

PERFORMANCE AUDIT



Office of the
Washington
State Auditor
Pat McCarthy

Evaluating Success of the Restoring Quality Home Care Initiative (I-1163)

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Executive Summary

State Auditor's Conclusions (page 49)

For more than a decade, our Office has routinely audited Washington's long-term, in-home care program as established by Initiative 1163. This remarkable performance audit draws on our accumulated expertise and asks fundamental questions about that program: has it increased safety for vulnerable people, has it affected their ability to obtain support, and have its requirements deterred potential home care aides from entering the field.

We found that some aspects of the initiative, especially requiring FBI background checks, make people safer. However, some requirements add complexity to the certification process without adding value in safety. And Washington continues to face a shortage of qualified long-term care workers, as does the nation.

This report details a fragmented, challenging certification process that can lead would-be aides to quit and force employers to let go of uncertified staff. Of the roughly 13,000 applicants in fiscal year 2024, only 5,000 (39%) were certified as home care aides. This means almost 8,000 people had some initial interest in doing the work and completed an application, but did not make it through training, testing and certification. While applicants may quit the process for numerous reasons, the system needs reconsideration and revision when roughly two-thirds of applicants do not complete the certification process.

Fortunately, we identified a few specific changes to the certification process that can make it significantly more efficient without compromising safety. For example, the Department of Health (DOH) could stop its early review of thousands of applications from aides who abandon the process, and instead follow a practice found in other states of only accepting applications after aides have finished their training and testing.

Lawmakers have expressed interest in reevaluating this system, and we offer several concrete recommendations to the Legislature, as well as to the state agencies involved. It is possible to smooth the path for those who want to take on this challenging work, while continuing to protect the vulnerable Washingtonians who need and deserve their help.

Background (page 8)

Home care aides support people who need extended care due to age or disability in many different settings. They help people perform activities of daily living such as dressing, bathing and transferring in and out of a wheelchair or bed. While home care aides often provide care in clients' homes, they also work in adult family homes and assisted living facilities.

Initiative 1163 (I-1163), passed by Washington voters in 2011, had the stated intent of protecting vulnerable populations. The initiative established:

- A home care aide certification, with increased training hour requirements for aides and new skills and knowledge tests
- A registry of substantiated findings of abuse, neglect, financial exploitation or abandonment for home care aides
- FBI background checks for all long-term care workers, which includes home care aides, nursing assistants and nurses

Training, testing and certifying a home care aide involves multiple organizations. DOH accepts and processes all applications while the Department of Social and Health Services (DSHS) approves trainers and processes background checks. The process also includes training programs, a statewide testing vendor and employers.

I-1163 requires the Office of the Washington State Auditor to audit the state's long-term, in-home care program every two years. The eight earlier performance audits on this topic identified persistent challenges applicants faced in the certification process, including difficulty in scheduling tests and limited access to test sites.

Legislators asked if I-1163 is achieving its intended outcomes, and what improvements might benefit both aides and their clients. This audit examined the success of this initiative and challenges with the certification process.

While some I-1163 requirements make people safer, safety depends on access to care and Washington has a long-term care workforce shortage (page 12)

Some elements of I-1163 keep people safer, even if there is limited evidence to establish its overall effectiveness. However, demonstrating if I-1163 actually improved client safety requires comparative data that the state lacks. No agency or organization captured baseline data before the law took effect to facilitate a future outcomes

evaluation. In addition, challenges retrieving data recorded prior to 2011 prevented auditors from establishing trends for Adult Protective Service reports or diagnostic codes indicating abuse or neglect. Only turnover offered opportunities for some limited analysis, showing slight improvement in one category of home care aide.

Some legislators and long-term care providers have asked if the home care aide certification has decreased the number of caregivers available to meet Washington's needs. States' training and testing requirements do not appear to significantly affect the proportion of people who become direct care workers. However, Washington – like the rest of the nation – continues to suffer from a shortage of long-term care workers. Although its situation is not as bleak as in other states, a shortage of long-term care workers in Washington results in people unable to access needed care.

Some Medicaid clients did not use all the long-term care authorized in their care plans. Our analysis of the state's Medicaid data found about one-third of Medicaid clients used 75% or less of their authorized hours, with some using considerably less. Some groups may have a harder time obtaining needed care, especially children without an individual provider. In addition, we noted racial disparities in the use of approved care hours, with Native American clients less likely to use their hours and Asian clients more likely to use their hours. Finally, geographic location also affected some clients' ability to use their authorized hours.

However inadvertently, some elements in I-1163 have created burdensomely complicated processes with negative consequences.

Some I-1163 requirements led to a complicated system without adding value in safety for vulnerable clients (page 24)

The complicated system created by I-1163 results in a long certification process for prospective home care aides. I-1163 established the fragmented structure that underpins the entire process, with DSHS responsible for designing and regulating training and DOH responsible for administering the certification and developing skills and knowledge tests. Although this arrangement made sense given the agencies' different areas of expertise, it also contributed to the challenges applicants experience in navigating the system.

DOH requires aides to apply at the beginning of the process, even though many applicants quit before reaching certification. This is to allow as much time as possible for scheduling their skills and knowledge tests.

Although most applicants (88% in fiscal year 2025) complete training within 120 days of hire, more than two-thirds did not test within 60 days of completing training. The contracted testing vendor's policies have continued to cause delays, but DOH has a limited ability to improve test access due to lack of leverage over the vendor.

Fewer and fewer applicants have received certification within 30 days of passing their tests. DOH offered three causes for the delays in issuing certifications: large influxes of test results due to pandemic-related changes to the certification timeline, issues in the 2024 rollout of a new licensing IT system, and challenges with I-1163's unique and redundant verification of FBI background checks.

The bottom line: Few applicants have been certified within 200 days of hire, the previous statutory timeline. In FY 2025, about one-third (32%) were certified within 200 days. Statutory changes to mitigate challenges with the certification timeline have had unintended consequences for aides and employers. For example, the amended statute allows for new dates of hire, which employers have used to avoid hitting the certification deadline by firing and then immediately rehiring aides. Furthermore, DOH has limited ability to hire employees to speed processing, as state law has required home care aides pay the full cost of their certifications.

The current process has delays that burden both prospective aides and their employers. Sometimes, aides seek ways to work around I-1163 requirements. Currently, about two-thirds of applicants do not complete the certification process, suggesting the system would benefit from review and revision.

Streamlining the complex system I-1163 created can smooth applicants' pathways and speed up certification (page 40)

A few improvements could transform the certification process. DOH's nursing assistant program provides a model for home care aide training and certification, with simpler applications, a faster process and better testing infrastructure.

DOH is making important progress in integrating home care aide testing into training, which reduces barriers for applicants. In 2022, we recommended DOH allow applicants to test at the same location where they train. The agency has been implementing that recommendation, and training programs want to offer the skills and knowledge tests, although some anticipate challenges.

After integrating testing into training, DOH could stop reviewing thousands of applications from aides who abandon the process. For example, other states only accept applications after aides have finished training and testing. DOH program managers support only accepting applications from aides after they successfully pass their tests, and this change would not require any statutory update.

However, statutory revisions will be needed for DOH to continue improving the certification process. For example, a statutory change, concerning contracted proctors, can make integrated testing more feasible. Also, an amendment to state law could eliminate DOH's redundant verification of the FBI background check, which is currently part of the certification process. In addition, to reduce the burden of administrative delays, the Legislature could replace the licensure timeline with a training and testing timeline.

Recommendations (page 50)

We made a series of recommendations to the Department of Health to address delays in the certification process, including to continue integrating testing into training, and only receive applications once applicants have completed training and testing. We also recommended the Department of Social and Health Services work with DOH to address concerns that some training programs may not be able to test applicants and to determine together if some or all training programs should be required to integrate testing into training. In addition, we recommended the Legislature amend laws to facilitate former aides returning to the profession and to streamline the process.

Next steps

Our performance audits of state programs and services are reviewed by the Committee to Hear SAO Performance Audits and/or by other legislative committees whose members wish to consider findings and recommendations on specific topics. Representatives of the Office of the Washington State Auditor will review this audit with committee members in Olympia. The public will have the opportunity to comment at this hearing. Please check the committee's website for the exact date, time and location (<https://leg.wa.gov/about-the-legislature/committees/joint/sao-audit-committee/>). Our 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. See the **Bibliography** for a list of references and resources used to develop our understanding of this topic.

Background

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

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 are one type of long-term care worker, a category that also includes nursing assistants and nurses, as shown in **Exhibit 1**. Home care aides help people perform activities of daily living such as dressing, bathing and transferring in and out of a wheelchair or bed. While home care aides often provide care in clients' homes, they also work in adult family homes and assisted living facilities.

Exhibit 1 – Long-term care workers in Washington



Nurses

Manage complex care, including medication reconciliation, chronic disease management, and acute care during emergencies. Often involved in end-of-life planning and care.



Nursing assistants

Assist patients with activities of daily living; check vital signs, such as blood pressure, respiration and pulse.



Home care aides

Help clients with activities of daily living, including bathing, dressing, eating and mobility.

Home care aides can be:

Individual providers

Provide in-home care to specific Medicaid clients (employed by Consumer Direct Care).

Agency providers

Work for a home care agency, assisted living facility or adult family home.

Source: Auditor created.

Clients use multiple sources to pay for the services home care aides provide. Some clients pay for care with savings, a pension or retirement fund, long-term care insurance, or other private sources. Notably, while Medicare provides health insurance coverage for people 65 and older, it does not pay for assisted living or long-term care. Instead, the largest payment source for long-term care is Medicaid, which in 2023 paid for more than half the \$459 billion spent on long-term care in the United States, according to the Kaiser Family Foundation.

In Washington, about half (53%) of clients eligible for Medicaid long-term care are cared for by individual providers. Individual providers serve specific Medicaid clients, often family members, in their homes. Clients can also be cared for by agency providers who work for a home care agency, assisted living facility, or adult family home.

Initiative 1163 created the home care aide certification and increased background check requirements for all long-term care workers

Initiative 1163 (I-1163), passed by Washington voters in 2011, had the stated intent of protecting vulnerable populations. The initiative established:

- A home care aide certification, with increased training hour requirements for aides and new skills and knowledge tests
- A registry of substantiated findings of abuse, neglect, financial exploitation or abandonment for home care aides, so potential employers would know if aides had previously harmed vulnerable clients
- FBI background checks for all long-term care workers, in addition to a Washington State Patrol background check. Previously only workers from out-of-state needed FBI background checks.

I-1163 mirrored I-1029, which passed in 2008. The state faced funding issues that delayed implementation of I-1029. Voters responded by approving I-1163.

While I-1163 intended to protect vulnerable populations, it did not define what “protection” meant; the clearest protection is safety from abuse and neglect. Also, I-1163’s increased training requirements help protect vulnerable clients from concerns like infectious diseases, food-borne illnesses, and even disrespect and violations of their basic rights. Finally, I-1163 also intended to expand the number of caregivers, through better wages and increased professionalism, as one of the most important ways to protect vulnerable populations is ensuring there are enough caregivers trained and available to meet their needs.

Training, testing and certifying a home care aide involves state agencies, contracted vendors, trainers and the applicant

Applicants for home care aide certification must interact with multiple organizations and state agencies to become certified. These organizations and their roles include:

- **Department of Health (DOH)** accepts and processes all applications. It also contracts with **Prometric**, a testing vendor, and certifies all applicants who pass the test.

- **Department of Social and Health Services (DSHS)** designs the training, approves trainers and processes background checks.
- **Training programs** include the Training Partnership, a nonprofit school formed by the SEIU 775 Benefits Group, as well as other other DSHS-approved instructors.
- **Employers** work with home care aides throughout the certification process, for example by initiating background checks and helping aides fill in applications. DSHS contracts with the Consumer Direct Care Network Washington to employ the home care aides that are individual providers. Private home care agencies also employ home care aides, or clients may hire aides directly.

Legislators asked if I-1163 is achieving its intended outcomes, and what improvements might benefit both aides and their clients

I-1163 also requires the Washington State Auditor's Office to audit the state's long-term, in-home care program every two years. The eight earlier performance audits on this topic (see **Exhibit 2** on the following page) identified persistent challenges applicants faced in the certification process, including difficulty in scheduling tests and limited access to test sites. Our 2016 audit found that these issues can discourage people from becoming home care aides.

This audit examined the success of this initiative and challenges with the certification process

Due to these problems, and also considering the continuing shortage of long-term care workers in our state, the Legislature directed DOH to temporarily extend the length of time that home care aides have to complete the certification process. Legislators also asked the State Auditor's Office to determine whether this certification system is achieving its intended result: protecting the vulnerable people who depend on home care aides. The audit sought to answer the following questions:

1. Has the home care aide certification increased the safety of Washington's vulnerable clients?
2. To what extent have home care aide certification requirements affected people's ability to obtain the support they need?
3. Has the certification process deterred potential home care aides from entering this field? What changes would improve the process?

Exhibit 2 – Previous audits identified persistent challenges in the certification process

Summary of eight previous reports in the I-1163 audit series

Report title	Report number	Year	Summary
Initiative 1163: Long-Term Care Worker Certification Requirements [2013]	1008965	2013	Of 406 providers that applied for certification, 288 (71%) were not certified by the time we completed our review.
Initiative 1163: Long Term Care Worker Certification Requirements [2014]	1012952	2014	Improvements helped more applicants obtain home care aide certification. The percentage of applicants achieving certification almost doubled, from 29% in early 2012 to 58% in 2013.
I-1163: Long-term Care Worker Certification Requirements 2016	1017262	2016	Several improvements were made, but completion rates remain at about 56%, suggesting that more work may need to be done to address barriers to certification.
Barriers to Home Care Aide Certification	1018059	2016	Almost two-thirds of applicants left due to problems in the training and exam phases, particularly in finding convenient schedules and locations to take the training and tests. Limited English proficiency applicants also experienced language barriers.
Assessing Extended Family Exemptions for Individual Providers	1023358	2019	Expanding exemptions to extended family members could increase the amount of long-term care available to people in home settings, though the impact is difficult to quantify.
I-1163: Evaluating the Relevance of Required Training for Long-Term Care Workers	1029902	2022	Most providers and clients are satisfied with the training. However, some providers and clients thought it could be more relevant to clients with complex or special care needs.
I-1163: Addressing Testing Barriers for Home Care Aides	1031019	2022	Two-thirds of home care aide applicants were unable to test for months, reducing the likelihood they will pass. Delays resulted from transferring information between trainers, DOH and its testing vendor (Prometric); and a lack of testing sites in some areas of the state.
I-1163: Following up on selected issues from previous audits	1035125	2024	DOH and DSHS have fully implemented three of the four recommendations from previous audits, and the fourth was partially implemented.

