Washington State Auditor's Office

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Performance Audit

Barriers to Home Care Aide Certification

November 28, 2016

Our previous audits on Initiative 1163 have shown that home care aide certification completion rates have not increased since the initiative's implementation. Although the Department of Social and Health Services and the Department of Health have been addressing barriers since the program's inception, they agree that more long-term care workers are needed to help fill the growing demand. Various stakeholders told us that barriers within the system contribute to low completion rates. We conducted a survey of people who had applied for certification between January and June 2015 but did not attain certificates to find out their views.

Despite the agencies' efforts to improve the certification process, we found some respondents faced barriers and dropped out. Some of the applicants we spoke with left the program for personal reasons, but almost two-thirds left due to barriers. Many respondents said they had problems in the training and exam phases, particularly in finding convenient schedules and locations to take the training and tests. We found that limited English proficiency applicants experienced many of these barriers but also other barriers unique to language needs.

We recommend that the Department of Social and Health Services and the Department of Health continue to work to address and resolve barriers to certification.

Report Number: 1018059

Table of Contents

Executive Summary 3
Introduction 6
Background 8
Scope and Methodology 11
Audit Results 13
Recommendations 24
Agency Response 25
Appendix A: Initiative 900 28
Appendix B: Description of prior changes 29

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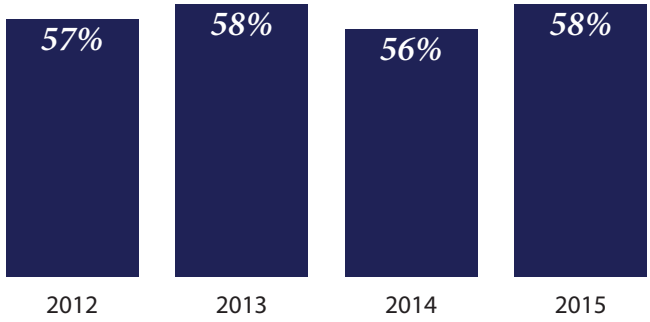
Executive Summary

Initiative 1163, passed by voters in 2011, increases the levels of training and criminal background checks required of long-term care workers. The initiative also requires most of these workers to pass an exam to become certified as a home care aide. Home care aides provide support and personal care to people with impairments due to age, or cognitive or physical disabilities. Home care aides help clients with eating, bathing, dressing and carrying out many activities of daily living in the clients' homes or in residential facilities. The initiative also requires the State Auditor's Office to conduct a performance audit of the long-term in-home care program every two years.

Completion rates remain relatively steady since I-1163's implementation

Percent of applicants attaining certifications



Source: Auditor prepared using data from DOH.

Two state agencies are involved in administering the necessary training, background checks and certification requirements: the Department of Social and Health Services (DSHS) and the Department of Health (DOH). DSHS partners with a non-profit school, the Training Partnership, and private businesses to provide training. DOH partners with a testing company, called Prometric, to administer the exam.

Our past performance audits of Initiative 1163 (I-1163) have shown that the completion rate for home care aide applicants has remained static since the initiative's implementation, staying at around 57 percent.

Stakeholders expressed concerns with the certification process

During the audits, various stakeholders told us that barriers within the system contribute to the low completion rate. Some of the barriers they mentioned are limited access to training and the exam, as well as language barriers for limited English proficiency (LEP) applicants. Some advocates, as well as clients, believe that more applicants would become certified if these barriers were addressed, and have voiced these concerns at legislative committee hearings when we presented our prior audit results on this topic. Although DSHS and DOH have been trying to address barriers since the program's inception, they agree more long-term care workers are needed to help fill the growing demand.

Audit objectives

This audit sought to answer the following questions:

- What barriers do home care aide applicants face in completing the certification process?
- What improvements can be made to help more people complete the process?

In order to answer our objectives, we surveyed a sample of applicants who did not complete the process to assess whether and where in the process they faced barriers to becoming certified as home care aides. We also reviewed recent changes that have been made to address those barriers.

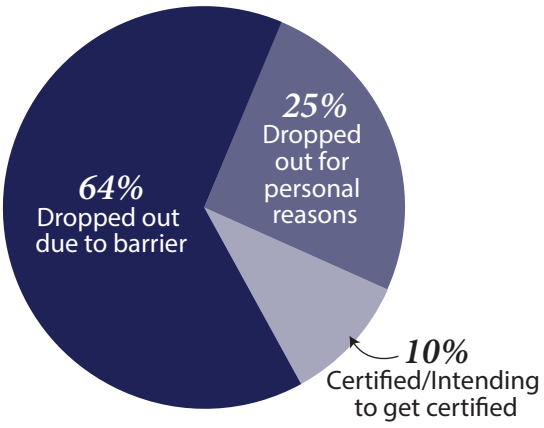
Although agencies are striving to improve the certification processes, some applicants faced barriers and dropped out

Out of all the applicants we spoke with who dropped out of the program, a quarter left for personal reasons, but almost two-thirds left due to barriers. Only a few of the respondents mentioned having problems with the application, but many more had problems in the training and exam phases.

Most respondents who dropped out because of a barrier said a training issue contributed to their decision. Almost half said the most difficult problem in the training phase was finding course times that fit their schedule, while others said they could not find training close to where they lived.

Additionally, over half of the respondents who faced a barrier experienced a problem with the exam. These people had trouble signing up for the exam, could not find testing sites close to home, had issues with the general testing environment, and thought too much time elapsed between concluding training and the scheduled exam.

What happened to the applicants we surveyed?
Based on 126 respondents



Source: Auditor analysis of survey results.

LEP respondents would often find language barriers insurmountable and leave the program. Many said it was difficult to find training and exams in their preferred language. A few of these respondents said they still want to take the exam, but have been waiting for DOH to find them an interpreter. Another said the exam was poorly translated, mentioning that medical terms were not translated correctly.

DSHS and DOH have taken steps to address these barriers. They have worked with their partners to try to increase the number of locations that offer training and exams, but they have run into barriers themselves, often experiencing difficulties securing facilities to hold the training and testing. However, the agencies have mentioned successes in their efforts to address barriers for LEP applicants. In addition to offering translation and interpreter services, they recently created a new exam with simplified language, making it easier to understand for non-English speakers. Their data show that LEP applicants are passing the new exam at a greater rate because of this.

Recommendations

To identify and address barriers to home care aide certification, we recommend that the Department of Social and Health Services and the Department of Health continue to work together to address and resolve barriers to certification. Specific actions include:

1. Work with the Training Partnership to review data on the languages applicants request interpreters for to determine if they need to expand the number of languages currently available for training and the exam.
2. Work with their partners to emphasize the importance of taking the exam on the scheduled date.

To address specific barriers we identified in the survey, we recommend DSHS:

3. Continue to work with the Training Partnership and community instructors to increase training locations and adopt flexible schedules.

To address specific barriers we identified in the survey, we recommend DOH:

4. Work to reduce the distances applicants have to travel by working with its test provider, Prometric, to increase the number of testing sites in the state.

