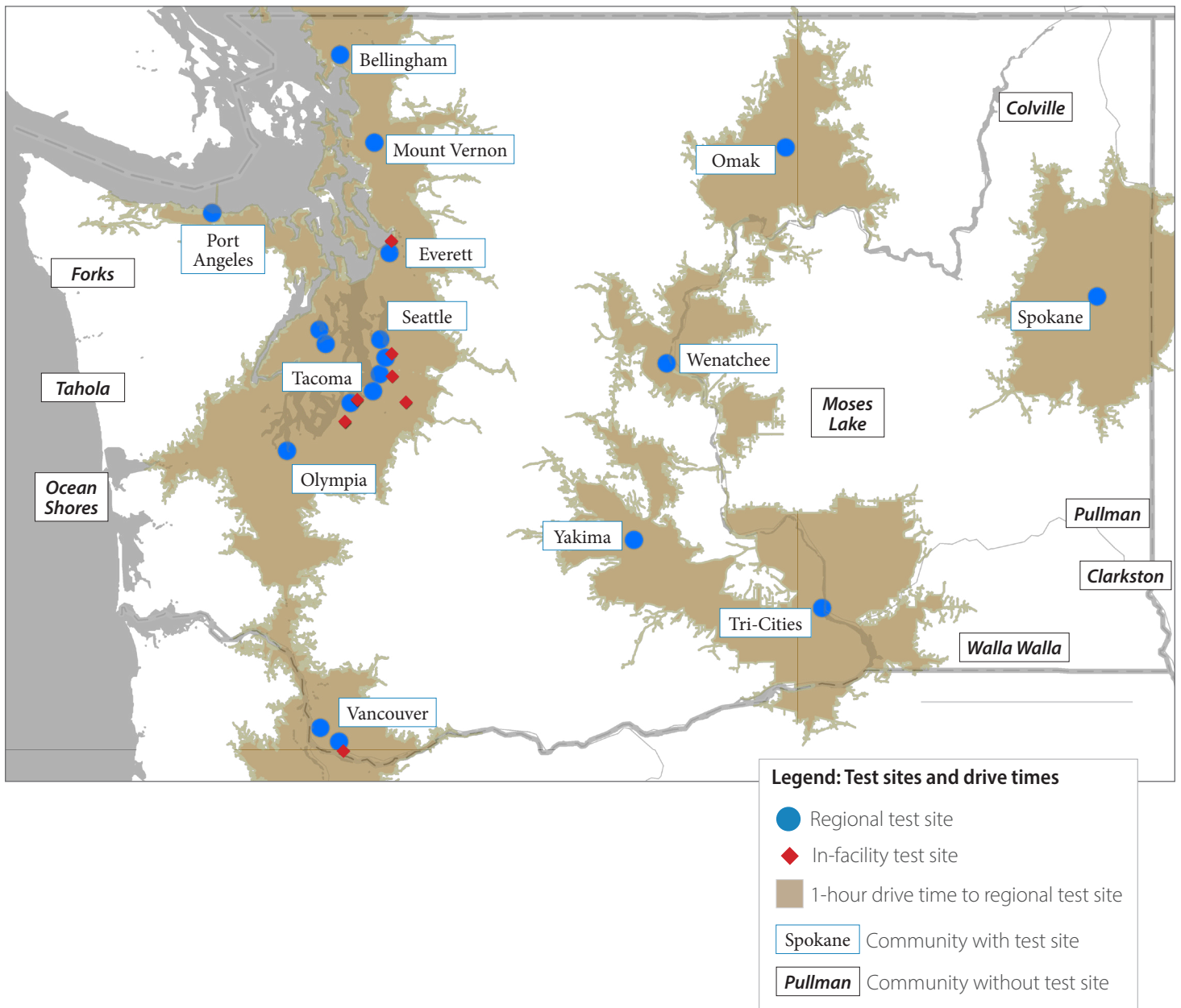
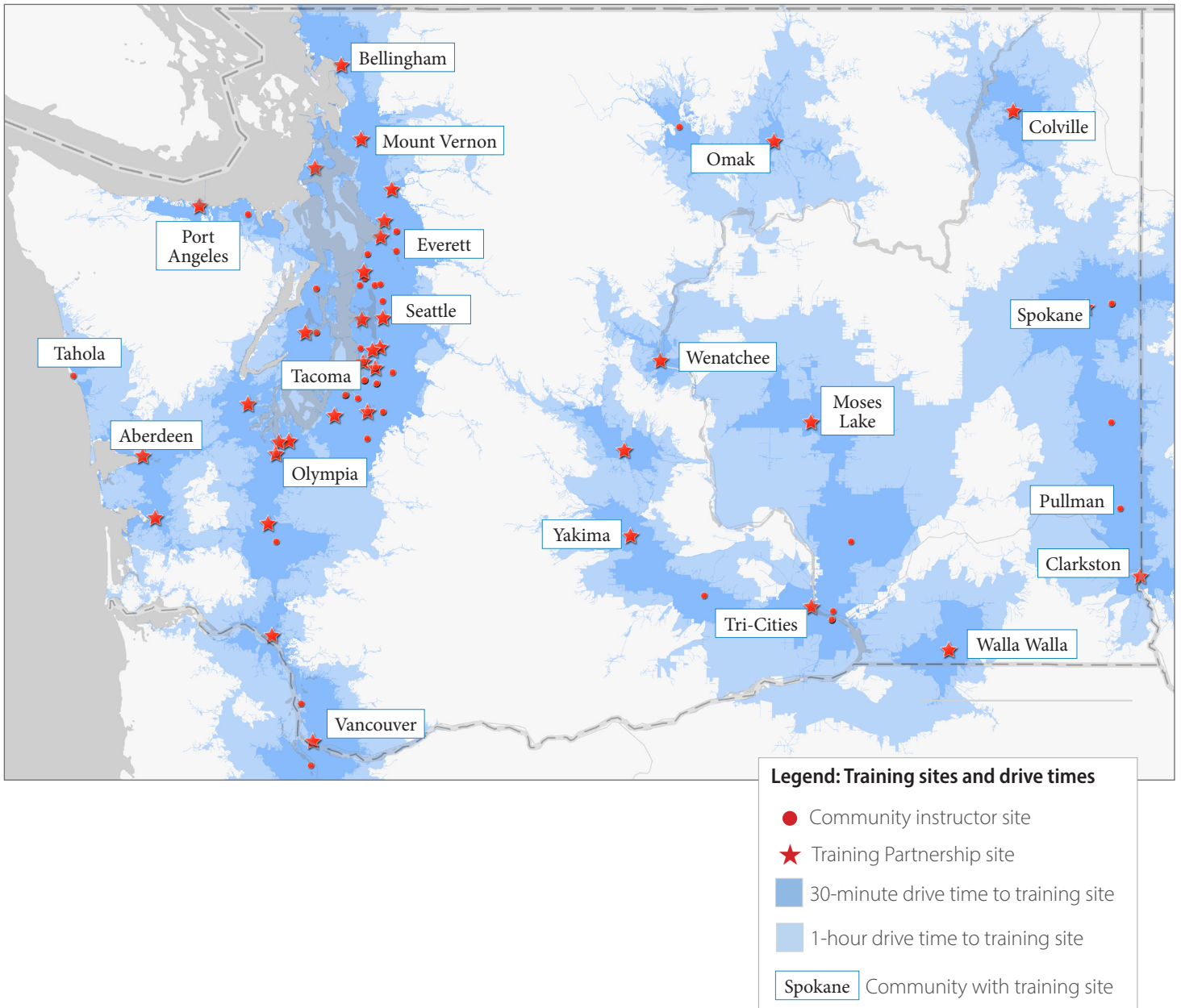


Figure 2 – Home care aide training sites, as of December 2023

Note: Not all communities with training sites are named on this map





“Our vision is to increase **trust** in government. We are the public’s window into how tax money is spent.”

– Pat McCarthy, State Auditor

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