Audit Results

While some I-1163 requirements make people safer, safety depends on access to care and Washington has a long-term care workforce shortage

Results in brief

Some elements of Initiative 1163 (I-1163) keep people safer, even if there is limited evidence to establish its overall effectiveness. However, demonstrating if I-1163 actually improved client safety requires comparative data that the state lacks. For example, lack of data prior to I-1163 prevented auditors from establishing trends for Adult Protective Service reports or diagnostic codes indicating abuse or neglect. Only turnover offered opportunities for some limited analysis, showing slight improvement in one category of home care aide.

Some stakeholders have asked if the home care aide certification has decreased the number of caregivers to meet Washington's needs. States' training and testing requirements do not appear to significantly affect the proportion of people who become direct care workers. However, Washington – like the rest of the nation – continues to suffer from a shortage of long-term care workers. Although its situation is not as bleak as in other states, Washington needs more people to do this important work, as a shortage of long-term care workers results in people unable to access needed care.

Some Medicaid clients did not use all the long-term care authorized in their care plans. About one-third of Medicaid clients used 75% or less of their authorized hours, with some using considerably less. Some groups may have a harder time obtaining needed care, especially children without an individual provider. We also noted racial disparities in the use of approved care hours. In addition, geographic location affected some clients' ability to use their authorized hours.

Some elements of I-1163 keep people safer, even if there is limited evidence to establish its overall effectiveness

The premise of I-1163 was that if the state took four actions, then vulnerable populations receiving long-term care would be safer. The initiative made the following changes or additions to state law:

- Expanded background checks to require an FBI fingerprint-based check for all long-term care workers, including nurses, nursing assistants and home care aides
- Created a registry of home care aides
- Increased home care aide training requirements to 75 hours
- Required home care aides to pass skills and knowledge tests

Some requirements established by I-1163 are generally accepted as measures to keep vulnerable populations safe. We obtained the views of employers of long-term care workers and subject matter experts through interviews during fieldwork for this audit unless otherwise noted.

Expanded background checks

Before the initiative, most long-term care workers were only required to pass a Washington State Patrol background check. This left a gap around workers who may have committed a disqualifying offense outside Washington. A fingerprint check by the FBI examines national databases to confirm the applicant's identity and discover any arrest and conviction history; it also compares the fingerprints against sex offender databases.

FBI background checks are broadly accepted as a valuable regulation for long-term care workers. Employers and subject matter experts almost all agreed this is an effective requirement. A study in the journal *The Gerontologist* found that almost all states require an FBI background check in at least one long-term care setting; 40 out of 50 states require FBI background checks for their equivalent to home care aides.

Registry of home care aides

I-1163 made the Department of Social and Health Services (DSHS) responsible for developing a registry of home care aides with substantiated findings of abuse or neglect. The initiative intended the registry would enable employers to see whether a complaint was lodged and substantiated about a particular worker before hiring

them. The registry is part of the Adult Protective Services database, and DSHS will release information about an aide through a public records request. Also, background checks include a review of the registry.

However, neither employers nor members of the public would be readily aware of the registry's existence or how to file a records request because the DSHS website lacked any mention of it. Many employers we interviewed were unaware of the registry. During the audit, we recommended DSHS publish information on its website on how to request information about substantiated findings for home care aides from Adult Protective Services and a link to the provider credential search on the Department of Health's website. DSHS agreed with this recommendation and implemented it immediately.

The Department of Health (DOH) provider credential search includes information for all professions the department licenses, including home care aides. The credential search shows similar information to that in the Adult Protective Services system but its content is more comprehensive because it relies on discipline data from DOH's credential process rather than substantiated Adult Protective Services complaints. DOH disciplinary data includes concerns such as aides eating clients' food; this would not necessarily rise to the level of an Adult Protective Services report but should be monitored to see if the problem persists.

Increased training for certified home care aides

This change raised the number of training hours from 34 to 75 hours. This puts Washington near the top in number of hours among 14 other states that require training for their aides, regardless of whether they serve Medicaid or non-Medicaid clients. (Many states only require training hours to serve clients insured by Medicaid.)

Most (14 of 16) interviewed employers and subject matter experts agreed that the increased training helps ensure a qualified workforce. Our 2022 audit on training relevance similarly found that most aides (over 80% of those surveyed) were satisfied with their training and thought it helped them meet the needs of their clients.

Skills and knowledge tests for certified home care aides

Finally, I-1163 established pre-certification tests. In the skills test, applicants must demonstrate correct performance of skills such as safely transitioning a client from a bed to a wheelchair or cleaning a catheter. The knowledge test focuses on proper treatment of clients. Employers and subject matter experts expressed numerous concerns about the effectiveness of the skills test, which we describe later in this report. However, several said that still there needs to be some type of test, as it assures licensing authorities that applicants understood the content of the training and can do the job.

To demonstrate if I-1163 actually improved client safety requires comparative data that the state lacks

Measuring the degree to which I-1163 achieved its broad policy goal of increased safety for vulnerable populations requires data that was gathered consistently both before and after the initiative's passing. However, when the initiative was developed no one proposed performance measures that could demonstrate its success and whether it achieved its goal. Nor did any agency or organization capture baseline data before the law took effect to facilitate a future outcomes evaluation.

In addition to a literature review, we asked multiple program managers and stakeholders what they would consider to be valid, reliable indicators demonstrating that I-1163 has helped protect vulnerable people. We identified the following possibilities:

- Adult Protective Services reports
- Clients' diagnostic codes indicating abuse or neglect
- Turnover rates for long-term care providers

Lack of data prior to I-1163 prevented auditors from establishing trends for Adult Protective Service reports or diagnostic codes indicating abuse or neglect

Several interviewees suggested we use the change in the number of Adult Protective Service reports over time as a measure, but we decided this was not a valid indicator of safety. More reports could indicate more abuse and neglect, but could just as readily indicate people are safer because more trained eyes were reporting concerns.

Instead, the audit team attempted to use the following indicators:

- The rate of Adult Protective Service reports tied to caregivers compared to other alleged perpetrators
- The rate of diagnostic codes indicating abuse or neglect, as noted in patient records by doctors and other medical providers

However, in both instances, we could not access data recorded before I-1163 came into effect. Also, diagnostic code data after I-1163 lacked a sufficient number of observations to establish meaningful trends.

Given limited access to outcome data from the years before I-1163, turnover was the only available measure of the effectiveness of the initiative.

Turnover offered opportunities for some limited analysis, showing slight improvement in one category of home care aide

Numerous researchers have reported that high turnover rates in long-term care affect client safety. Despite its known risks, turnover in long-term care is so high the industry does not measure it annually but in 90-day increments – so a caregiver staying on the job for an additional month suggests lower turnover.

For this analysis, we reviewed billing records for individual providers, a subgroup of home care aides who care for clients eligible for Medicaid in-home care services. Our analysis found individual providers stayed approximately one month (28 days) longer in fiscal year 2021 compared to calendar year 2010. Even though they stayed longer on average during fiscal year 2021, the percentage that stopped billing the state at about 200 days was more than double that of previous months. They might have done so to avoid consequences of failing to meet the 200-day certification deadline; if so, they were perhaps unaware that the deadline had been suspended as part of the pandemic-related state of emergency. Or the spike in turnover might simply be another consequence of that tumultuous time in health care.

Has home care aide certification decreased the number of caregivers to meet the state's needs?

Well before the implementation of I-1163, numerous reports and analyses from across the country identified a shortfall between the need for home care and the number of people qualified to provide it. They broadly concurred the gap was significant and predicted to increase. While promoters of I-1163 may have hoped that the benefits of certification would also improve recruitment and retention of home care aides, many in the caregiving field worried the extensive requirements and cost of licensing would discourage potential entrants to the profession while contributing little to client safety.

When considered nationally, I-1163's passage made Washington one of the states with the most training, testing and certification requirements for personal care aides (like 'direct care workers,' these terms encompass Washington's home care aides). Increasing training and testing requirements could affect the workforce in positive or negative ways. The increase could cause potential workers to avoid the profession because they can make as much money with less effort at another low wage job. Or the increase could result in better wages and lower turnover because the workers are better prepared for their job and more desirable to employers.

On the federal level, Washington's home care aides are referred to as personal care aides.

In nationwide comparisons, personal care aides and nursing assistants are part of a larger category of caregivers known as direct care workers.

States' training and testing requirements do not appear to significantly affect the proportion of people who become direct care workers

We tested these hypotheses using data from academic researchers, the US Bureau of Labor Statistics and the US Census. Our simple regression analysis (described in detail in Appendix B) did not show that more training and testing requirements for personal care aides had a significant tendency to affect the workforce either way. States with more requirements performed no differently in recruiting and retaining workers than states with few requirements.

The factors that most affected the proportion of a state's workforce in direct care were worker wages and the number of people with self-care disabilities. A dollar an hour increase in median nursing assistant wages was associated with a 0.22% increase in the percentage of a state workforce dedicated to direct care. People with self-care disabilities have the greatest need for direct care services and are the most affected by a shortage of workers. A 1% increase in the percentage of a state's population with a self-care disability was associated with a 1.1% increase in the percentage of a state workforce dedicated to direct care.

Washington – like the rest of the nation – continues to suffer from a shortage of long-term care workers

There is a national shortage of people working in long-term care. A 2023 Kaiser Family Foundation survey of US states found workforce shortages in every state. This shortage is one of the primary obstacles to ensuring long-term care for older adults and people with disabilities according to the National Conference of State Legislatures (2025).

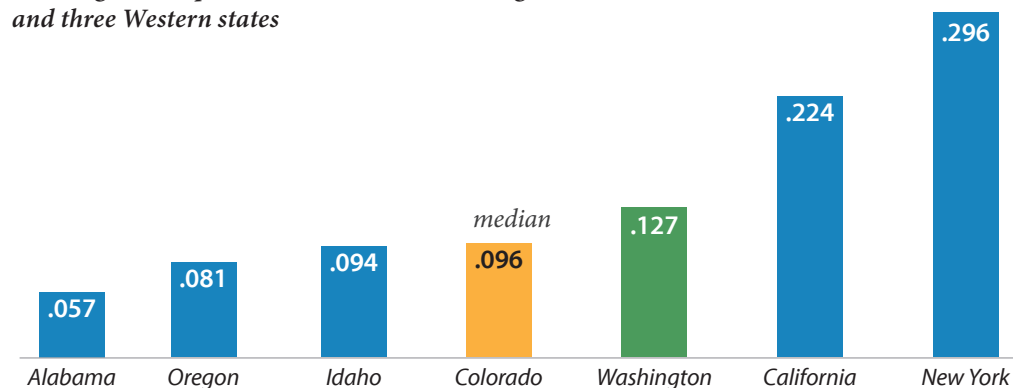
This shortage of workers affects many areas of patient care. For example, National Public Radio reported in 2021 and 2022 that seniors were often waiting months for home health care, and people who wanted care at home were forced to consider institutionalization instead. In 2023 the Bipartisan Policy Center reported that long-term care worker shortages contributed to providers not being able to accept new patients, with 83% of providers turning away referrals due to insufficient staffing. As a result, hospitals reported increased delays discharging patients for post-acute care.

Although its situation is not as bleak as in other states, Washington needs more long-term care workers

When compared to other states, Washington performs better than average in having aides for the number of people needing care. Washington had the 12th smallest shortage in the country by this measure, and outperformed both Oregon and Idaho. **Exhibit 3** compares Washington with other selected states by the proportion of direct care workers (from the US Bureau of Labor Statistics) to people who identified themselves to the US Census as having a disability. It includes the state with the largest shortage, the smallest shortage, the median, and Washington's closest neighbors.

Exhibit 3 – Direct care workers for each disabled person in seven states

Washington compared to the states with the highest, lowest and median rates, and three Western states



Source: Auditor analysis of data from the US Census and Bureau of Labor Statistics.

Even though the long-term care workforce shortfall is not as dire here as it is in some other states, it is still a problem. In 2023, the Legislature's Long Term Care Workforce Development Steering Committee reported that while most of health care had returned to pre-pandemic staffing levels, the long-term care industry was still struggling to recruit and retain permanent staff in all service areas. Employers increasingly resort to contracting with temporary staffing agencies – a more expensive option that is usually unsustainable due to the added cost.

In 2025, DSHS projected the demand for long-term care workers would far outpace supply, based on current use and employment patterns. The report projected that the number of Washingtonians needing long-term care paid for by Medicaid would increase 55% by 2050, while the number of long-term care workers serving in all contexts would increase by only 17%.

"In post-acute and other long-term care settings, extensive and prolonged staff vacancies leave beds empty and result in delays for needed services due to an inability to safely and effectively care for a population that is highly vulnerable.

"Providers across the continuum of care, including home care providers, must turn away opportunities for care because they lack the skilled staff needed to properly care for those in need."

*Washington Long-Term Care Workforce Initiative,
2023 Legislative Report.*

A shortage of long-term care workers results in people unable to access needed care

Home care aides fill an essential need as they serve vulnerable people in their homes and communities, but not everyone receives the care that they need. When aides are unavailable, clients either go without care or receive care in more costly settings such as nursing homes, which face a shortage of available beds themselves. Foregoing care is dangerous, as it can contribute to events like falls and medication errors that ultimately result in hospitalization and severe consequences to quality of life.

Some Medicaid clients did not use all the long-term care authorized in their care plans

Even though Washington's long-term care shortage is not as bleak as other states, our analysis of the state's Medicaid data found one-third of clients used only three-quarters or less of the care hours DSHS had determined was appropriate. We focused on Medicaid clients because the state has data on the hours of care available to them as well as the hours they received.

When clients qualify for Medicaid long-term services and supports, case managers at DSHS assess their care needs and authorize the number of hours of care that Medicaid will pay for. Case managers determine these care hours based on a formal assessment, with detailed and structured criteria in areas like cognitive performance and ability to perform activities of daily living. Case managers also adjust care hours to account for informal supports and other services that may meet some of the client's needs. For this analysis, we compared records for these *authorized* hours with *billed* hours, which are the hours of care actually provided.