Introduction

Initiative 1163, passed by voters in 2011, increases the levels of training and criminal background checks required of long-term care workers. The initiative also requires most of these workers to pass an examination to become certified as a home care aide. Home care aides provide support and personal care to people with impairments due to age, or cognitive or physical disabilities. Clients receive care in their homes or in residential facilities. Home care aides help clients with eating, bathing, dressing and carrying out many activities of daily living. They may be employees of facilities or agencies or registered with the state as Individual Providers. The initiative also requires the State Auditor's Office to conduct a performance audit of the long-term in-home care program every two years.

Two state agencies are involved in administering the necessary training, background checks and certification requirements: the Department of Social and Health Services (DSHS) and the Department of Health (DOH).

Audits show many applicants did not complete the process

The performance audits of Initiative 1163 (I-1163) have shown that the completion rate for home care aide applicants has remained static since the initiative's implementation. Our first audit examined the first four months of the program – January through April 2012 – and found that only 29 percent of those who applied obtained a certificate, but by the end of the year the certification rate increased to 57 percent. In 2013, 58 percent of home care aide applicants completed the process and became certified. The audit we published earlier this year, which reported on completion rates and improvements, found that through the first six months of 2015, 55 percent of home care aide applicants completed the process. However, by the end of the year the completion rate had increased to 58 percent.

Home care aide applicants face barriers in the certification process

Through our outreach in the previous performance audits of I-1163, various stakeholders told us that barriers within the system contribute to the low completion rate. Some of the barriers they mentioned are limited access to training and the exam, as well as language-specific barriers for limited English proficiency applicants. Some advocates, as well as clients, believe that more applicants would become certified if these barriers were addressed and have voiced these concerns at legislative committee hearings when we presented our prior audit results on this topic. Although DSHS and DOH have been addressing barriers since the program's inception, they agree more long-term care workers are needed to help fill the growing demand.

Increasing the completion rate could help fill the gap in the long-term care workforce

As Baby Boomers reach retirement age, the need for in-home caregivers is increasing. Researchers estimate that the supply of workers will not increase at the same pace as demand. During this decade (2010-2020), trends suggest that the number of those needing care will grow by 48 percent.

> *By 2030, the state will have nearly 700,000 more older adults than it does today (2013), an expansion roughly equivalent to adding a population the size of the city of Seattle.*
>
> *~ Washington State's Eldercare Workforce*

Currently there are approximately 66,000 clients receiving care in the state. However, the predominant pool of workers – women aged 25 to 44 – will only increase by 2 percent. This gap is expected to widen through 2050.

Audit objectives

This audit sought to answer the following questions:

1. What barriers do home care aide applicants face in completing the certification process?
2. What improvements can be made to help more people complete the process?

Background

Initiative 1163 requires most long term care workers to become certified as home care aides

Home care aides are Individual Providers and workers employed by licensed home care agencies who provide long-term care services to clients living in their own homes. Aides at adult family homes and assisted living facilities care for the people living in those facilities.

The initiative requires home care aides to complete five hours of orientation and safety training before providing paid personal care services. Most workers have 120 days to complete an additional 70 hours of basic training and 200 days from the date of hire to successfully pass a certification exam. Applicants with limited proficiency in English can qualify for a provisional certificate that allows them an additional 60 days to pass the exam.

All home care aides must pass a background check, but some are exempt from certain I-1163 requirements

Applicants must pass a Washington state background check before they can begin working, and then are allowed to work for up to 120 days while the required federal fingerprint-based background check is processed. Workers must pass a state background check every two years.

Some workers are exempt from all the training and exam requirements while others take fewer training hours. However, most workers are still required to complete continuing education coursework every year.

Exempt from initial requirements:

- People who worked in a long-term care setting between January 1, 2011, and January 6, 2012, and completed all training requirements at that time
- Registered Nurses, Licensed Practical Nurses, Advanced Registered Nurse Practitioners, and Nursing Assistants-Certified or people who are in the process of becoming Nursing Assistant-Certified within the required timeline
- Certified teachers with a special education endorsement through the Office of Superintendent of Public Instruction

Reduced training requirements:

- People caring for their biological, step or adoptive child or parent
- Individual Providers caring for only one client and working 20 hours or less a month
- Respite care providers who provide 300 hours of care or less in a calendar year

DSHS and DOH share responsibility for the home care aide program

The Department of Social and Health Services (DSHS) and the Department of Health (DOH) are responsible for implementing, overseeing and enforcing the initiative's requirements:

- DSHS is responsible for background check screening, approving the training curricula, approving community instructors, and forwarding Individual Provider applicant information for those who must be certified to DOH. DSHS also monitors providers working in client homes and state licensed facilities to ensure compliance with I-1163 requirements.
- DOH receives and processes home care aide applications and certifies workers who have passed the exam and have met the background check and training requirements. DOH contracts with Prometric, an independent testing company, to administer the certification exam. DOH is also responsible for maintaining this information in its licensing database, the Integrated Licensing and Regulatory System.

In fiscal year 2015, DSHS and DOH reported spending $26.5 million and $1.7 million respectively on the home care aide certification program. Medicaid covers the application, training and exam costs for Individual Providers. Fees for other applicants are paid either by the provider or the applicant. While we did not examine how the home care aide program should be funded, we did note that these agencies have not received funding to administer the program since the program began in 2012.

Two systems provide training for applicants:

- DSHS-approved community instructors train home care aide applicants working in facilities such as adult family homes and assisted living facilities as well as those working for a home care provider agency. Individuals, training companies and some long-term care providers comprise the approved community instructors in the state.
- The Training Partnership, a nonprofit school formed by Service Employees International Union (SEIU) Healthcare 775 NW and participating employers (including the State of Washington), trains approximately 60 percent of home care aides. Instructors are employed by the Training Partnership and two partner organizations, Invista and Catholic Community Services.

Who are Individual Providers?

The state pays for a caregiver if the person needing care lives at home, is eligible for care services, and needs Medicaid to help pay for them. In this situation, the person who needs care hires and supervises the caregiver but the caregiver is paid by the state for these services. Caregivers contract with the state to provide these services and are called Individual Providers (IPs).

Source: DSHS website.

Applicants also have responsibilities in the process

Applicants are responsible for completing an application (available on the DOH website) and mailing it to DOH; they may pay their own application fee or it may be paid by their employer or by DSHS through Medicaid. They must request a fingerprint background check and verify their current employment if they are working in the home care field (forms available on the DSHS and DOH websites). They must enroll in a DSHS-approved 75-hour basic training course and conclude the course before taking the state certification exam. They must pass the exam and a federal background check in order to receive certification as a home care aide in Washington. The basic elements of the process are shown in **Exhibit 1**; each phase is set out in more detail in *italicized text* in the Results section of the report.

Exhibit 1 – To achieve certification, applicants must complete three key phases: application, training and exam

Scope and Methodology

We used two approaches to address the audit objectives:

To determine what barriers applicants face: We spoke with representatives from DSHS, DOH, the Training Partnership, and Prometric — the four organizations involved in the process — and other stakeholders, to gain an understanding of the certification process. We analyzed data from DOH to determine certification completion rates, exam passage rates, and the point at which applicants who did not complete the certification process dropped out. We tested the reliability of the data fields we used in our analysis by comparing a random sample of records to source data and documents, and interviewing agency staff knowledgeable about the data. We found few exceptions and determined that the data were sufficiently reliable for the purposes of this audit.