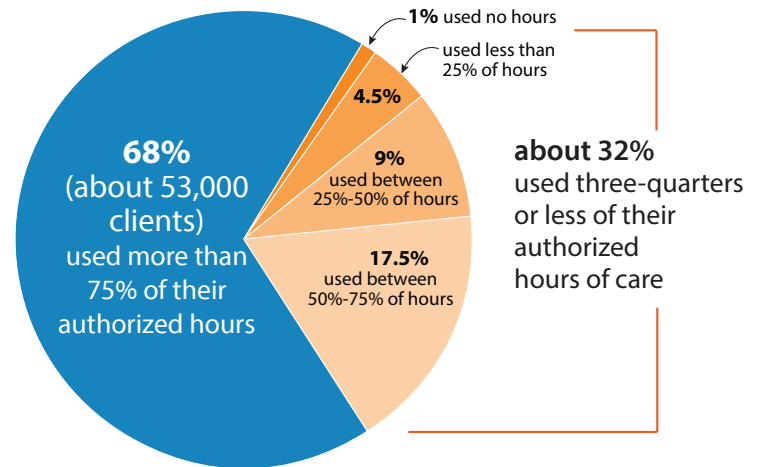
There are many reasons clients do not use all their authorized hours. DSHS program managers said clients may choose to not use some of their hours. Clients can also have challenges as varied as scheduling issues, caregiver illness or being admitted as a patient in a hospital. For these reasons, we expected some small gaps between authorized and used hours. However, larger gaps are more likely to indicate situations where clients cannot find enough help because the DSHS long term care manual instructs case managers to adjust authorized hours to reflect clients' changing needs. Case managers monitor clients' care plans, with clients receiving at minimum four monitoring contacts each year, so case managers have multiple opportunities to change clients' authorized hours if clients show they need less than what was authorized.

About one-third of Medicaid clients used 75% or less of their authorized hours, with some using considerably less

We identified about 78,000 Medicaid clients who received in-home personal care services during fiscal year 2024. DSHS has not established a standard for the percentage of hours clients should use before it becomes a concern, so our analysis set a threshold of 75% or less of hours used. Two program managers at DSHS agreed this approach made sense.

Most clients used more than 75% of their authorized hours, suggesting their care needs are largely being met, as shown in **Exhibit 4**. However, about one-third used fewer hours than that, and some groups of clients tended to use very low percentages of hours.

Exhibit 4 – Of almost 78,000 clients, about 25,000 (32%) used three-quarters or less of their authorized hours
Numbers and percentages rounded



Source: ProviderOne data for FY 2024.

Some groups may have a harder time obtaining needed care, especially children without an individual provider

We built a statistical model to evaluate whether some groups are less likely to use all long-term care hours designated by DSHS. We compared the hours used across many demographic groups and characteristics including age, race, ethnicity, language, disability type, provider type, and geographic region.

Our analysis (shown in **Exhibit 5**) found significant trends for characteristics including: age (specifically if the client was a child), provider type, race and geographic region. Of these, one characteristic particularly stood out, and that was whether the client was cared for by an individual provider or through an agency. Individual providers are not employed by a home care agency or community-based home. Instead, DSHS contracts with Consumer Direct Care Network Washington, which hires individual providers to care for specific Medicaid clients. Individual providers are often family members or friends of the clients they serve.

Exhibit 5 – Characteristics of the 32% of clients who used three-quarters or less of their hours

Age and provider type		Race	
Child without individual provider	53%	Asian	15%
Child with an individual provider	42%	Black	36%
Adult without individual provider	48%	Native American	44%
Adult with an individual provider	24%	White	36%

Note: Some racial categories were excluded from this table.

Source: ProviderOne data for FY 2024.

Medicaid clients served by agency providers were less likely to use their hours compared to those who had individual providers

Across all age groups, clients without an individual provider were less likely to use their authorized care hours. For example, almost half (48%) of adults without an individual provider used 75% or less of their authorized hours. By contrast, only one-quarter (24%) of adults who did have an individual provider used 75% or less of their hours.

Children were most at risk for not using their hours, particularly those without an individual provider

While long-term care is often associated with the elderly, there were nearly 7,000 children in our dataset. The majority were diagnosed with a developmental disability. More than half (53%) of the children who lack individual providers used 75% or less of their hours. Although that gap was significantly less for children with an individual provider, those children struggled to use authorized hours as well, with 42% using 75% or less of their hours.

Parents cannot serve as individual providers for their minor children, which contributes to these gaps in care. Medicaid typically does not pay for care given by people who are legally responsible for the client, as parents are for their minor children. The rationale for this policy is that parents have a basic obligation to take care of their children. However, children that have been assessed by DSHS as eligible for long-term care often have significant needs that extend well beyond the normal role of parenting. Because parents cannot serve as individual providers, they must find someone who can or forfeit some of the care their children need. One parent testified in a legislative hearing that her daughter had lost 5,000 hours of approved care because they could not find a caregiver.

“These Developmental Disability Administration hours are a phantom, supposedly we have support, but it is inaccessible.”

*Parent comment
in 2025 legislative testimony.*

This is not uncommon: DSHS reported that approximately 4,700 eligible children go without about 1.4 million hours of approved care a year. For some families, insufficient care becomes a crisis. The Developmental Disabilities Ombuds reported that families must sometimes resort to placing children in out-of-state facilities due to the lack of in-home caregiver options.

In response to this problem, the Legislature has considered – in 2025 and 2026 – allowing parents of minors to serve as their individual providers, but the legislation did not pass. The state would have to gain approval from the Centers for Medicare and Medicaid Services. Also, while the care has been approved and therefore funding should be there to pay for it, there are concerns that increased availability of care would impact the state budget. Complicating the matter further, pending litigation from parents of minors asserts that they should be able to provide in-home care services and receive pay based on the hours a child qualifies for care. Notwithstanding these challenges, DSHS issued a report outlining potential approaches to parents serving as individual providers. In it, the agency noted that some states (including California and Colorado) had done so and placed guidelines on how often parents may be paid by Medicaid to provide this care.

We also noted racial disparities in the use of approved care hours

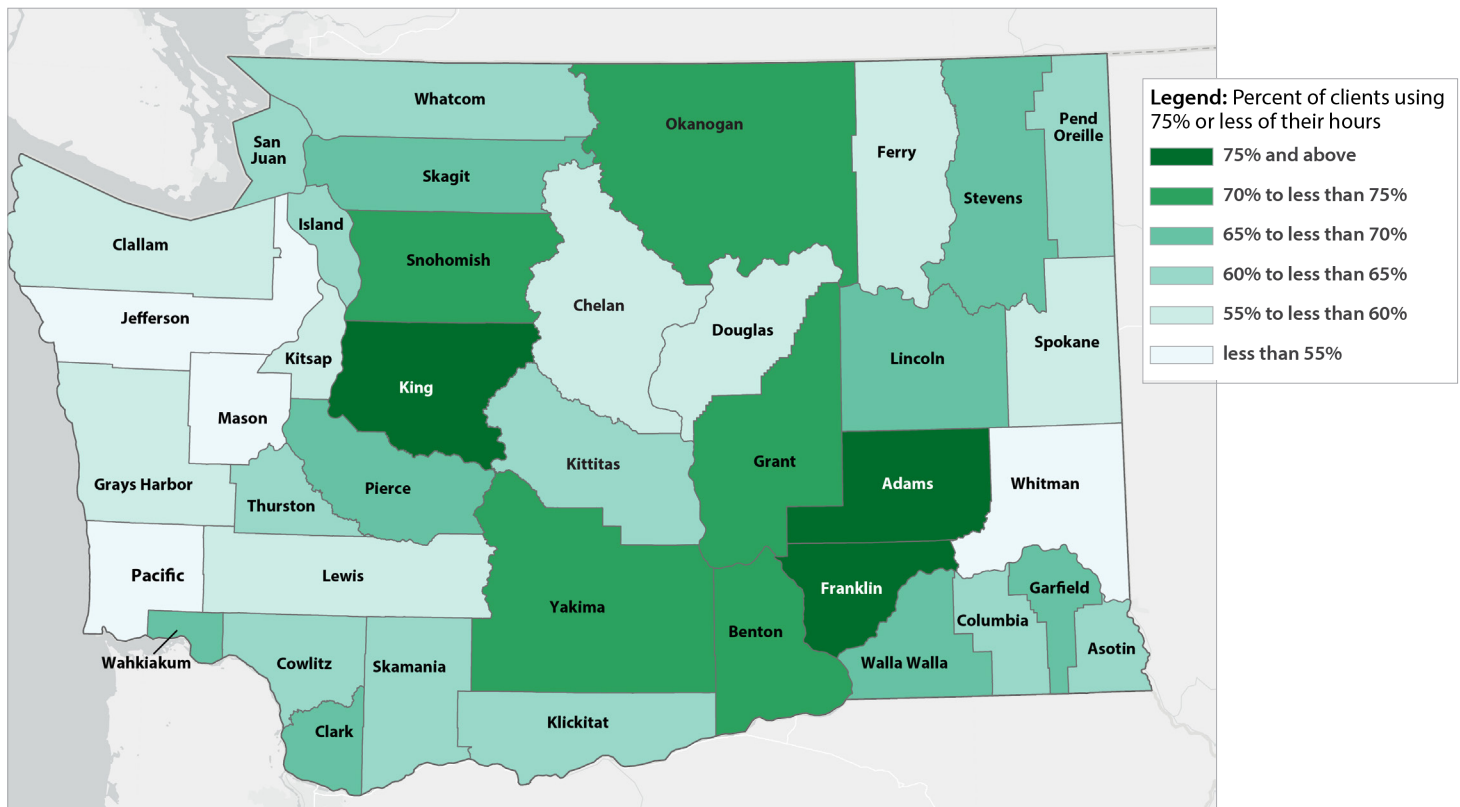
We also observed two notable trends in race: Native American clients were less likely to use their hours and Asian clients were more likely to use their hours. Only 15% of Asian clients used 75% or less of their hours compared to 44% of Native American clients. By comparison, about one third (36%) of both Black and White clients used 75% or less of their hours.

Geographic location also affected some clients' ability to use their authorized hours

The map in Exhibit 6 shows counties where our analysis showed Medicaid clients have larger gaps between authorized and billed hours. Medicaid clients in the Olympic peninsula and parts of rural southwest Washington have a larger gap, while clients in more populous counties like King, Pierce, Skagit and Snohomish, as well as Yakima and the Tri Cities, tend to have smaller gaps.

Exhibit 6 – Map showing percentage of Medicaid clients using three-quarters or less of approved care hours

By county, for state fiscal year 2024



Source: Auditor analysis of ProviderOne data.

These geographic disparities likely have several causes. For example, our 2024 audit identified many regions of the state – including the entire Pacific coast and large swaths of central and eastern Washington – where applicants for home care aide certification would have to drive more than an hour to reach a regional test site. Additionally, the general population in some rural areas tends to be older and more likely to need care, with fewer young people to fill key roles in the workforce, including home care aides.

However inadvertently, some elements in I-1163 have created burdensomely complicated processes with negative consequences

The unfortunate reality is that some elements of I-1163 contributed to a complicated and burdensome process. Our previous audits have demonstrated that some of I-1163's requirements were significant barriers to certification. Such barriers may have deterred some of the very people promoters of I-1163 might have hoped to entice into the profession with high-quality training and certified professional status. Chapter 2 addresses the myriad problems we identified in the certification process.

Some I-1163 requirements led to a complicated system without adding value in safety for vulnerable clients

Results in brief

The complicated system created by I-1163 results in a long certification process for prospective home care aides. I-1163 established the fragmented structure that underpins the entire process. DOH requires aides to apply at the beginning of the process – even though many applicants quit before reaching certification. Although most applicants complete training within 120 days of hire, more than two-thirds did not test within 60 days of training. Prometric’s testing policies have continued to cause delays, but DOH has a limited ability to improve test access due to lack of leverage over the contracted testing vendor. Fewer applicants have received certification within 30 days of passing their tests due to pandemic-related changes to the certification timeline, issues in the 2024 rollout of a new licensing IT system, and challenges with 1163’s verification of FBI background checks. The bottom line: few applicants have been certified within 200 days of hire.

Statutory changes to mitigate challenges with the certification timeline had unintended consequences for aides and employers. Employers use the change as a workaround for certification delays by firing and immediately rehiring workers to reset the certification timeline. Also, aides returning to the profession after five or more years cannot work while demonstrating competency. DOH has limited ability to hire employees to speed processing, as state law requires home care aides pay the full cost of their certifications.

The current process has delays that burden both prospective aides and their employers. Sometimes, aides seek ways to work around I-1163 requirements. Currently about two-thirds of applicants do not complete the certification process, suggesting the system would benefit from review and revision.

The complicated system created by I-1163 results in a long, arduous certification process for prospective home care aides

Although we saw no evidence that the presence of training and testing requirements affect the number of home care aides in any given state, there is certainly evidence to suggest that problems with Washington’s process do deter aides, to the point that many drop out of the process before attaining certification.

The certification process, from the day applicants are hired to the day they are certified, takes well over a year for most to complete, and the delay causes problems for applicants and employers.

This chapter will discuss in detail various flaws in I-1163's requirements and the complicated processes they produced. For this audit, we mapped the current state of the process to obtain home care aide certification, illustrated in **Exhibit 7** (on the following page). It shows the major phases of activity, with the expected amount of time each phase should take.

We examine the certification process from the perspective of the person most deeply invested in its success: the applicant home care aide, whose livelihood depends on successfully completing all the steps in the timeline specified in I-1163. This also resembles the employer's perspective because, in practice, many employers help aides apply. As we will show, many of the delays and obstacles they may encounter on their path to certification involve behind-the-scenes actions at DOH and the other organizations meant to facilitate their progress to certification.

I-1163 established the fragmented structure that underpins the entire process

I-1163 assigned responsibilities for home care aide certification to two different agencies. While DSHS maintained its responsibility for training aides, DOH became newly responsible for administering the certification and developing skills and knowledge tests, to be conducted by either DOH or a third-party vendor. Although this arrangement made sense given the agencies' different areas of expertise, it also contributed to the challenges applicants experience in navigating the system.

The sheer number of organizations applicants must work with to complete the certification process, and a lack of coordination between these entities, can cause problems. In 2024, researchers with the University of Washington Center for Health Workforce Studies completed in-depth interviews with home care aides. These aides described challenges such as communication barriers, lack of interagency coordination and complex administrative processes. The researchers noted aides frequently depend on information scattered across different agencies and websites, making it difficult to access the resources they need, and they must access multiple online systems to get their certifications.

One researcher said home care aides gave many examples of communication challenges. The researcher said turnover at the agencies was part of the problem, with new employees pushing questions to other agencies when they did not know who was actually responsible for the task in question.