We also conducted a telephone survey of applicants who did not attain certificates. We attempted to contact 679 randomly selected people out of 1,419 who passed a background check and applied between January 1, 2015 and June 30, 2015. (June 30, 2015, is the most recent end date we could use and still capture those applicants whose deadline for completing certification had passed.) We used the data from DOH to determine where survey respondents dropped out. We completed surveys with 126 applicants, including 26 with limited English proficiency. With this sample size, at a 95 percent confidence level, we calculated a margin of error of 8.4 percent. We were unable to speak with almost four-fifths of our survey pool. These people could have significantly different views about the certification process, presenting possible non-response bias. Nonetheless, these interviews provide additional information about why applicants did not become certified, adding valuable insights to our analysis of the DOH data.

In addition to analyzing results for survey respondents, we examined whether applicants with limited proficiency in spoken and written English have unique perspectives of the process, and thus may face different barriers. We also reviewed whether Individual Providers face different barriers than other applicants, but we did not find any significant differences.

To determine what improvements DSHS and DOH have made: We identified specific improvements the state has made in its efforts to increase the completion rate in the past as well as efforts currently under way. To do this, we interviewed management at DSHS and DOH, the Training Partnership and Prometric, and reviewed supporting documentation.

Audit performed to 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 (December 2011 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. See **Appendix A**, which addresses the I-900 areas covered in the audit.

Next steps

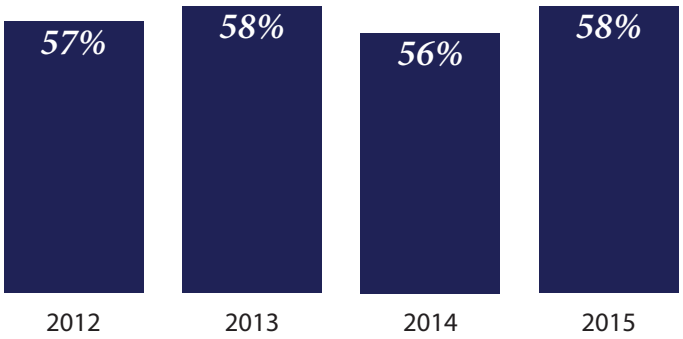
Our performance audits of state programs and services are reviewed by the Joint Legislative Audit and Review Committee (JLARC) and/or by other legislative committees whose members wish to consider findings and recommendations on specific topics. Representatives of the State Auditor's Office will review 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 State Auditor's Office conducts periodic follow-up evaluations to assess the status of recommendations and may conduct follow-up audits at its discretion.

Although agencies are striving to improve the certification processes, some applicants faced barriers and dropped out

Despite many years of efforts to improve the certification completion rate, it remains relatively unchanged, as shown in **Exhibit 2**.

Exhibit 2 – Completion rates remain relatively steady since I-1163's implementation

Percent of applicants attaining certifications



Source: Auditor prepared using data from the DOH.

Although only a few of the respondents mentioned having a problem with the application, our survey results show that many faced barriers in the training and exam phases of the process. We also found respondents with limited English proficiency experienced these same barriers as well as others unique to language needs.

The Department of Social and Health Services (DSHS) and the Department of Health (DOH) have made efforts to improve the program since it came into effect in 2012. Several efforts were designed to remove barriers for limited English proficiency applicants, including making the exam available in multiple languages. Other changes include the development of documents such as checklists and additional resources to help applicants navigate the process. A short list of changes appears below, with more complete descriptions in **Appendix B**.

Efforts noted in earlier reports

2014 report

- DSHS and DOH added checklists of required steps, and hired employees to help guide workers through the application process
- Made training and exam materials available in multiple languages
- Legislature extended timeline for obtaining a certificate from 150 to 200 days, with 60 additional days for non-English speakers
- State negotiated with the Service Employees International Union (SEIU) to make state funds available to assist union members with exam and application fees

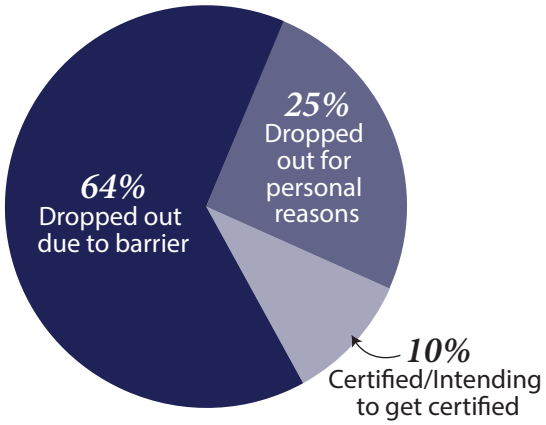
2016 report

- Continued focus on applicants with limited English proficiency
- Successful efforts at sharing data to identify trends and monitor progress
- Streamlined the application
- Lowered the exam's passing score

Nonetheless, many applicants we spoke with faced barriers to certification, as revealed by our survey, illustrated in **Exhibit 3**. Of the 126 applicants we interviewed, 81 (64 percent) said they faced at least one barrier in the certification process that caused them to drop out. Another 32 (25 percent) dropped out for personal reasons, and 13 (10 percent) said they were certified or intending to become certified.

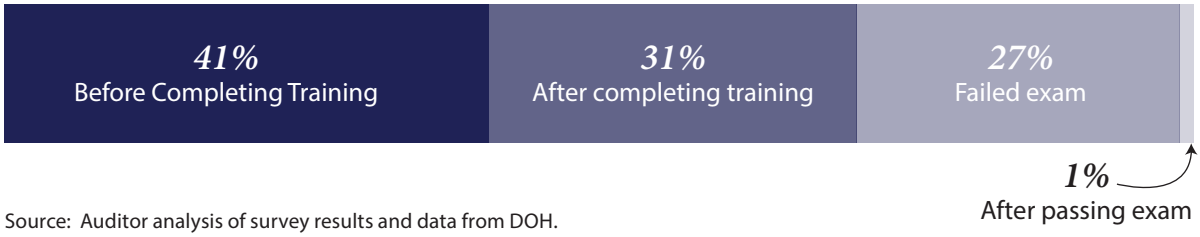
As **Exhibit 4** below shows, we found no single point in the process where respondents who experienced at least one barrier tended to drop out. More than 40 percent dropped out before completing training, and most of them did not even start training. Another 31 percent dropped out after completing training, and 27 percent after failing at least one portion of the exam. Just 1 percent did not obtain a certificate after passing the exam. The barriers these respondents faced help explain why they left the program at these points.

Exhibit 3 – What happened to the applicants we surveyed?
Based on 126 respondents



Source: Auditor analysis of survey results.

Exhibit 4 – Applicants drop out at various points in the process



Source: Auditor analysis of survey results and data from DOH.

We examined each phase in the process – application, training and the written and skills exams – to identify any barriers. We also looked for any improvements around these phases made by the state agencies and their private-sector partners, the Training Partnership and Prometric. We discuss each phase in the following pages of the report.

The application

*Every person who wants to become a home care aide must apply with DOH; the agency outlines the application process on its website (illustrated in **Exhibit 5**). People must complete the application with all the required information and mail it to DOH – it cannot be emailed or submitted online. The application fee is currently $85.*

Exhibit 5 – "How to apply" instructions given on the DOH website

Apply for certification by completing the following requirements:

1. Complete and submit the original application, signed and dated, and **fees**
   - Complete a DSHS fingerprint-based background check. If you do not have an OCA # when you submit your application to the department, please contact us when you receive your OCS
   - For DSHS background check process, go to their **website**
     To schedule a DSHS fingerprint appointment, work with your employer to complete the **Fingerprint Appointment form** and **Background Check Authorization form**
2. Provide your date of hire by having your employer complete the enclosed **Employment Verification form**

Source: Home Care Aide Certification Application Packet, from the DOH website: www.doh.wa.gov/Portals/1/Documents/Pubs/675002.pdf.

We heard few concerns about the application process

Only a few of the applicants we spoke to had difficulty completing the application; some thought it was too long. Eleven percent of all respondents we spoke with said they encountered a problem in submitting the application. Some applicants had difficulties communicating with DOH and thought the application was confusing.

Since we only spoke with applicants who actually completed and submitted an application, we do not know if other unknown barriers caused would-be applicants to abandon the home care aide certification process before submitting an application.

For example, stakeholders told us that paperwork is a barrier for some people. The application can only be submitted in a paper copy. In addition, the application is only written in English, which makes it difficult for someone who is only fluent in a foreign language to complete it without assistance from an English speaker.

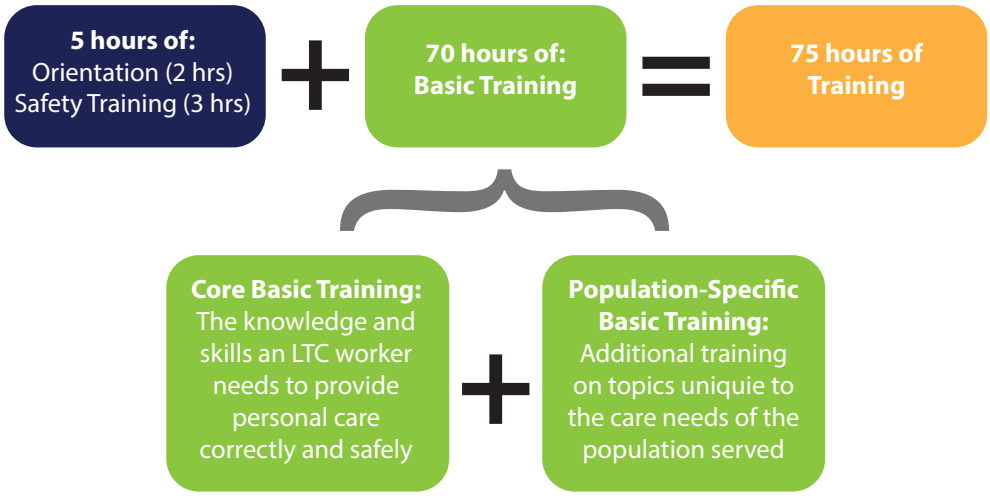
DOH managers said that the agency is going to develop an online application for the home care aide certificate in late summer of 2017 as part of an effort to develop online applications for all of the professions the agency licenses and certifies. Managers also stated that the reason they do not offer applications in other languages is that they do not have resources to hire additional multilingual staff or contract with a private translation company needed to review applications in other languages. DOH does, however, make translators available by telephone as an option, which it considers more cost effective.

The training phase

All applicants must complete 75 hours of training within 120 days of applying for home care aide certification and must also allow time to complete testing within 200 days. It includes five hours devoted to Orientation and Safety, then 70 hours of Core and Population Specific basic training (illustrated on the DSHS website in ***Exhibit 6****). Population-specific options include dementia care, mental health issues and developmental disabilities care. Tuition for training ranges from $325 to $430.*

Applicants may complete their training through a DSHS-approved community instructor, or through the Training Partnership (in some cases the applicant's employer – such as an adult family home, assisted living facility or home care agency – may be an approved community instructor).

Exhibit 6 – What is included in the 75 hours of training



Source: Auditor created based on information from the DSHS website: www.dshs.wa.gov.

Applicants identified both scheduling and training locations as barriers to certification

Many survey respondents (68 percent) who dropped out because of a barrier said a training issue contributed to their decision. Almost half said the most difficult problem in the training phase of certification was finding course times that fit their schedules. Some told us training requires too much time away from their clients or other jobs. As one applicant explained, "I was working at a hotel with variable shifts and could not get a week off of work for the training." Another applicant was concerned about taking time away from her client, saying, "I was trying to work and take care of this lady and go to training at the same time."

Another 14 percent of respondents who dropped out because of a training issue said a difficult aspect was trying to find a convenient location. One woman said she could not find any classes within a two hour drive of her home in Omak. "I was given options for other training sites in Republic and Wenatchee, but the time and cost [to travel] was too high. I was told by DOH that I could not provide care for my client and had to quit."

Finally, 16 percent of these respondents thought the training included information that was not relevant to their work and did not prepare them for the exam.

> *My training was at a hotel and they did not have all the supplies and equipment that they usually use. We had to constantly pretend to use items we did not have. I did not feel prepared going into the skills exam.*
>
> *~ Respondent interview*

DSHS and the Training Partnership face hurdles in their attempts to improve access to training

Insufficient number of community instructors

DSHS managers told us that there are not enough community instructors that offer convenient schedules at every desired location across the state, which means the program ends up with unserved regions, such as the areas around Omak, Wenatchee and Colville.

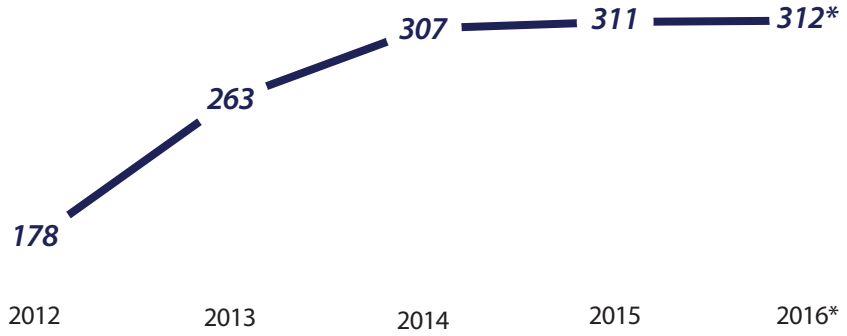
DSHS is responsible for developing criteria for reviewing and approving community instructors and training materials but cannot compel private sector businesses to become community instructors. Community instructors are usually employed by training businesses or are long-term care providers. The law does not give DSHS the authority to establish trainers in specific locations or set trainers' schedules. According to DSHS managers, most instructors offer the training over a two-week period, coinciding with standard work-week business hours.