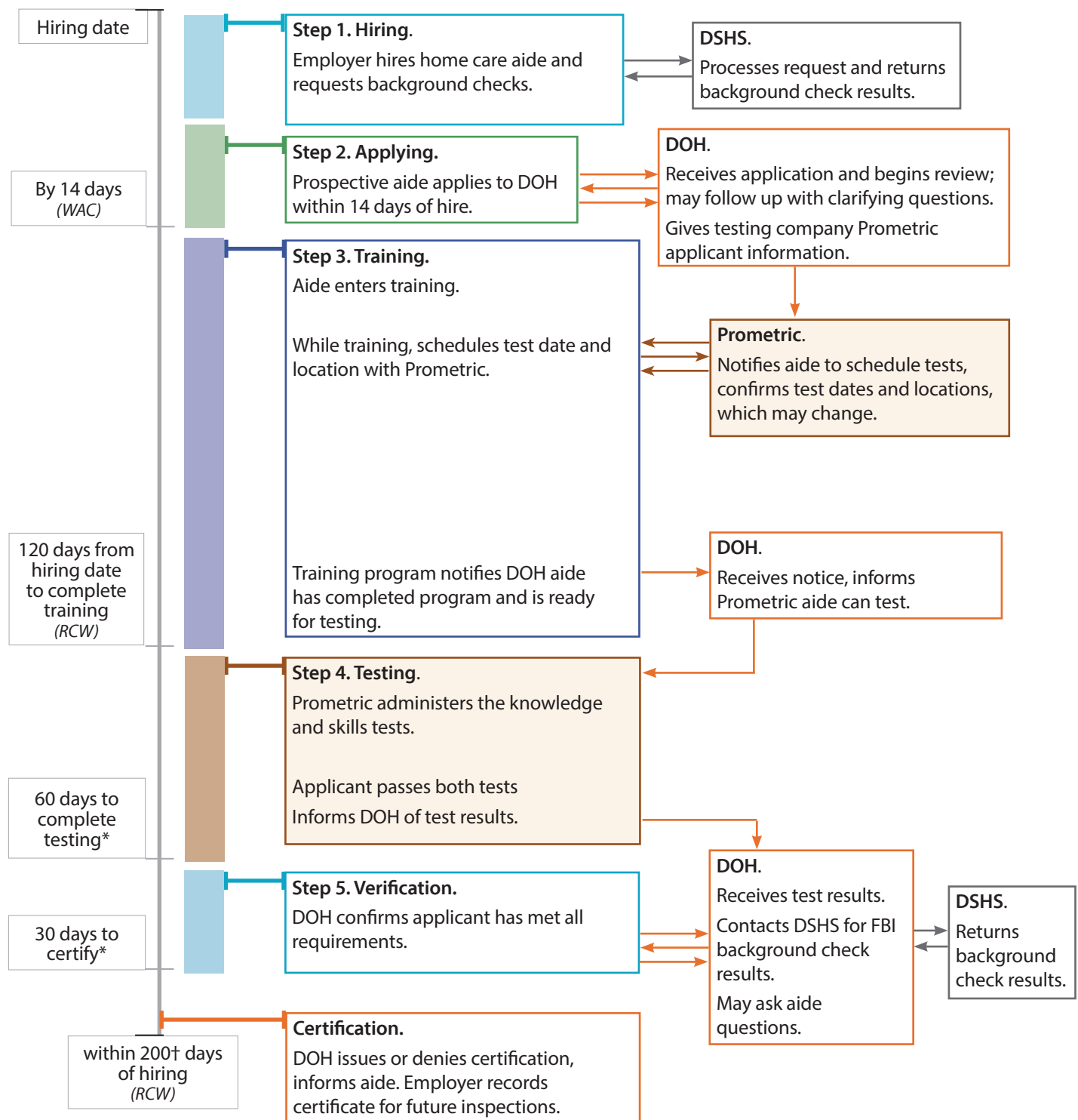
The union said, 'Yeah, we provide the training but we can't give you an extension. It has to be through Developmental Disabilities Administration or Department of Health.' And then I would call them, and they would say, 'No, absolutely not. It's Consumer Direct Care Network Washington. We pay Consumer Direct Care Network Washington as the agency to handle all this stuff.' So, I would call Consumer Direct Care Network Washington and then they'd say, 'It's the union who's providing the training.' So, there was this loop of me going through all these people. For the last month, that's been my life, just calling these people.

Home care aide



Exhibit 7 – Current home care aide certification process and timeline for home care aides

As of March 2026. Example based on a person beginning the process upon hiring. Time bars not to scale.



Notes: * Auditor judgment and benchmark.

† This date has changed several times over the years, due to extensions granted during the pandemic, in 2022 and in 2025.

Source: Auditor developed from interviews and I-1163 requirements.

This fragmented structure also means every certification results in multiple handoffs between state agencies and other organizations. For example, DOH has to notify Prometric that applicants are pursuing certification, while training programs and Prometric have to notify DOH when applicants have met requirements, and DOH must reach out to DSHS to verify if applicants passed their FBI background checks. In addition, DOH may need to contact applicants multiple times throughout the process.

How this audit evaluated the success of those navigating certification against the statutory timeline

To identify where aides get delayed in the process, we analyzed data from DOH's licensing system from January 1, 2019, through December 31, 2025, to determine the percentage of:

- Applicants completing training within 120 days of hire (an I-1163 requirement)
- Applicants taking a test within 60 days of completing training (auditors' benchmark)
- Applicants issued a certification within 30 days of passing their tests (auditors' benchmark)
- Applicants certified within 200 days of hire (Legislative requirement, temporarily extended to 365 days)

When I-1163 first passed, it established a timeline for certification of 150 days from the date of hire. Shortly thereafter, the Legislature increased it to 200 days, because the initial timeline was unobtainable. Then, at the start of the COVID-19 pandemic, the governor suspended the requirement entirely. More recently, the Legislature required DOH extend this timeline and DOH responded by temporarily setting it at 365 days. That timeline will remain in place until after the publication of this audit.

Steps 1 & 2. Hiring and applying for certification

DOH requires aides to apply at the beginning of the process – even though many applicants leave before reaching certification

Once a caregiver is hired, one of the first steps an employer takes is to request a Washington State Patrol and an FBI fingerprint background check from the Background Check Central Unit at DSHS. I-1163 requires all long-term care employers (including assisted living facilities, adult family homes, in-home care providers and the Consumer Direct Care Network Washington) to do this at the time of hire for new employees. Covered employees include home care aides, nursing assistants, licensed practical nurses and registered nurses.

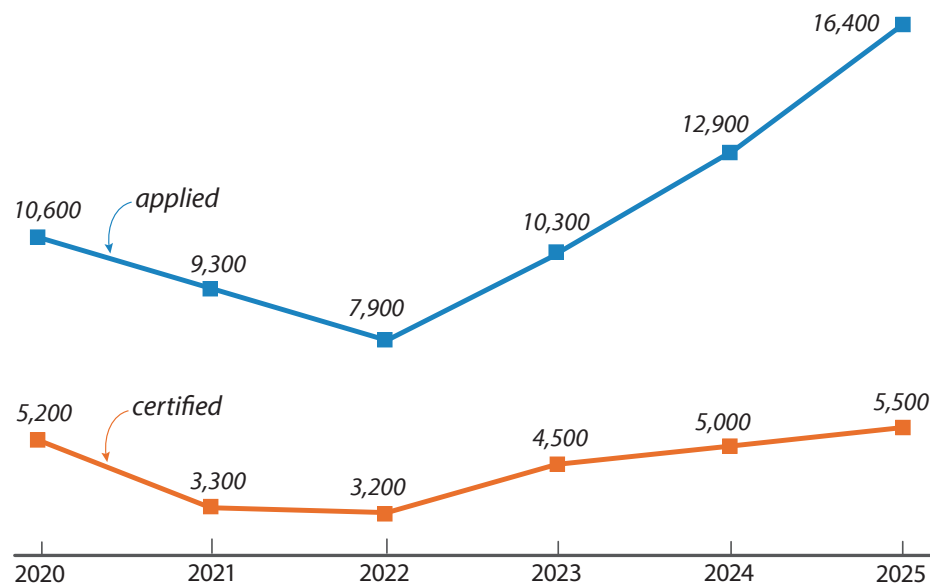
At this point, aides should also apply for certification by submitting an application to DOH; they are required to do so within 14 days of hire to ensure as much time as possible for scheduling their tests.

When DOH receives an application, credentialing staff review it for completeness and may contact applicants for additional information. Applicants may quit the process for numerous reasons, such as low wages, challenging conditions, or the work not being a good fit. Much of this is outside of the control of DOH. When applicants quit, or fail to meet the training and testing requirements, they rarely contact DOH to revoke their application. As a result, staff spend time reviewing applications and attempting to track down information from people when there is no need to do so.

As shown in **Exhibit 8**, DOH received about 12,900 home care aide applications in FY 2024, but nearly 4,700 of these applicants never completed training. Another 2,800 graduated from training but never took, or never passed, both the skills and knowledge tests. This means more than half of the applications DOH worked on in FY 2024 were ultimately wasted time.

Exhibit 8 – DOH receives and processes thousands of applications for people who do not complete certification

State fiscal years, data through December 2025; numbers rounded



Source: DOH licensing system (HELMS) data.

We expect more aides who applied in fiscal year 2025 will complete certification, compared to what data currently shows, given our dataset ends in December 2025 and the certification process can take two years or more to complete.

The trend over the last few years is discouraging. For example, compared to one year before, applications increased by 26% in FY 2024, while the number of people becoming certified only increased by 11%. The growing volume of abandoned applications has slowed the certification process for all applicants.

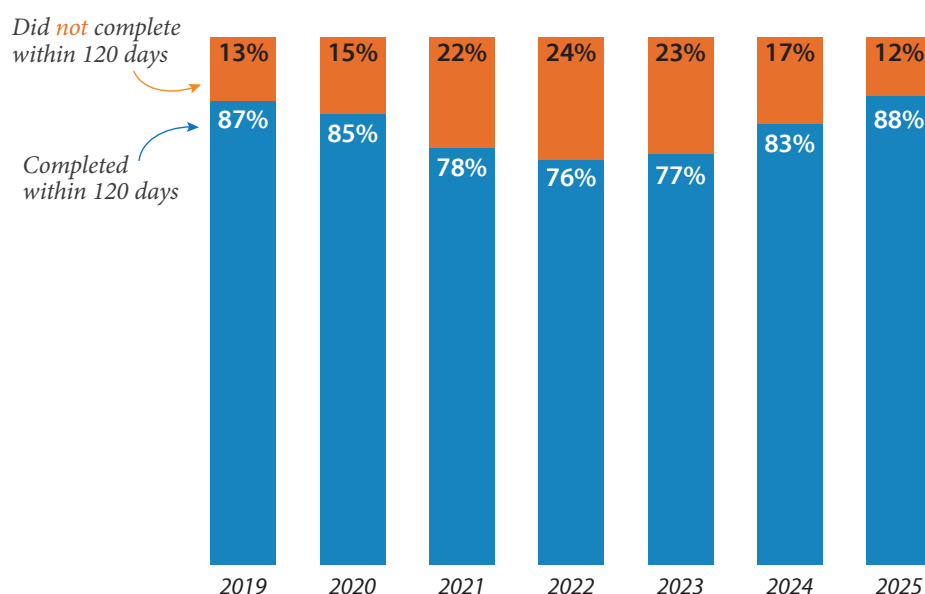
Step 3. Training

Most applicants complete training within 120 days of hire

Beginning with the earliest audit data in 2019, we found a majority of applicants met the 120-day statutory deadline for training each year, as shown in **Exhibit 9**. In FY 2025, 88% of applicants completed training on time, which is even slightly higher than in FY 2019. This suggests that for most applicants, access to training is not a barrier. Long-term care subject matter experts also said they did not consider training to be a barrier.

Exhibit 9 – Percentage of applicants that completed training within 120 days of hire

State fiscal years 2019-2025; 2019 shows only data from Jan. 1 through June 30



Source: DOH licensing system (HELMS) data.

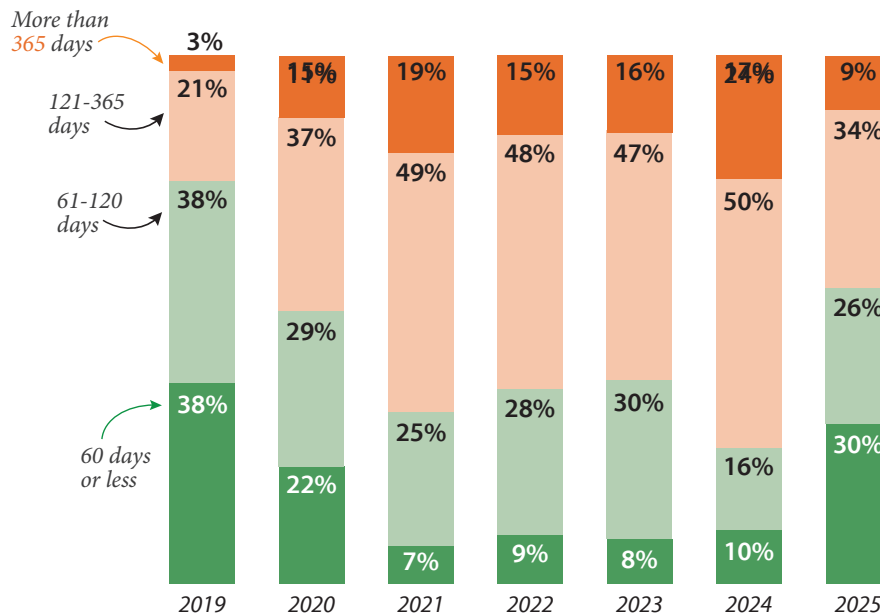
Step 4. Testing

However, more than two-thirds of applicants did not test within 60 days of completing training

Our audit reports have consistently shown significant delays between training and testing. The rate of applicants who took an exam within 60 days of completing training has remained lower than it was in FY 2019, as shown in Exhibit 10 (on the following page). In FY 2019, 38% of people took their first exam within 60 days, compared to 30% in FY 2025.

Exhibit 10 – Days between completing training and taking tests

State fiscal years 2019-2025; 2019 shows only data from Jan. 1 through June 30, only includes applicants who took two tests



Source: DOH licensing system (HELMS) data.

FY 2025 was an improvement, however, compared to the previous four years, when no more than 10% took a test within 60 days of completing training. In 2024, DOH and Prometric made changes that simplified the process for applicants, such as allowing them to schedule exams online themselves, even before finishing training.

Our previous performance audits have shown the more time that passes between when applicants finish training and take their exams, the less likely they are to pass. We used the 60-day standard here, as we did for our 2022 audit, because at the time DOH program managers thought it was a reasonable expectation.

Prometric's testing policies have continued to cause delays

I-1163 required the skills and knowledge tests to be administered by DOH or a contractor, explicitly excluding employers and training programs from filling this role. Although the Legislature eliminated the exclusion in 2023, this original requirement set up the state's dependency on an outside testing vendor, Prometric. Prometric is a nationwide testing company, providing services for other health professions with more stringent requirements; as a business, it needs to cover its costs.

For years, our audits have reported problems with the skills and knowledge tests, including:

- Insufficient test sites for people in rural areas of the state and even some of the largest urban areas
- A lack of objective criteria to determine how many testing sites are needed and how often they should be available to applicants

- It often takes applicants too long to take the test after completing their training

People we interviewed for this audit identified Prometric as a main cause of testing delays. For example:

- Prometric cancels scheduled exams if fewer than five people have registered at a particular test site.
- Prometric will provide an interpreter for applicants with limited English skills, but typically needs at least five applicants who speak the same language scheduled in the same location. This has caused months-long delays even for applicants who speak common languages like Spanish.
- Prometric will not use remote interpreters, such as using technology to call in an interpreter.
- Although Prometric now offers an online knowledge test, program managers at DOH have said Prometric's strict space and technical requirements mean few have taken it. For example, to prevent the possibility of cheating, the space must have four walls, no windows, and no other person or pet is allowed to enter. If anyone enters, the test will end automatically.

DOH has a limited ability to improve test access due to lack of leverage over the contracted testing vendor

DOH has made limited progress at improving these issues because it does not have leverage over Prometric. Prometric has been largely unwilling to adjust its testing policies for Washington's home care aide program. Yet other testing companies have not been persuaded to bid on the contract, making it difficult for DOH to impose conditions on its sole testing vendor.

For example, in 2022 we made a series of recommendations towards performance-based contracting, but they were only partially implemented. By writing standards that must be met into the contract, the state would ensure some accountability that the testing vendor would serve the goals of the program.

DOH updated its contract with Prometric to include reporting on several performance measures, such as exam pass/fail rates and the number of exams Prometric has canceled. Prometric has reported some but not all of this information to DOH. And despite DOH's requests, Prometric would not agree to establishing any performance targets.

Even with a performance-based contract, the state should expect inherent challenges for any business in this position. Regularly serving rural areas with limited numbers of customers at some testing sites would make those sites less profitable, such that few businesses could be expected to break even.

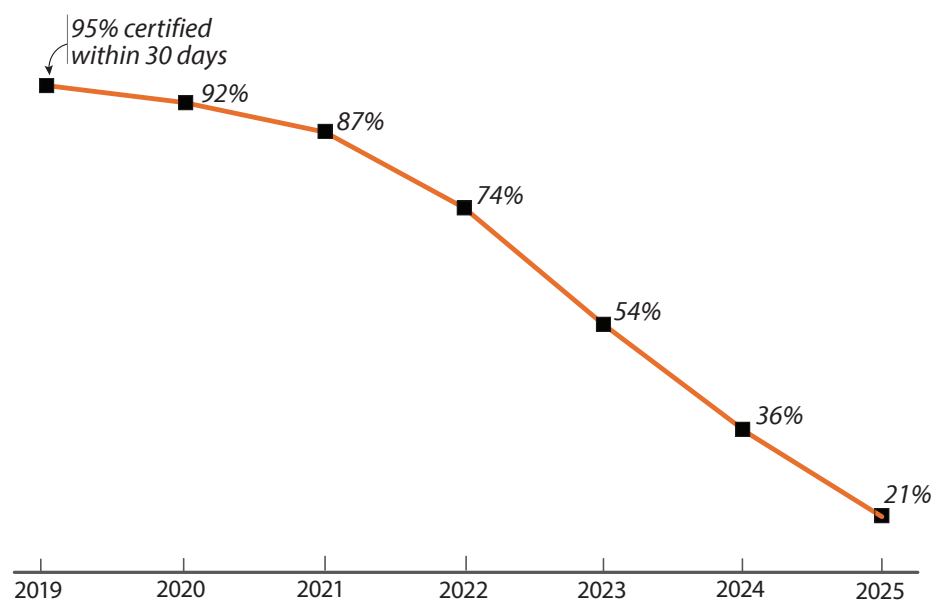
Step 5. Confirmation & certification

Fewer and fewer applicants have received certification within 30 days of passing their tests

After applicants pass their exams, DOH takes the final steps to approve the application, confirm the background check results, and issue the certification. The percentage of people issued a certification within 30 days of passing their second test has been declining for several years, falling from 95% in FY 2019 to 21% in FY 2025, as shown in Exhibit 11. In FY 2025, it took an average of 86 days for someone who had passed their two exams to receive certification – more than four times longer than in FY 2019.

Exhibit 11 – Applicants issued certification by DOH within 30 days of passing tests

State fiscal years 2019-2025; 2019 shows only data from Jan. 1 through June 30



Source: DOH licensing system (HELMS) data.

DOH offered three causes for the delays in issuing certifications

DOH program managers gave three reasons for these worsening delays:

1. Large influxes of test results due to pandemic-related changes to the certification timeline
2. Issues in the 2024 rollout of a new licensing IT system
3. Challenges with 1163's unique and redundant verification of FBI background checks

We discuss each of these, along with related concerns we reviewed during the audit.

1. Large influxes of test results due to pandemic-related changes to the certification timeline

The first of these primarily affects processing times driven by changes to the certification timeline made during the pandemic-related state of emergency. At that time, the governor and Legislature suspended certification timelines, resulting in some aides having years-long extensions to complete their certifications. For example, anyone who applied between July 2023 and January 2024 had until July 30, 2025 to be certified. According to DOH program managers, this led to many applicants putting off the tests until the deadline approached. Without the capacity to process the influx of test results coming in near the July 2025 deadline, credentialing staff fell behind, creating a backlog. DOH program managers said they caught up on the backlog of test results in April 2026.

2. Issues in the 2024 rollout of a new licensing IT system

In 2024, DOH started transitioning the home care aide profession to a new licensing system (HELMS) to process applications. Not only did staff have to adjust to a new system, the software itself presented problems that initially required extensive manual workarounds. For example, the previous system had a custom feature that could import and read batches of exam results from Prometric, automatically updating applicants' files. The new system lacked this feature, which meant credentialing staff had to add exam results manually, a process that took much longer than before and they again fell behind. However, a DOH program manager said the agency has fixed the technical issue and hired two people in December 2025 to help get caught up.

3. Challenges with 1163's unique and redundant verification of FBI background checks

Unlike all other health care certifications, I-1163 also requires DOH to verify FBI background checks as part of the home care aide certification. DOH does not conduct its own FBI background check – instead it verifies the results of the initial background check requested by employers when aides were first hired. DOH does this because the FBI background check is required as part of the home care aide certification.

Aside from the procedural inefficiency, this redundant verification imposed by I-1163 delays certifications, wastes state resources and duplicates other state processes

The process DOH staff have used to verify FBI background check information is by its nature inefficient, and it has resulted in significant delays for applicants and substantial staff time at DOH. FBI background checks are tracked by a unique identification number, known as an inquiry ID, issued when the employer first requests the background check. Home care aides often submit their applications to DOH before they receive their ID number. Close to the very end of the entire

process, DOH staff nonetheless have to track down these numbers from applicants. This has made the task not only one of the biggest reasons for certification delays, but has also resulted in DOH devoting about three full-time equivalent (FTE) employees to this time-consuming task.

In addition to replicating the FBI background check at the time of hire, DOH's verification duplicates other state processes that confirm the checks occurred. As required by state law, DSHS makes surprise inspections of assisted living facilities and adult family homes, with at most 19 months between inspections. These inspections include verifying that employers conducted all required background checks. DOH conducts similar inspections of in-home care providers, and DSHS also monitors that the Consumer Direct Care Network Washington completes FBI background checks for its home care aides.

Even if it is possible to streamline the process, the I-1163 requirement provides little value

During the audit, we recommended DOH explore alternative ways of verifying these results, instead of using the unique identification number. DOH was quick to implement this recommendation and immediately began meeting with DSHS to explore more streamlined options.

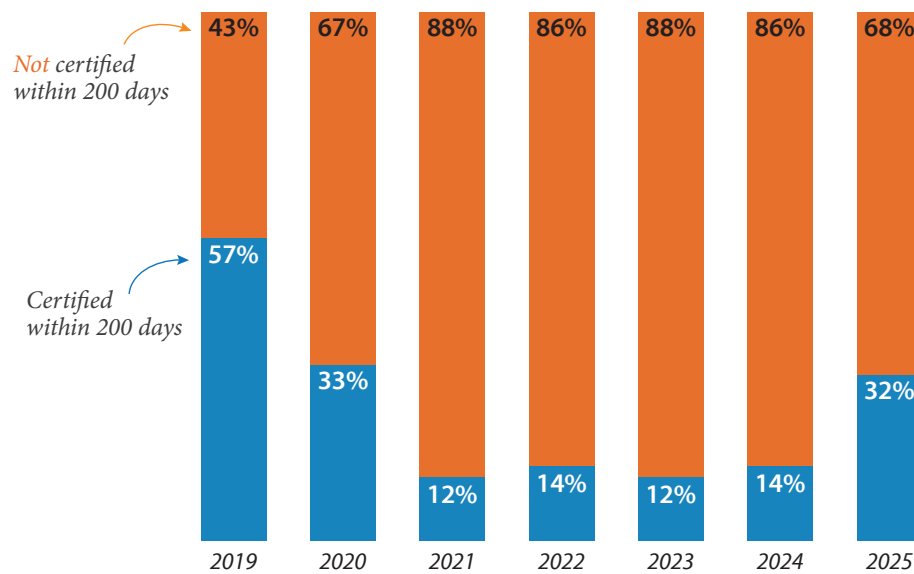
However, even with a more streamlined process, DOH's verification of the FBI background check occurs after applicants have met all the requirements, and due to the application delays described in this section it often occurs months – if not years – after aides began providing care to clients, so it provides little value. In contrast, the FBI check employers run after hiring an aide remains critical.

The bottom line: Few applicants have been certified within 200 days of hire

For the last several years, most applicants did not receive home care aide certification within the statutory 200 days of hire. As **Exhibit 12** (on the following page) shows, in FY 2019, more than half (57%) of the applicants who completed the certification were certified within 200 days. That number dropped sharply during the COVID-19 pandemic. Numbers have rebounded slightly since the pandemic and its related certification issues, but nonetheless, in FY 2025, only about one-third (32%) were certified within 200 days.

Exhibit 12 – Percentage of applicants certified within 200 days of hire

State fiscal years 2019-2025; 2019 shows only data from Jan. 1 through June 30



Source: DOH licensing system (HELMS) data.

The applicants who did not meet the 200-day deadline were not necessarily violating the law, given different certification deadline extensions over the years. In 2025, applicants had 365 days to become certified, yet most would not have met that deadline either. Applicants often took well over a year to submit their application and get through the process. In FY 2025, applicants were certified an average of 463 days after their hire date.

The laborious certification process described in this chapter has contributed to the low percentage of people certified within 200 days, but it is not the only cause. Prospective home care aides often submit their application late – more than 14 days after their hire date, which is the requirement DOH established. This effectively shortens the amount of time applicants have to complete their training and pass two tests before hitting the certification deadline. Program managers at DSHS told us people sometimes wait to submit their application because they cannot afford to pay the \$100 application fee.

Statutory changes to mitigate challenges with the certification timeline had unintended consequences for aides and employers

To help aides who had exited the workforce return to caregiving, in 2023 the Legislature amended state law to allow home care aides to receive new dates of hire when beginning work with a new employer or returning to a former employer. The new date of hire resets the clock for the certification timeline.

This statutory change unintentionally created two problems:

- **Employers use the change as a workaround for certification delays by firing and immediately rehiring workers to reset the certification timeline.** This practice has negative consequences for aides, as it affects seniority, raises and morale. It also has negative consequences for employers, as they need to navigate this administrative tangle. For example, Consumer Direct Network Washington is one of the state's largest long-term care employers. During May-December 2025, about half (810 of 1,521) of the organization's terminations for home care aides were for aides immediately rehired the next day.
- **It excludes aides returning to the profession after five or more years, so they cannot work while demonstrating competency.** Aides who have been away this long have expired credentials and must demonstrate competency either by completing the training or passing the skills and knowledge tests. This can take months. The law prohibits these aides from receiving a new date of hire, so they are not allowed to work as an aide until their certification is active, which discourages their return to caregiving.

Two program managers at DOH said they would like to see these former aides receive new dates of hire while they demonstrate competency. Doing so would enable them to start working sooner, helping them return to the profession. The program managers also recognize firing and then immediately rehiring aides to reset the certification timeline is problematic and they said they would like to see the practice end.

DOH's ability to hire employees to speed processing is constrained by state requirements that home care aides pay the full cost of their certifications

DOH requires significant staff resources to administer the home care aide certification program, because it requires translation and interpretation services as well as a specialized credentialing team. Resources have been a challenge since the program's inception, and they were compounded by the transition to the new licensing system.

State law has required that all health professions – not only home care aides – cover the costs of their licenses and credentials through various fees (see sidebar). However, the fees paid by home care aides have been unable to cover DOH's costs from the beginning, and as of March 31, 2026, the home care aid fund balance had a deficit of nearly \$8.9 million. This deficit limits DOH's

RCW 43.70.250 (1) "It shall be the policy of the state of Washington that the cost of each professional, occupational, or business licensing program be fully borne by the members of that profession, occupation, or business."

capacity to respond to the increasing volume of home care aide applications because it cannot simply hire additional staff in the way that it could if the profession were running a surplus in its account.

To fully fund the certification program – and ensure it has sufficient employees to process the rising volume of applications – DOH would need to raise applicants' fees. However, long-term care is a low-wage field, and employers and other subject matter experts expressed considerable concerns that raising application fees would deter people from entering the profession. The application fee for home care aides is \$100, which is more than the \$85 application fee for nursing assistants, a field with higher wages.

Despite the concerns about deterring new applications, during the audit, DOH was considering doubling the home care aide application fee to \$200 to hire more employees and thus speed up application processing. The agency has twice requested additional money from the Legislature to cover some of the funding gap, but these requests were not approved. However, during the 2026 legislative session, the Legislature amended state law to allow excess fund balances in other professions to cover deficits in some other professions including home care aides.