Managers in DSHS' Training Unit said they are doing outreach to community colleges and training organizations to try to increase the number of locations that offer training. In addition, to help applicants find training locations in their area, DSHS lists contact information for all community instructors on its website and periodically updates the information. The DSHS website also provides information on how to become a community instructor.

The Training Partnership has taken steps to meet demand and increase schedule flexibility

As illustrated in **Exhibit 7**, Training Partnership instructors conducted 311 basic training sessions in 27 counties across the state in 2015, an increase of 75 percent since the initiative was first implemented in 2012. However, the Training Partnership told us that it is sometimes difficult to find a facility with the space they need (at least 1,500 square feet) in some areas of the state, especially in smaller towns and in rural areas.

Exhibit 7 – The Training Partnership has increased the number of basic trainings offered each year



*Note: *2016 projected using nine months of 2016 data.*

Source: Auditor created using Training Partnership data.

Representatives from the Training Partnership said that they routinely look at demand for training to help them decide where to expand. They examine data on applicant zip codes and certification deadlines to determine when they need to schedule trainings. They also have information on the applicants' preferred languages so they can make sure the training materials in those languages are available when needed. They said they will even hold a class for applicants in any area as long as there are at least six applicants that need training from that particular location.

The Training Partnership provided half of the required 70 hours of training online in 2015 through four pilot projects. Staff are currently assessing the effort to determine if it is an effective means of learning before they decide to continue with online training as an option for applicants.

The Training Partnership also told us that they set varying schedules, mainly along the Interstate 5 corridor, to allow applicants flexibility. In addition to standard two-week training schedules, they also hold some classes on nights and weekends. Another schedule allows applicants to attend training three days a week over a four-week period.

The examination phase

DOH contracts with Prometric, a private testing company, to administer the home care aide exam. Prometric contracts with various organizations, including training providers, long-term care facilities, and schools, to serve as testing sites, which must adhere to strict testing regulations. Applicants must choose their preferred exam site from the list of 19 available locations when they submit their home care aide application to DOH at the beginning of the process. Their exact exam date, however, will not be scheduled until they have concluded the entire 75 hours of training. The exam fee and the retake fee are each $127.

Barriers to testing ranged from signing up, to test locations, to proctor problems

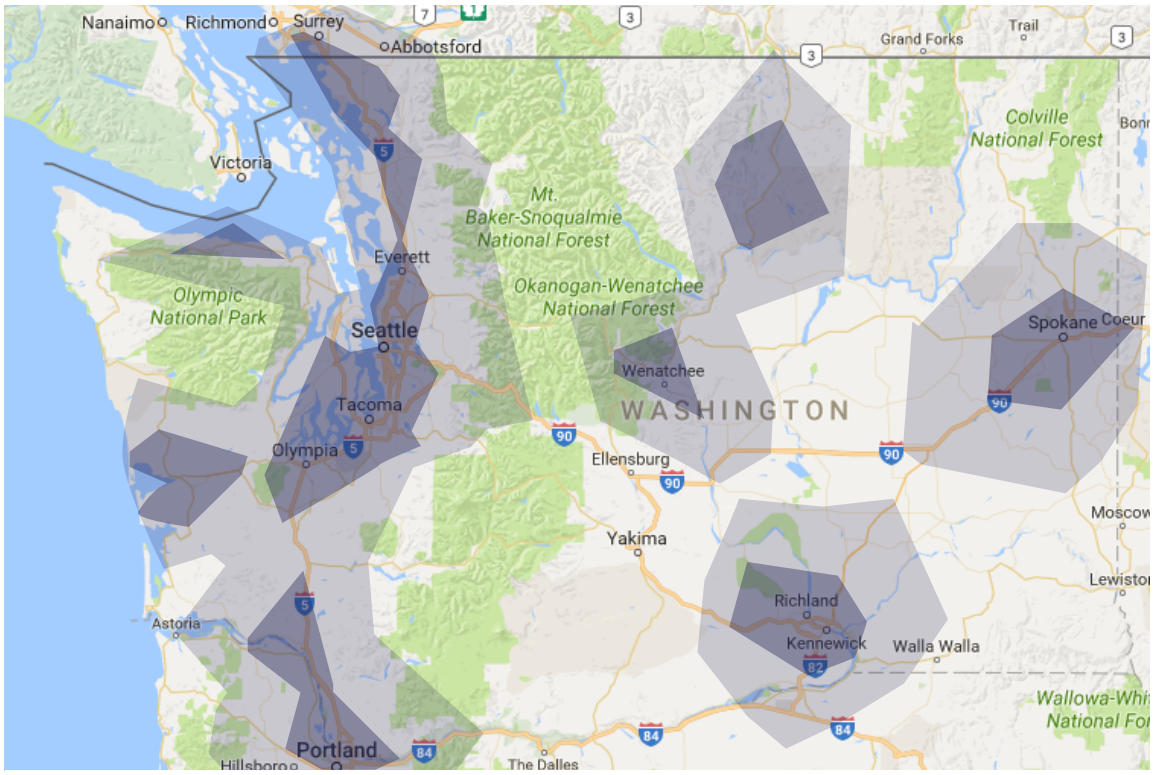
More than half (56 percent) of the respondents who dropped out due to a barrier said they experienced a problem with the exam, identifying several difficult issues encountered at different points in the exam phase.

Fifteen percent had trouble signing up for the exam. One applicant said the most difficult thing was "Prometric [not] getting back to me letting me know when I can take the exam," while another said, "I couldn't find the right person to help schedule the exam for me. I didn't know who to talk with. I kept having to talk with different people. I kept getting handed off to a different person."

Another 15 percent said exams were not offered in convenient locations. One applicant said, "The test location I was given was an hour and a half away and did not work with my schedule."

The map in **Exhibit 8** shows the 30-minute (blue) and 60-minute (gray) drive-time radius from testing locations offered as of October 2016. Applicants living in towns such as Forks, Clarkston, Pullman, and Colville must drive over an hour, and in some cases nearly three hours, to get to their exam site. For example, applicants who wish to serve clients in various parts of Asotin County such as Clarkston, must choose either Richland or Spokane as their testing site. Both Spokane and Richland are at least two and a half, and sometimes more than three, hours away from Asotin County. Although the county only has 22,000 residents, it has more than 100 Medicaid clients being cared for by Individual Providers.

Exhibit 8 – There are significant exam-site gaps in Eastern Washington and less-populated areas in other parts of the state



Many areas of the state are outside the 30-minute (dark blue) and 60-minute (gray) drive times to an exam location.

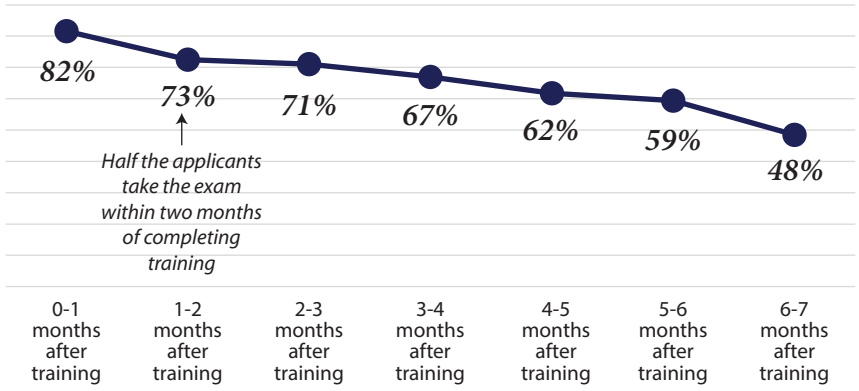
Source: Auditor prepared using data from Prometric.