The current process burdens both prospective aides and their employers

To understand how the home care aide certification process affects people, we interviewed employers and advocacy organizations, and sent a brief questionnaire to owners of adult family homes, assisted living facilities and in-home care agencies. We also used the results of our 2016 audit, which identified barriers to certification by surveying people who had applied for certification but did not complete the process. In addition, we relied on 2024 work conducted by researchers at the University of Washington Center for Health Workforce Studies and their in-depth interviews with home care aides.

Certification delays directly affect home care aides

Aides quit due to challenges navigating the system. In previous audits, stakeholders within the SEIU 775 Benefits Group said the caregivers they represent struggle with the many required steps and different organizations they must deal with. Many become so frustrated that they quit before becoming certified. In our 2016 audit, almost two-thirds (64%) of applicants who dropped out did so due to a barrier, as opposed to personal reasons. The barriers they described included limited access to training or tests at sites close to home that worked with their schedule. Others said too much time had passed after they completed training to take the exam.

During this audit, many employers responding to our questionnaire wrote that process delays continue to result in aides quitting their jobs. For example, one adult family home owner wrote, “It has caused significant frustration and stress for many caregivers, leading them to quit and seek other opportunities because of unnecessary, time-consuming steps to obtain a simple certification.”

Aides do not receive raises they are entitled to when their certification is delayed.

Consumer Direct Care Network Washington and some long-term care facilities recognize certification with a pay raise. Every delay in the certification process results in these aides earning less than they should – potentially for months or even years. One owner of an assisted living facility wrote:

“This extended waiting period prevents [aides] from working at their full capacity and can create financial stress and frustration. For example, at our agency, we provide wage increases once a license is active; however, aides cannot receive those increases until the state finalizes the licensing process. These administrative delays slow down career advancement and make it harder to retain qualified, motivated workers in the home care field.”

This facility owner was one of several employers that said they thought it was unfair that certification delays resulted in delayed wage increases.

Delays also affect employers

Facilities receive citations from DSHS when certifications are delayed. One owner of an adult family home wrote:

“The steps and time needed to first apply for DOH and then enroll in testing hinder us from meeting DSHS deadlines, which puts us out of compliance and could result in citations for issues beyond our control.”

In the second half of 2025, one of the most frequent citations for assisted living facilities in Washington was for failing to have caregivers credentialed by statutory deadlines.

Some employers believe they have no recourse but to fire good staff. Several employers wrote that certification delays caused them to lose aides. The owner of an adult family home wrote:

“One of my best caregivers failed the HCA skills exam due to test anxiety. I had to fire her as I already waited 200 days for her to get licensed ... When will this be addressed? I hated having to fire her and the residents suffered.”

Another owner wrote:

“I have a staff [member] who completed their training and testing 9 months ago... still not licensed. All of my staff need to be nurse delegated. ... I have

called DOH, staff has called... they said everything is in order and STILL no license... Why is it taking so long for people to get their HCA license? No one can explain it to me.”

Several employers needed to hire additional staff, such as nurses, to do work **uncertified aides cannot do**. For example, one subject matter expert said long delays in certification, combined with legal requirements that aides must be fully licensed to receive nurse delegation, result in assisted living facilities hiring licensed practical nurses to perform duties that could typically be performed by a home care aide.

Sometimes, aides seek ways to work around I-1163 requirements

Some aides find ways to work without certification. Program managers at DOH said the delays of the current system, together with the ability to reset hire dates, have resulted in some aides moving from employer to employer to avoid meeting I-1163’s certification requirements. Doing so means some aides can work for years without ever being tested or certified, essentially providing unlicensed care.

Currently, about two-thirds of applicants do not complete the certification process, suggesting the system would benefit from review and revision

Most home care aide applicants never complete the certification process. Of the roughly 13,000 applicants in FY 2024, only 5,000 (or 39%) were certified as home care aides. This means almost 8,000 people had some interest in doing this work and completed the application, but did not make it through training, testing and certification. Since January 2019, the percentage of applicants who were certified has fallen by over one-third.

Applicants drop out of the certification process for different reasons. Some quit their jobs within a few weeks of being hired, realizing the job is not a good fit for them. Indeed, a national study found that in 2023, almost 80% of direct care workers quit within 100 days of hire. However, in Washington many applicants are never certified due to challenges with the certification process.

In the next chapter, we will consider ways to streamline this process, increasing the likelihood that aides will earn their certifications.



It’s a little ironic, we hold on to someone for 9 months, they go to the next agency and don’t get licensed and they get another year. [The backers of I-1163] were in front of voters saying do you want unlicensed people taking care of your grandma? Well, we’re getting the same thing anyways.

In-home care employer



Streamlining the complex system I-1163 created can smooth applicants' pathways and speed up certification

Results in brief

A few improvements could transform the process. DOH's nursing assistant program provides a model for home care aide training and certification. DOH is making important progress in integrating testing into training, which reduces barriers for applicants. Training programs want to offer the skills and knowledge tests, although some anticipate challenges.

After integrating testing into training, DOH could stop reviewing thousands of applications from aides who abandon the process. For example, other states only accept applications after aides have finished training and testing.

Statutory revisions will be needed for DOH to continue improving the certification process. One such change, concerning contracted proctors, can make integrated testing more feasible. Also, an amendment to state law could eliminate DOH's redundant verification of the FBI background check, which is currently part of the certification process.

In addition, to reduce the burden of administrative delays, the Legislature could replace the licensure timeline with a training and testing timeline.

A few improvements could transform the process

Certification delays burden both home care aides and their employers. When the delays cause applicants to quit the process, having fewer aides available to work exacerbates the workforce shortage, which can lead to clients not getting the care they need.

Yet the certification process has always taken longer than legislators – and the voters who approved I-1163 – intended. Proposed fixes, such as raising application fees or permanently extending the certification deadline, would not address the root causes of the issues described in chapter 2 of this report. Instead, DOH could greatly speed up the rate at which it issues certifications by implementing a few changes to its process. Some can be modelled on DOH's own successful nursing assistant program; still others will need amendments to state law.

In this chapter, we recommend changes that, together, could help ensure certifications are processed more quickly, and likely reduce the resources DOH needs for the certification process. Reducing the agency's expenses might even offer downstream benefits for the applicants who fund the program through the fees they pay.

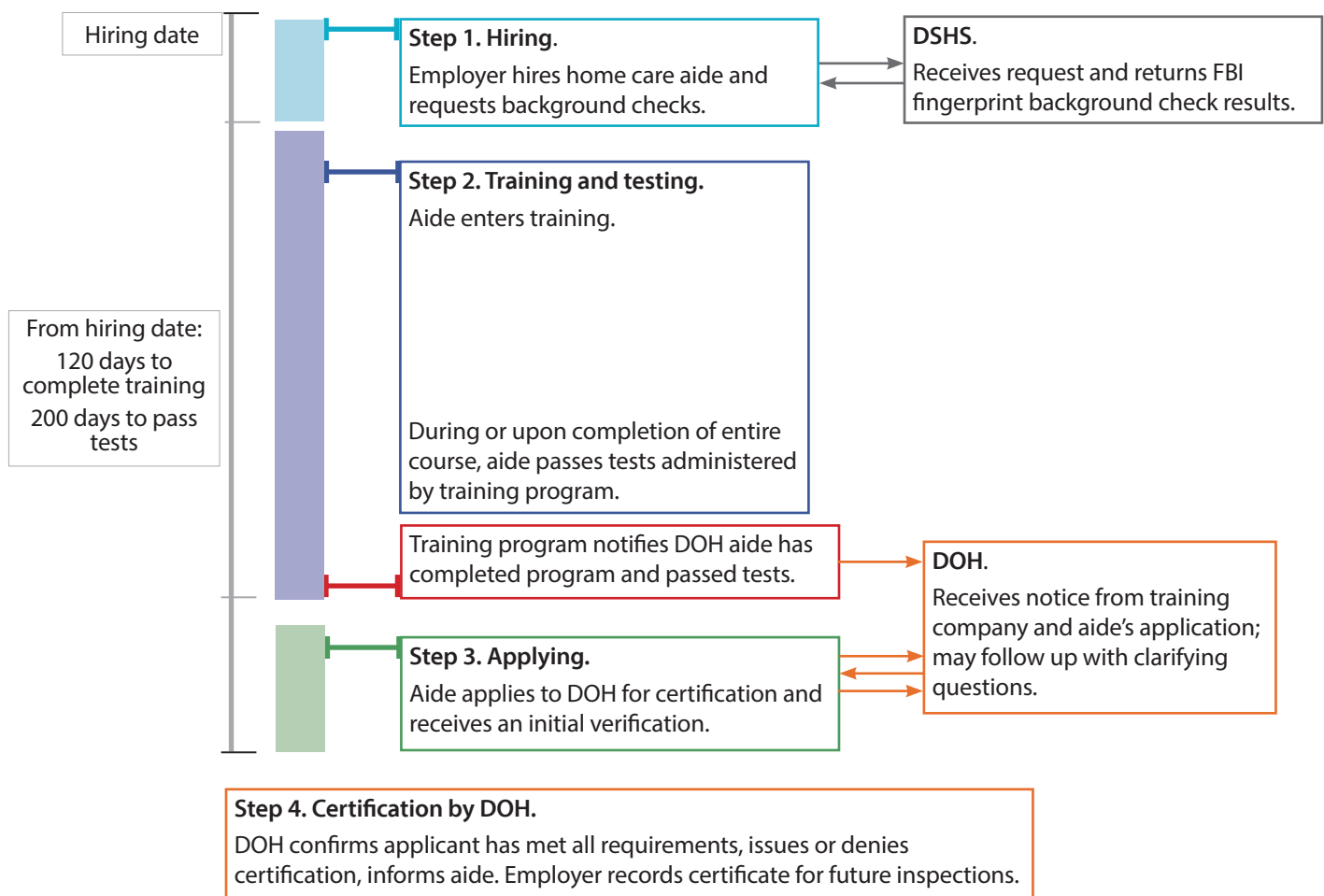
The recommended improvements include:

- Continuing to integrate testing into training
- Accepting applications only after aides meet the training and testing requirements
- Ending DOH's role in verifying the FBI background check
- Replacing the licensure timeline with a training and testing timeline

The modified process, after implementing these changes, is shown in **Exhibit 13**.

Exhibit 13 – Proposed streamlined process and timeline for home care aides to obtain certification

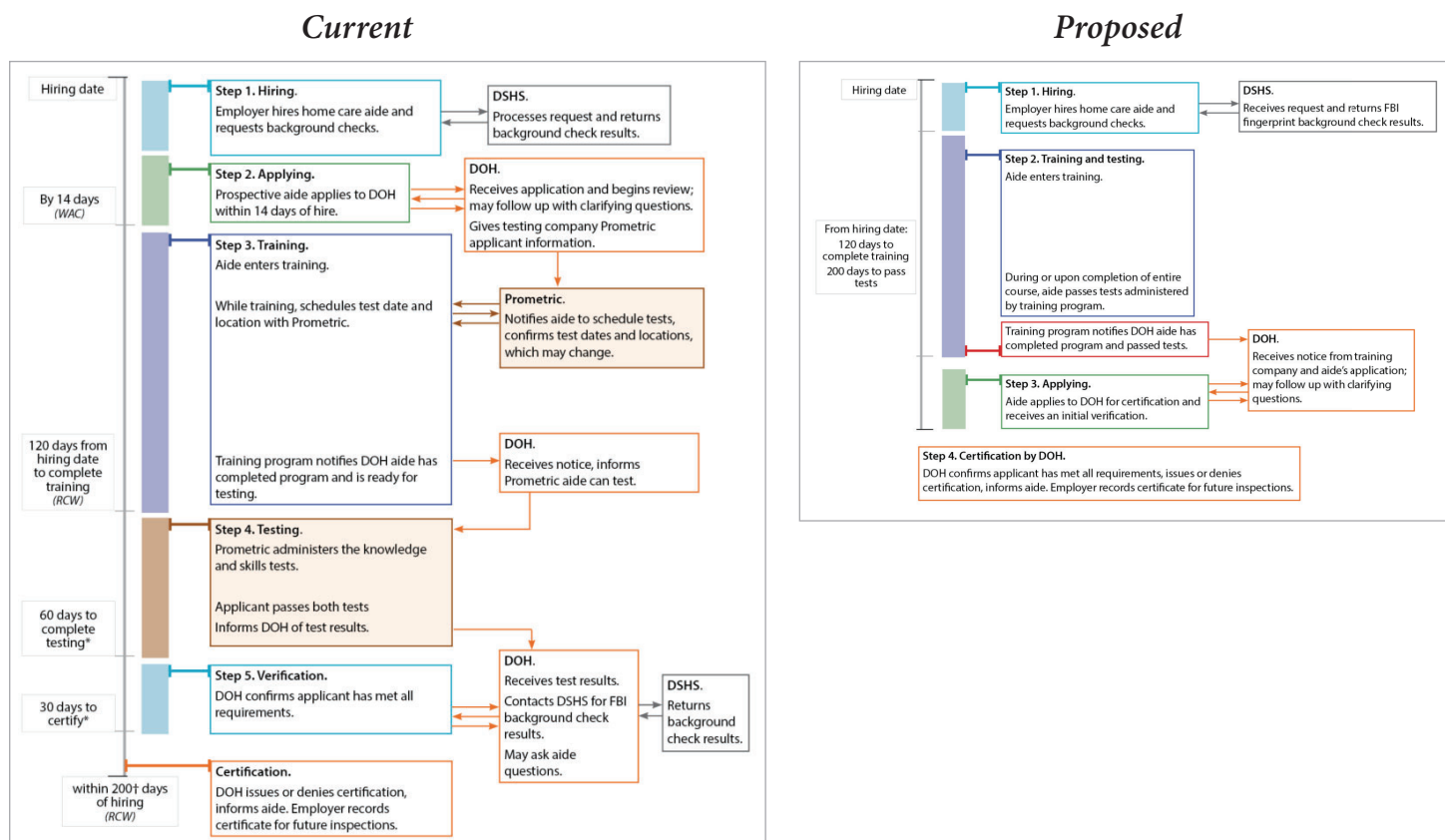
Example based on a person beginning the process upon hiring. Time bars not to scale.



Source: Auditor developed from interviews.

As can be seen in Exhibit 14's illustration of the two process maps side-by-side, the new one is considerably simpler, with fewer loops of review or opportunities for delay.

Exhibit 14 – Comparing the complex current process to proposed streamlined process



Source: Auditor developed from interviews and I-1163 requirements.

DOH's nursing assistant program provides a model for home care aide training and certification

Washington already has an example of a streamlined and efficient certification process for nursing assistants – a long-term care profession similar in many ways to home care aides, but with a far more straightforward path from training to licensing. Both provide long-term care to vulnerable populations by helping clients with activities of daily living. They have similar required training hours (75 for home care aides, 108 for nursing assistants), and their competency assessments include many of the same skills, with nursing assistants trained to provide a few additional services such as monitoring patient vital signs.

In contrast to the fragmented system for home care aide certification, the nursing assistant program is completely managed by the Board of Nursing at DOH. This arrangement is easier for applicants to navigate. Even the application is simpler, as the underlying requirements are simpler. In addition, the nursing assistant program has a smaller application backlog. As of March 31, 2026, the nursing assistant program was beginning to process applications received during the same month, while the home care aide program was beginning to process applications received three months previously.

Some employers have gone so far as to suggest that home care aides should become nursing assistants instead, out of frustration with the certification delays described in this report. The owner of one adult family home said:

“I put [my two full time employees] through nursing assistant school. Home Care Aide training is way too cumbersome and time consuming. I found a nursing assistant training school in Vancouver. In three weeks they were done, tested and licensed – it was just so much easier and cleaner. It was more expensive, but when I consider the time it takes to make sure I’m in compliance, it is easier for me.”

Our 2022 audit discussed the benefits of taking this route, as nursing assistants are fully qualified to provide long-term care. Nursing assistants are allowed to work in additional settings, such as hospitals, which leads to better pay. Also, nursing assistants are generally able to transfer their credentials to other states, as there are national program requirements for the profession. That said, this path may not be appropriate for all applicants because nursing assistant programs require a level of proficiency in English and offer few supports to applicants who speak limited English.

Beginning in September 2022, nursing assistants started taking their skills tests with their training programs. This is now a requirement for all the state’s nursing assistants. If a training program temporarily lacks testing capability or capacity, another program can test its students. Finally, state law has granted the Board of Nursing broad authority for testing nursing assistants; by contrast statutes for testing home care aides have been prescriptive and limiting.

DOH is making important progress in integrating testing into training

Given that nursing assistants are the most comparable profession to home care aides – with nursing assistants learning the same core skills, and a few additional ones – we saw little reason to hold home care aides to more stringent testing requirements. In 2022 we recommended that DOH work with DSHS, the SEIU 775 Benefits Group, Prometric and community trainers to develop and implement

a plan to integrate testing into training, allowing applicants to test at the same location where they train.

DOH has been implementing that recommendation, and in 2024 two training programs started offering the skills and knowledge tests. DOH program managers have worked one-on-one with training programs since then, familiarizing them with the testing requirements and ensuring tests are administered the same way across programs. As of March 31, 2026, 85 of the state's 411 training programs had integrated testing into their home care aide courses.

Integrating testing into training reduces barriers for applicants

Nearly all interviewed employers, subject matter experts and DOH program managers agreed that combining testing activities into training improves the certification process. Benefits for applicants include:

- **Reduced time between training and testing** – Training programs can offer the tests on the last day of class or spread them throughout training. Either approach greatly reduces the length of time between training and testing, which improves the likelihood of applicants passing the tests. For example, the first training program to offer testing found 88% of its 60 students passed the skills exam, which was well above the 70% statewide average.
- **Reduced anxiety** – By co-locating testing and training, applicants test in a familiar setting. They already know the layout of the space and where it is located. The added familiarity can increase the likelihood that they will pass.
- **Reduced travel time and costs** – Most applicants live or work closer to their training program than to one of Prometric's 15 regional test sites (as of March 31, 2026). Employers and subject matter experts spoke about applicants traveling long distances to take an exam, often while relying on other people or public transit to get there. Some had to travel so far that they needed to book a hotel room and stay overnight to be at the venue in time for a morning test.
- **Better use of an applicant's time** – Applicants testing in a regional testing center have considerable down time between tests, as they are held in a waiting room while other applicants demonstrate their skills. Applicants who test with their training program can practice their skills while others take their tests.
- **Improved access to interpreters** – Applicants with limited English proficiency who need an interpreter can test more quickly with their training program because DOH allows for virtual interpreters and can obtain one within a week. Prometric requires in-person interpreters, and will only schedule one when five applicants who speak the same language can be tested at the same time, which can take months.

The 2024 audit reported that applicants who lived in Moses Lake, Pullman, Clarkston and Walla Walla and all of Washington's Pacific Coast communities were more than an hour from a test site.

- **Reduced wait to retake exams** – Training programs expect some students will fail an exam and can set a retesting date for soon after the initial test date. Prometric's policies require applicants to reschedule the test, and applicants may have to wait weeks or months for the next opportunity to retest.

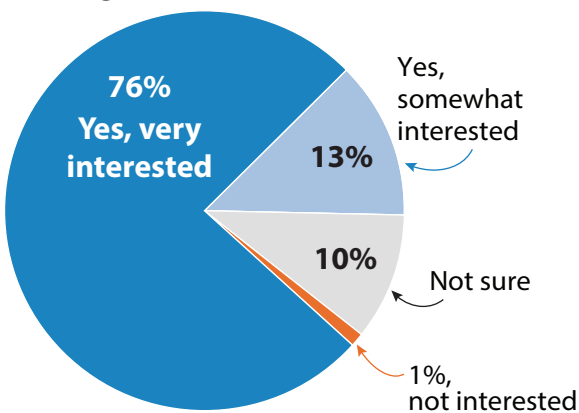
Training programs want to offer the skills and knowledge tests, although some anticipate challenges

We surveyed home care aide training programs to understand their readiness and interest in integrating testing into their training course. One hundred fifty-one training programs responded, a 39% response rate. More than a third (59 of 151 programs) were already partnering with DOH to include tests in their training courses.

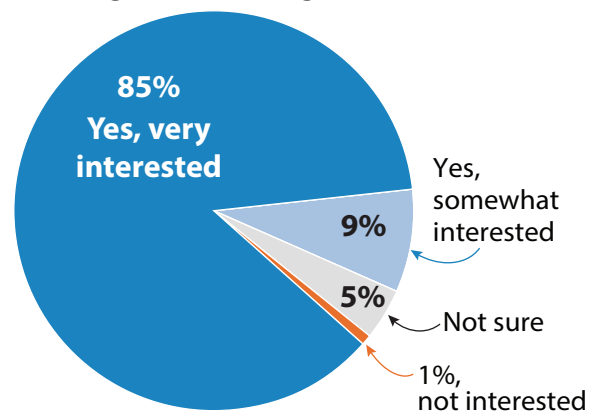
Of the programs not yet partnering with DOH, Exhibit 15 shows 89% (77 of 87) were interested in offering the *skills* test, and 94% (82 of 87) were interested in offering the *knowledge* test. While some programs skipped the questions or said they were unsure, only one respondent did not want to offer the tests, citing insufficient staff and inadequate space, but this person also said it was a good idea.

Exhibit 15 – Survey questions asked if training programs would be interested in offering the two required tests for home care aides

Offering the skills test



Offering the knowledge test



Source: Auditor survey responses.

Many training programs said that they would not have any challenges offering the skills or knowledge tests. The owner of one such program wrote, “I believe we are set up perfectly for this opportunity.”

The programs that said they would face challenges offering the skills tests mentioned:

- Not having required equipment (cited by 20)
- Inadequate space (19)
- Insufficient staff to proctor the exam (18)

The programs concerned about offering the knowledge tests mentioned:

- Insufficient computers or technical support (cited by 34)
- Insufficient staff to proctor the exam (11)
- Inadequate space (10)

Some stakeholders we interviewed have been hesitant to require training programs to test their students, out of concern that some programs might not be able to and would therefore be forced to close. If a training program cannot test applicants, one solution would be to have applicants test at another program, as the nursing assistant training programs do. This could also work well for home care aide programs, as three-quarters (97 of 127) of the programs responding to this question said they would be interested in testing caregivers from other programs. As one such owner wrote, “Regardless of where they took the program, if I were offering it, I would offer it to everyone who is interested.”

After integrating testing into training, DOH could stop reviewing thousands of applications from aides who abandon the process

Once DOH and the home care aide training programs have successfully integrated testing into training, the agency could look into amending guidance about when prospective aides should submit their applications. The agency would no longer need to receive applications as early as possible to account for the months that it takes to schedule tests with Prometric. Instead, DOH could accept applications only after applicants have successfully passed their tests, as some other states do. In making this change, credentialing staff could significantly reduce their workload, processing perhaps 8,000 applications a year as opposed to the 16,000 applications received in FY 2025. (Note that this estimate is based on current trends, which would likely change with further integration of testing into training.)

Other states only accept applications after aides have finished training and testing

In Arizona and New York, personal care aides only apply for certification after they pass their competency tests. Arizona has a limited certification for parents caring for children with developmental disabilities. These parents only apply for certification after they have successfully completed training and testing. New York is more comparable to Washington, in requiring all aides to complete training and a competency assessment, leading to a certification accepted by all employers. New York has fully integrated testing into training, so once applicants pass the test, the training programs inform New York’s equivalent to DOH, which certifies applicants and adds them to the state’s registry. These aides do not need to submit any sort of application to the department.

DOH program managers support only accepting applications from aides after they successfully pass their tests; however, first the state must fully integrate testing into training. During the audit we suggested that DOH follow New York's example. Program managers fully supported the recommendation, and this change would not require any statutory updates. Instead, the department would simply need to update the way it receives information from training programs.

Statutory revisions will be needed for DOH to continue improving the certification process

A statutory change, concerning contracted proctors, can make integrated testing more feasible

One hurdle for integrating testing into training is the hands-on nature of the skills test, which calls for numerous proctors across the state. Applicants must demonstrate proper handwashing, as well as three skills chosen at random from a list of 15 options, ranging from providing foot care to turning and repositioning a client. Testing these skills requires a proctor to spend about one hour testing each applicant. (About 30 minutes for the actual testing, then 30 minutes for related paperwork.)

DOH and the training programs recognize that fully integrating testing into training will require many more proctors across the state. However, current state law requires the skills test be conducted by agency staff, an approved high school or community college, or “a contractor to the department.” Program managers at DOH said it takes months to formalize an agency contract. In contrast, state law does not require the Board of Nursing to contract with every proctor for the nursing assistant exam. Program managers at DOH suggested it would be much easier to approve additional proctors if state law were updated to simply require tests be conducted by “a department-approved proctor.”

An amendment to state law could eliminate DOH's redundant verification of the FBI background check, which is currently part of the certification process

State law could also be amended to eliminate the redundant FBI background verification currently conducted by DOH before it can make its decision on an application. (To be clear, this would not eliminate the FBI background check that occurs at the time of hire.)

Doing so can help the agency improve its own performance in completing certifications in a timely manner. More importantly, that can help encourage new home care aides as they start their careers.

To reduce the burden of administrative delays, the Legislature could replace the licensure timeline with a training and testing timeline

Once DOH and the home care aide training programs have successfully integrated testing into training, another legislative change could reduce the time that aides wait to obtain their certifications. State law has required that applicants complete background checks, training, testing and receive their certifications from DOH within 200 days; currently the timeline is extended to 365 days. Applicants effectively spend much of this time waiting to take the test and for DOH to issue their certification, leaving them without the added income resulting from certification or the prospect of permanent employment.

An alternative to a 200-day certification requirement would be a 200-day testing requirement. This would protect applicants who have passed the tests but are waiting for DOH to issue their certification from being fired, and protect their employers from receiving a citation. DOH could also issue an initial verification that would provide all the privileges of a home care aide, without the need to wait on administrative processes. DOH would issue certifications when all administrative requirements are met, including the Washington State Patrol background check, but DOH would no longer conduct a redundant verification of FBI background checks.

For patient safety, home care aides would still need to complete required training and demonstrate competency within a reasonable timeframe. DSHS and DOH already monitor employers for compliance with some I-1163 requirements, like the completion of required background checks, and these agencies could also check for completion of home care aide training and testing within the new timeline.

State Auditor's Conclusions

For more than a decade, our Office has routinely audited Washington's long-term, in-home care program as established by Initiative 1163. This remarkable performance audit draws on our accumulated expertise and asks fundamental questions about that program: has it increased safety for vulnerable people, has it affected their ability to obtain support, and have its requirements deterred potential home care aides from entering the field.

We found that some aspects of the initiative, especially requiring FBI background checks, make people safer. However, some requirements add complexity to the certification process without adding value in safety. And Washington continues to face a shortage of qualified long-term care workers, as does the nation.

This report details a fragmented, challenging certification process that can lead would-be aides to quit and force employers to let go of uncertified staff. Of the roughly 13,000 applicants in fiscal year 2024, only 5,000 (39%) were certified as home care aides. This means almost 8,000 people had some initial interest in doing the work and completed an application, but did not make it through training, testing and certification. While applicants may quit the process for numerous reasons, the system needs reconsideration and revision when roughly two-thirds of applicants do not complete the certification process.

Fortunately, we identified a few specific changes to the certification process that can make it significantly more efficient without compromising safety. For example, the Department of Health could stop its early review of thousands of applications from aides who abandon the process, and instead follow a practice found in other states of only accepting applications after aides have finished their training and testing.

Lawmakers have expressed interest in reevaluating this system, and we offer several concrete recommendations to the Legislature, as well as to the state agencies involved. It is possible to smooth the path for those who want to take on this challenging work, while continuing to protect the vulnerable Washingtonians who need and deserve their help.

Recommendations

For the Legislature

To facilitate former home care aides returning to the profession, by allowing them to provide care while they demonstrate competency, as described on page 36, we recommend the Legislature:

1. Amend RCW 18.88B.021 to allow home care aides with expired credentials returning to the profession after five or more years to receive a new date of hire when beginning work with a new employer or returning to a former employer.

To address the need for additional testing proctors, and the length of time it takes prospective proctors to formalize contracts with Department of Health (DOH), as described on page 47, we recommend the Legislature:

2. Amend RCW 18.88B.031 to require exams be conducted by “a department of health approved proctor”

To address the time-consuming and redundant verification of FBI background checks, as described on pages 33-34 and 47, we recommend the Legislature:

3. Amend RCW 18.88B.060 to no longer require DOH to include FBI background checks in its credentialing review. Other state laws already require this of employers and they should not be changed.