The testing environment also posed problems. Some respondents (15 percent) who cited the exam as a barrier told us the testing environment was poor so they had trouble passing the exam. When asked "What would have helped you complete the exam more easily," one applicant answered, "The administrator not rushing people during the skills portion. People are nervous and want to pass."

Finally, 12 percent said there was too much time between concluding training and the exam date. One applicant said, "I forget the things I learn in training because the exam is so far away from training." Certification data shows that the exam passage rate decreases the longer applicants have to wait to take the exam. When the certification exam is taken within one month after concluding training, 82 percent of applicants pass. As **Exhibit 9** shows, this rate gradually decreases to 67 percent when testing is three months from concluding training and 48 percent six months after training ends.

Exhibit 9 – Passage rate decreases the further the exam date is from the date training concluded

Analysis uses data from January 1, 2014, through June 30, 2015



Source: Auditor analysis of data from DOH.

DOH and Prometric respond to location issues as situations permit

As of October 1, 2016, Prometric offered exams in 19 locations across the state. Schedules vary based on demand and Prometric will schedule additional testing dates if the demand warrants it. DOH told us it is difficult to find businesses or facilities willing to serve as a test site in rural areas and smaller communities. Other issues also affect test sites. In June 2015, Prometric closed the Lewiston site because it did not comply with policies and standards. The Yakima testing site elected to stop testing prior to 2015. Prometric is currently working on adding an exam site back in Yakima as well as a new exam site in Federal Way.

Streamlining the application should help decrease the time between training and the exam

DOH and Prometric combined two forms – DOH's home care aide certificate application and Prometric's exam application – into one form in May 2016. As a result, Prometric can automatically schedule exams approximately two weeks after it receives notices that applicants have completed training. It will schedule exams earlier in cases where an applicant is approaching the certification deadline. DOH predicts that passage rates should improve because the exam date will be closer to the date the training concludes for most applicants.

Cost of the certification process raises other problems for applicants

In addition to the respondents unable to take time off work or school to attend training or the exam, 17 percent specifically mentioned the cost of the certification process as a reason for dropping out. Many of these respondents stated fees for training and the exam itself were too expensive, so they could not take or retake the training or test. When asked for suggestions that could help them complete the exam, one of the most frequently mentioned ideas was eliminating the retake fee. Reimbursing costs associated with training was the third most-often suggested idea to help respondents get through the training phase.

Medicaid pays the fees for some applicants

Medicaid pays for the application fee, training, salaries for the time spent in the classroom and the exam for workers who serve Medicaid clients, which is about 60 percent of all home care aides. Applicants who serve private-pay clients must pay their own training and exam fees; some employers pay some or all of their employees' fees.

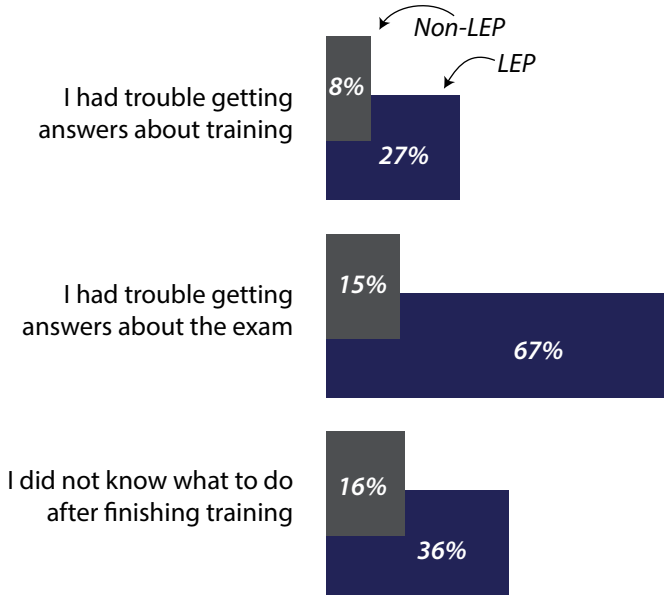
Applicants with limited English proficiency experienced similar barriers and some unique to issues around language

Limited English proficiency (LEP) respondents experienced many of the same barriers already described, but sometimes to a greater extent as illustrated in **Exhibit 10**. More LEP respondents (27 percent) stated it was difficult getting answers to their questions about training than non-LEP respondents (8 percent); more (67 percent) also had difficulties getting answers to questions about the exam compared to non-LEP respondents (15 percent).

In addition, more LEP respondents (36 percent) did not know what to do next after completing training compared to non-LEP applicants (16 percent).

Applicants who are not fluent in English also face unique barriers. Almost 60 percent (15 applicants) of the LEP respondents found the language barrier insurmountable and left the program. Many also said it was difficult to find training and exams in their preferred language. A few of these respondents said they still want to take the exam, but have been waiting for DOH to find them an interpreter. Another said the exam was poorly translated, mentioning that medical terms were not translated correctly.

Exhibit 10 – Percent of respondents who said yes:



Source: Auditor analysis of survey results

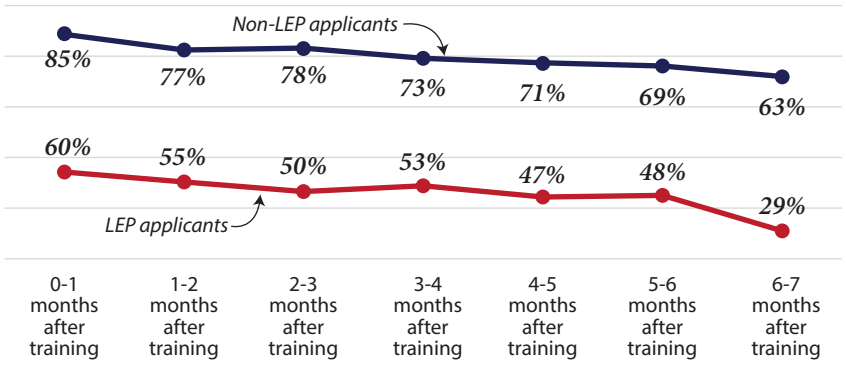
Finally, almost 60 percent of the LEP applicants we surveyed spoke a language other than the languages the exam and training are translated in, contributing to the barrier.

> *The medical words did not translate well and many of us Somali speakers had to spend a lot of time figuring out what the translation was saying.*
>
> *~ Limited English proficiency respondent interview*

As shown in **Exhibit 11**, LEP applicants already pass the exam at a lower rate than their English-speaking counterparts. This difference becomes even more pronounced as more time elapses between concluding training and taking the exam.

Exhibit 11 – Passage rate for LEP applicants, already lower than for English speakers, drops further as time passes between concluding training and the exam date

Analysis uses data from January 1, 2014, through June 30, 2015



Source: Auditor analysis of data from DOH.

Resolving all barriers stemming from language is challenging, especially in the exam phase

In 2013, the Legislature allowed LEP applicants more time to obtain a certificate: 260 days compared to 200 days for English speakers. This extension was intended to help LEPs complete the process, but it may not work entirely to their benefit because it almost doubles the permitted time between the training deadline and the certification deadline from 80 days to 140 days. These delays, coupled with the difficulty of securing an interpreter, could be contributing to lower exam scores.

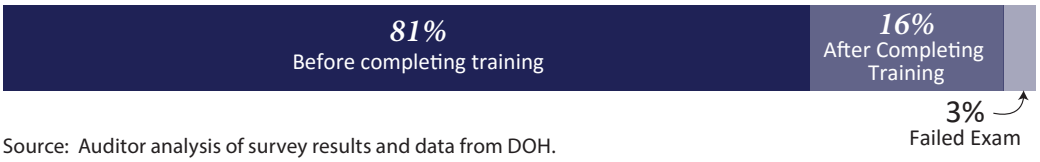
DOH stated that Prometric is in the process of translating the exam into Amharic, one of our respondents' most frequently requested languages. In August 2014, DOH started a program that pays for interpreter services for LEP applicants who speak other languages, and it tracks requests for interpreters to determine if the exam should be translated into other languages. However, DOH managers said that it can be difficult to find interpreters in many areas of the state. One issue they mentioned is that interpreters are paid hourly. The exam only lasts up to three and a half hours, so interpreters can make more money working longer hours by taking other jobs.

Earlier this year, DOH and Prometric created a new written exam, which has made it easier to translate. They simplified the exam language and focused more on the knowledge needed to be a home care aide rather than literacy and testing skills. During the first five months after the test was created, May through September 2016, DOH data show a 25 percentage point increase in exam passage rates among LEP applicants, compared to the previous four months.

The process is not always the reason for leaving the program

A quarter (25 percent) of the applicants we spoke with left the program for reasons outside of the control of the agencies. **Exhibit 12** shows they drop off much earlier in the process compared to other respondents. These respondents did not express complaints about difficulties in the process, but offered other explanations. Some found a better-paying job, others realized that they did not enjoy the work, some became ill themselves, while others moved away.

Exhibit 12 – Applicants who drop out for personal reasons do so earlier than other applicants



Source: Auditor analysis of survey results and data from DOH.

Recommendations

To identify and address barriers to home care aide certification, we recommend that the Department of Social and Health Services and the Department of Health continue to work together to address and resolve barriers to certification. Specific actions include:

1. Work with the Training Partnership to review data on the languages applicants request interpreters for to determine if they need to expand the number of languages currently available for training and the exam.
2. Work with their partners to emphasize the importance of taking the exam on the scheduled date.

To address specific barriers we identified in the survey, we recommend DSHS:

3. Continue to work with the Training Partnership and community instructors to increase training locations and adopt flexible schedules.

To address specific barriers we identified in the survey, we recommend DOH:

4. Work to reduce the distances applicants have to travel by working with its test provider, Prometric, to increase the number of testing sites in the state.

Agency Response

STATE OF WASHINGTON

November 18, 2016

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

Dear Auditor Kelley:

Thank you for the opportunity to review and respond to the State Auditor's Office (SAO) performance audit report, "Barriers to Home Care Aide Certification." The Office of Financial Management worked with the Department of Health (DOH) and Department of Social and Health Services (DSHS) to provide this response.

We appreciate the report's recognition that both agencies have been addressing barriers since the program's inception and acknowledgment of the improvements made following the Initiative 1163 performance audit published in 2014. We also appreciate the auditors' efforts to survey a sample of long-term care workers who did not obtain home-care certification to provide additional information to consider as we move forward.

DOH and DSHS agree with the SAO's recommendations and will continue to work closely together, and with our partners, to identify and address barriers to home-care aide certification.

DOH addressed the non-English pass rate disparity by working with stakeholders to design a new certification exam that assesses content knowledge, rather than literacy or test-taking skills. Subject-matter experts were engaged to write and review new questions, review the translations, and help set the minimum passing score. The exam went live in May 2016. Pass rates for non-English test takers have increased by 30 percent, with the lowest-performing languages seeing the greatest improvement.

DOH also worked with the testing vendor to combine the DOH credential and certification exam applications into one form, effective May 1, 2016. Applicants now complete a single form and submit it to DOH. DOH then electronically notifies the testing vendor when applicants are eligible to take the exam. This streamlined process reduces paperwork and applicant wait time for testing after completing training.

Sincerely,

David Schumacher	John Wiesman	Patricia K. Lashway
Director	Secretary	Acting Secretary
Office of Financial Management	Department of Health	Department of Social & Health Services

cc: David Postman, Chief of Staff, Office of the Governor
Kelly Wicker, Deputy Chief of Staff, Office of the Governor
Matt Steuerwalt, Executive Director of Policy, Office of the Governor
Roselyn Marcus, Assistant Director, Office of Financial Management
Scott Merriman, Legislative Liaison, Office of Financial Management
Rich Roesler, Acting Director, Results Washington, Office of the Governor
Tammy Firkins, Performance Audit Liaison, Results Washington, Office of the Governor

This coordinated management response to the State Auditor's Office (SAO) performance audit report received on October 31, 2016, is provided by the Office of Financial Management, the Department of Health (DOH) and the Department of Social and Health Services (DSHS).

SAO PERFORMANCE AUDIT OBJECTIVES:

The SAO designed the audit to answer:

1. What barriers do home care aide applicants face in completing the certification process?
2. What improvements can be made to help more people complete the process?

SAO Conclusion: Although the agencies (DSHS & DOH) and their partners have made improvements to the process since the implementation of Initiative-1163, some applicants still face barriers and drop out of the process.

SAO Finding: Stronger efforts to make it easier for applicants to complete the process, such as making access to training and the exam more accessible and addressing challenges for limited English proficiency applicants, could improve completion rates for the home care aide certification program.

SAO Recommendation 1: DOH and DSHS work with the Training Partnership to review data on the languages applicants request interpreters for to determine if they need to expand the number of languages currently available for training and the exam.

STATE RESPONSE: DOH analyzed the interpreter requests received by the Training Partnership for training and those DOH received for the certification exam. More than one-third of all individual interpreter requests are for Amharic. Because of this volume, it costs less to translate the exam than to continue providing individual interpreters. All other languages have significantly smaller volumes, so it is more cost efficient to provide individual interpreters.

DSHS agrees with the recommendation and will continue to work with the Training Partnership to determine if the number of languages currently available for training needs to be expanded.

Action Steps and Time Frame

- DOH will continue to monitor language requests on a monthly basis. *Ongoing.*
- DSHS will continue to work with the Training Partnership to determine the need to expand the number of languages currently available for training. *Ongoing.*

SAO Recommendation 2: DOH and DSHS work with their partners to emphasize the importance of taking the exam on the scheduled date.

STATE RESPONSE: DOH agrees with the recommendation and plans to update both the website and the authorization for test notifications sent to applicants to emphasize the importance of taking the exam on the scheduled date.

DSHS agrees with the recommendation and will continue to emphasize the importance of taking the exam on the scheduled date through the training programs and other communications to individual providers and contractors who hire long-term care workers.

Action Steps and Time Frame

- DOH will update the website and the authorization to test notifications sent to applicants to emphasize the importance of taking the exam on the scheduled date. *By January 31, 2017.*
- DSHS will ask the training programs to emphasize to their students the importance of taking the exam on their scheduled date. *By January 31, 2017*
- DSHS will update communications for individual providers, home care agency employers/staff, adult family homes and assisted living providers/staff to emphasize the importance of applicants taking the Prometric exam on the first scheduled date to reduce the time frame between curriculum completion and test taking. *By January 31, 2017*

SAO Recommendation 3: DSHS continue to work with the Training Partnership and community instructors to increase training locations and adopt flexible schedules.

STATE RESPONSE: DSHS agrees with the recommendation and will continue to work with the Training Partnership and community instructors to expand training locations and flexible schedules.

Action Steps and Time Frame

- DSHS will continue to work with the Training Partnership and community instructors to expand the number of training locations and adopt flexible schedules. *Ongoing*.

SAO Recommendation 4: DOH work to reduce the distances applicants have to travel by working with its test provider, Prometric, to increase the number of testing sites in the state.

STATE RESPONSE: DOH agrees with the recommendation and has been working with Prometric since 2015 to add test sites, with emphasis on the Yakima area. Sites in that area are being evaluated and discussions are underway with site owners. In addition to those efforts, Prometric opened a new test site in Federal Way in October 2016 and is opening a site in Kent in November 2016.

Action Steps and Time Frame

- DOH will work with Prometric to add test sites, with emphasis in the Yakima area. *Ongoing*.

Appendix A: Initiative 900

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 Audit Results section of this report.

I-900 element		Addressed in the audit
1.	Identify cost savings	**No.** The audit did not identify cost savings to the state.
2.	Identify services that can be reduced or eliminated	**No.** The audit did not identify services that can be reduced or eliminated.
3.	Identify programs or services that can be transferred to the private sector	**No.** The audit did not examine whether services can be transferred to the private sector.
4.	Analyze gaps or overlaps in programs or services and provide recommendations to correct them	**Yes.** We analyzed the program for gaps or overlaps in the process to identify barriers to certification for home care aide applicants.
5.	Assess feasibility of pooling information technology systems within the department	**No.** The audit did not examine IT systems.
6.	Analyze departmental roles and functions, and provide recommendations to change or eliminate them	**No.** Although the audit looked for barriers in the application process, it did not address the roles and functions of the two state agencies responsible for administering the program.
7.	Provide recommendations for statutory or regulatory changes that may be necessary for the department to properly carry out its functions	**No.** The audit does not make recommendations for statutory changes.
8.	Analyze departmental performance, data performance measures, and self-assessment systems	**Yes.** We calculated the certification completion rate for applicants who applied in 2015 and compared it to the completion rates from 2012 through the first six months of 2015 which we calculated in the Initiative 1163 audit we published earlier this year.
9.	Identify relevant best practices	**No.** The audit did not examine best practices.

Appendix B: Description of prior changes

2014 Report

Our first audit, examining the first four months of the program, found that only 29 percent of the applicants obtained a certificate. Acknowledging the rate was unacceptably low, DSHS and DOH formed an Executive Workgroup in mid-2012 to identify barriers that hindered applicants as they attempted to meet the I-1163 requirements. The workgroup included representatives from DOH, DSHS, the Training Partnership, Prometric (the program's test vendor) and other stakeholders. Below is a list of the major changes made in the way the program is administered.

Helping guide applicants through the process. In late 2012, DOH hired a coordinator to help people understand the certification process. In September 2013, the Training Partnership employed five Navigators to help union members in Snohomish, King and Pierce counties through the training and certification process by answering questions and providing encouragement and support. The agencies and stakeholders also created a checklist that walks applicants through the steps and timelines. The checklist – in 13 languages – is available on the DSHS website.

Expanding access to the training materials and exam. The population of long-term care workers is as diverse as the communities they serve, and includes many people whose primary language is not English. Prometric increased the number of languages the exam is offered in from six to 13. Some training materials are available in 13 languages. DSHS posted a list of training programs on its website so applicants can find a program in their area, while Prometric increased the number of testing sites across the state.

Allowing more time to obtain the certificate. The agencies found workers were struggling to meet the 150-day timeline to complete the certification process. To help them, the agencies worked with the 2013 Legislature to extend the time to complete the process from 150 to 200 days for anyone hired as of March 1, 2013. The legislation also added a provisional certification, available through 2016, for people with limited English language skills and learning disabled applicants. These applicants have 260 days from the date of hire to complete the requirements.

Helping union workers with application, training and exam costs. The state, through its 2013-2015 bargaining agreement with the SEIU, set up a certification fund to fully cover the application and exam costs for union workers. In September 2013, DSHS worked with the Training Partnership to allow union members to complete training at no additional cost if they did not complete the required training within 120 days. Previously, applicants had to pay the extra costs if they did not complete their training within the required timeline.

2016 Report

Sharing data to identify trends and monitor progress. Our last report showed that DOH, DSHS and the Training Partnership were working on ways to share data that would help them identify trends, monitor applicant progress and enforce compliance. Agencies implemented data sharing by late 2014 as planned. DSHS is using the shared data to identify trends. For example, one report tracks exam passage rates by instructor, language and exam site, while another identifies the points in the process where people tend to drop out. DSHS is particularly concerned about why some people finish training but do not take the exam. DSHS hired one full-time employee in May 2016 who will use the trend reports to help identify barriers to completing certification and maintaining a stable workforce.

To monitor applicant progress and terminate contracts for ineligible providers, the Training Partnership sends DSHS a separate, daily report on provider training progress. DSHS reported that in 2015, payments to providers were appropriate 99 percent of the time based on training requirements.

Helping applicants with limited English proficiency. The 2014 audit found that the passing rate for non-English-speakers was much lower than for English speakers. In October 2015, as part of their effort to help applicants with limited English proficiency, DSHS and the Training Partnership published a glossary of terms that do not easily translate to other languages. Prometric also incorporated this glossary into the exam terminology to help applicants understand multiple choice questions and skills-based tasks. In August 2014, DOH started paying for translator services through a pilot project for exam takers who speak a language other than one of the 13 languages already offered. Due to the success of the project, DOH secured funds to extend the services through June 2017.

Streamlined the applications. At the time of our 2014 audit, DSHS and DOH were working to create a universal application form, with a planned completion date of December 31, 2015. DOH and Prometric combined their two forms – DOH's home care aide certificate application and Prometric's exam application – into one form in May 2016. DSHS management decided that their form, which is an application to contract with DSHS as an Individual Provider, cannot be combined because it is not part of the certification application process.

Lowered exam passing scores. In May 2015, Prometric created three exam forms, each with its own passing score determined by the difficulty of the questions. For two exams, the passing score is 70; the third has a passing score of 74. All are lower than the previous required score of 82. DOH did this to better reflect the minimum competency actually required to perform personal care tasks.