To address delays in DOH processes and applicants skirting requirements, as described on page 48, we recommend the Legislature:

4. Amend RCW 18.88B.021 and RCW 18.88B.035 to:
 - a. Remove the 200-day licensure requirement for home care aides
 - b. Consult with DOH to establish requirements that aides must complete their training no later than 120 days from the date of hire and pass their tests within 200 days of the date of hire (or 260 days if they speak limited English) resulting in an initial verification. After they passed their tests, home care aides should be able to keep practicing while awaiting certification, as they would no longer be subject to a certification deadline.

For the Department of Health

To address delays in the certification process, as described on pages 29-34, we recommend DOH:

5. Continue to integrate testing into training

Once the Legislature has amended RCW 18.88B.021 to replace the licensure timeline with a training and testing timeline, as described on page 48, we recommend DOH:

6. Develop protocols and expectations for initial verifications, including expected timelines for applicant actions

Once the process of integrating testing into training is complete, as described on pages 43-46, we recommend DOH:

7. Work with training programs to make any necessary updates to existing procedures, including instructions that DOH should only receive applications once applicants have completed training and testing

We also communicated other potential improvements related to improving the home care aide certification process to DOH management and those charged with governance, in a letter dated May 5, 2026. Those improvements were not significant enough to include in our report but could still improve the process.

For the Department of Health together with the Department of Social and Health Services

To address concerns that some training programs may not be able to test applicants, as described on page 46, we recommend both agencies:

8. Continue to explore partnerships between training programs, enabling training programs unable to test their students to send them to another program for testing
9. Determine together if some or all training programs should be required to integrate testing into training. As part of this effort, establish a process to ensure applicants in training programs that do not integrate testing into training have an opportunity to test.

Agency Response



STATE OF WASHINGTON

June 30, 2026

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

Dear Auditor McCarthy:

We have reviewed the State Auditor's Office (SAO) performance audit report *Evaluating Success of the Restoring Quality Home Care Initiative*. The Office of Financial Management worked with the Department of Health (DOH) and Department of Social and Health Services (DSHS) to provide this coordinated response.

Home care aide workers provide essential care for people needing assistance with fundamental personal care needs due to age or disability. We appreciate the SAO team for their thoroughness and willingness to learn about this important work, including the dedicated efforts DOH has made to improve credentialing timelines and ensure that qualified applicants can enter the workforce.

We also appreciate the report's recognition that both agencies have been addressing barriers since the program's inception and recognition of the improvements they continue to make. Including acknowledging DOH's ongoing efforts to integrate testing into training programs, as well as working with Prometric to ensure that applicants can test near their homes and have access to interpreters.

DOH continues to work with DSHS and external partners on ways to improve the credentialing process, coming up with creative solutions to address unique challenges. The agencies will continue to collaborate and ensure they share information with applicants in clear, efficient, and timely ways.

Regarding the SAO's findings, we would like to note:

- Access to Care: Recent analysis done by DSHS on use of authorized in-home personal care hours has shown improvement over the last two years:
 - For in-home clients receiving personal care through the Consumer Directed Employer, roughly 87% of authorized hours were utilized during an 18-month period ending in November 2025, compared to 85% for the previous 18-month period ending in November 2023.
 - For those receiving in-home personal care through a Home Care agency, utilization has increased to 77% during the same 18-month period ending in November 2025, compared to 75% for the previous 18-month period ending in November 2023.
- Workforce Shortage: DSHS and DOH continue to partner with the Workforce Training and Education Board, providers and community partners to improve direct care worker recruitment and retention.
- Complicated Requirements: We fully support the auditor's recommendation for updating specific Revised Codes of Washington.

The Honorable Pat McCarthy
 June 30, 2026
 Page 2

- Streamlining: DSHS will continue partnering with DOH in their work with the training programs for purposes of testing long-term care providers.

Both agencies agree with the SAO's recommendations and will continue to work closely together, and with their partners, to identify and address barriers to home-care aide certification and improve programs and safeguards to ensure workers have the skills to provide dignified, person-centered care for Washingtonians in need.

Long-term care workers are critical in addressing the health needs of Washingtonians, especially as the number of people in need of long-term services and support grows due to age demographics and prevalence of disability. We look forward to implementing the recommendations in this report and working together on improving credentialing processes.

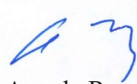
Sincerely,



K.D. Chapman-See
 Director
 Office of Financial Management



Dennis Worsham
 Secretary
 Department of Health



Angela Ramirez
 Secretary
 Dept. of Social and Health Services

cc: Debbie Driver, Legislative Director, Office of the Governor
 Shane Esquibel, Chief of Staff, Office of the Governor
 Kenneth Martin, Policy Director, Office of the Governor
 Franklin Plaistowe, Chief Operations Officer Office of the Governor
 Tammy Firkins, Performance Audit Liaison, Your Washington, Office of the Governor
 Jesse Jones, Director, Your Washington, Office of the Governor
 Scott Frank, Director of Performance Audit, Office of the Washington State Auditor

OFFICIAL RESPONSE TO THE PERFORMANCE AUDIT ON EVALUATING SUCCESS OF THE RESTORING QUALITY HOME CARE INITIATIVE

JUNE 30, 2026

The Departments of Health (DOH), Social and Health Services (DSHS) and the Office of Financial Management (OFM) provide this management response to the State Auditor's Office (SAO) performance audit report received June 1, 2026.

SAO PERFORMANCE AUDIT OBJECTIVES:

The SAO's performance audit addressed three questions:

1. Has the home care aide certification increased the safety of Washington's vulnerable clients?
2. To what extent have home care aide certification requirements affected people's ability to obtain the support they need?
3. Has the certification process deterred potential home care aides from entering this field? What changes would improve the process?

The SAO's recommendations 1-4 are to the Legislature.

SAO's Recommendations 5-7 to the DOH in brief:

SAO Recommendation 5: To address delays in the certification process, continue to integrate testing into training.

Agree to implement

STATE RESPONSE:

DOH agrees with SAO's recommendation and will continue to implement the strategies developed in earlier audits to address delays and integrate testing into training. We will also continue to work with Prometric to ensure simplified processes for applicants, particularly around scheduling, availability of test sites, access to interpreters, and testing technical requirements.

DOH is also working with SEIU 755 to support them implementing testing into their Training Partnership programs. SEIU 755 is working to obtain funding to fully implement this effort. We will continue to partner with them on creative solutions.

Action Steps and Time Frame

- DOH will continue to meet 1x monthly with SEIU 755 to support moving testing into training. Our next meeting is scheduled for July 6, 2026.
- DOH will continue to meet weekly with Prometric to implement these recommendations. Our next meeting with Prometric is June 11, 2026.

SAO Recommendation 6: Once the Legislature has amended RCW 18.88B.021 to replace the licensure timeline with a training and testing timeline, develop protocols and expectations for initial verifications, including expected timelines for applicant actions.

Agree to implement

STATE RESPONSE:

DOH appreciates this recommendation and the goal of reducing credentialing timelines. We stand ready to implement this once testing is fully implemented into training and the Legislature makes

the required statutory changes. We recommend this verification have an expiration date of 365 days. DOH could then require, by rule, that caregivers apply for their credential within 14 days of receiving this verification. After 365 days, there would be a firm cutoff for their application. If caregivers fail to provide the necessary information to activate their credential by then, they would no longer be allowed to work.

This would reduce the number of applicants that DOH would need to review and ensure that the applications DOH is reviewing are those from applicants that are still wanting to become credentialed, have completed application requirements, and wish to continue moving through the application process. This would help address cost concerns and the high fees that home care aides need to pay to sustain the profession.

Action Steps and Time Frame

- This action step is dependent on full implementation of testing into training programs, and the Legislature's approval and passage of these proposed changes to statute. DOH stands ready to implement this recommendation once those changes have been made.

SAO Recommendation 7: Once the process of integrating testing into training is complete, work with training programs to make any necessary updates to existing procedures, including instructions that DOH should only receive applications once applicants have completed training and testing.

Agree to implement

STATE RESPONSE:

DOH agrees with this SAO recommendation. We think that moving the application date to after applicants have completed training and testing will drastically reduce staff time required to review applications and track down information from people who have quit the process and no longer wish to become home care aides. We believe that this recommendation, in partnership with the statutory changes in recommendation #6, will help reduce credentialing timelines and potentially reduce costs.

Action Steps and Time Frame

- DOH stands ready to update WAC 246-980-100, to implement this recommendation once testing has been fully implemented into training. In the meantime, we will continue to work with DSHS and training programs to ensure full implementation as quickly as possible and help them identify effective solutions and address roadblocks.

SAO Recommendation 8-9 to DOH together with DSHS: To address concerns that some training programs may not be able to test applicants, we recommend both agencies:

8. Continue to explore partnerships between training programs, enabling training programs unable to test their students to send them to another program for testing.

Implemented prior to publication

9. Determine together if some or all training programs should be required to integrate testing into training. As part of this effort, establish a process to ensure applicants in training programs that do not integrate testing into training have an opportunity to test.

Implemented prior to publication

STATE RESPONSE:

We agree with these two SAO recommendations. For recommendation 8, DOH has already implemented changes to provide more communication on our website about training programs willing to test other candidates outside of their programs. We partnered with those programs on ensuring candidates receive this information. DOH also continues working with SEIU 755 to support them in implementing testing into their Training Partnership programs. SEUI 755 is working to obtain funding to fully implement this effort. We will continue to partner with them on creative solutions.

DOH and DSHS have already been meeting on both recommendations prior to this publication and we will continue to partner to determine approved training programs that meet DSHS requirements for integrating testing into training.

Action Steps and Time Frame

- In May 2026, we provided more information on our website regarding all training programs that allow outside-students from other training programs to test within their training program. Students are now able to look on our website and contact other training programs to schedule exams. We shared an official notice around this topic to interested parties on June 16, 2026. *Completed and ongoing.*
 - DOH will continue to meet 1x monthly with SEUI 755 to support moving testing into training. Our next meeting is scheduled for July 6, 2026. *Completed and ongoing.*
 - DOH and DSHS will continue to meet weekly to implement these recommendations. Our most recent meeting was June 29, 2026.
-

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 10 elements that are to be considered within the scope of each performance audit. The State Auditor's Office evaluates the relevance of all 10 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. However, streamlining processes would reduce costs for the Department of Health and reduce application fee increases for home care aides.
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	No.
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	Yes. The audit recommended eliminating DOH's verification of FBI background checks and, once testing is fully integrated into training, only accepting applications from aides that passed their tests.
7. Provide recommendations for statutory or regulatory changes that may be necessary for the department to properly carry out its functions	Yes. The audit made a series of recommendations to update statutory language.
8. Analyze departmental performance data, performance measures and self-assessment systems	Yes. The audit reviewed the performance measures DOH established with Prometric.
9. Identify relevant best practices	No.
10. Analyze the social equity impact of programs or services	Yes. The audit determined whether there were trends based on age, race, ethnicity, location, provider type or disability status in clients who used their authorized hours.

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

Our mission is to promote accountability and transparency in government. We work with state agencies, local governments and the public to achieve our vision of increasing public trust in government by helping governments work better and deliver higher value. 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 determine if Initiative 1163 (I-1163) is meeting its intent, and to identify ways to improve the process for home care aides and the clients that they serve. The audit addressed the following objectives:

1. Has the home care aide certification increased the safety of Washington's vulnerable clients?
2. To what extent have home care aide certification requirements affected people's ability to obtain the support they need?
3. Has the certification process deterred potential home care aides from entering this field? What changes would improve the process?

For reporting purposes, we organized the audit results into key findings. The messages relate to the original objectives as follows:

- While some I-1163 requirements make people safer, safety depends on access to care and Washington has a long-term care workforce shortage (pages 12-23) – This finding addresses Objectives 1 & 2.
- Some I-1163 requirements led to a complicated system without adding value in safety for vulnerable clients (pages 24-39) – This finding addresses Objective 3.
- Streamlining the complex system I-1163 created can smooth applicants' pathway and speed up certification (pages 40-48) – This finding addresses Objective 3.

Scope

This audit reviewed the home care aide certification process, regardless of the setting where aides work. Our audit included the program since its inception in 2012, focusing primarily on data and processes from 2019 to 2025. We also made some limited comparisons to 2010, before the program existed, and considered how the program evolved over time through consideration of our earlier audit findings and the responses to recommendations made in those reports.

The audit did not include verifying whether employers are fulfilling I-1163 requirements, such as completing FBI background checks. The audit also did not include reviewing Department of Social and Health Services (DSHS) processes to monitor adult family homes and assisted living facilities, nor did it include reviewing Department of Health (DOH) processes to monitor in-home care providers.

Our audit also reviewed state laws about long-term care workers in the Revised Code of Washington (RCW) and rules in the Washington Administrative Code (WAC). The most relevant ones are listed in Figure 1.

Figure 1 – State laws and regulations reviewed in this audit

State laws	Summary description
RCW 18.88B.021	Certification requirements. Requires anyone hired as a long-term care worker to be certified as a home care aide within 200 days of being hired. Allows people who are not eligible to reactivate expired credentials to receive a new date of hire.
RCW 18.88B.031	Certification examinations. Requires DOH to develop a certification exam to test the knowledge and skill of applicants, requires passage of the examination to be certified as a home care aide. Requires the examination be administered by DOH, a contractor to DOH, or a high school or community college that has met DOH standards to administer the exam.
RCW 18.88B.041	Exemptions from training requirements. Exempts nurses, nursing assistants and some other categories of workers from certification requirements.
RCW 18.88B.060	Authority of department. Gives DOH the authority to deny certification based on failed background checks.
RCW 18.88B.090	Reinstatement of certification. Establishes procedures for people with expired home care aide credentials to obtain a new credential without completing all the same requirements as a new applicant.
RCW 74.39A.056	Background checks on long-term care workers. Requires that all long-term care workers will be screened through state and federal background checks. DSHS must provide these background checks free of charge to employers or workers. Requires DSHS to establish a state registry which contains identifying information about long-term care workers identified under this chapter who have final substantiated findings of abuse, neglect, financial exploitation or abandonment of a vulnerable adult.
RCW 74.39A.074	Training requirements for long-term care workers. Long-term care workers must meet the minimum training requirements of 75 hours within 120 days of their date of hire. DSHS must define the curriculum.
Agency rules	Summary description
WAC 246-980-030	Working while obtaining certification as a home care aide. Long-term care workers may provide care while obtaining certification provided that they complete orientation and safety training and apply within 14 days of hire.

continued on next page

Figure 1 – State laws and regulations reviewed in this audit, *continued*

Agency rules	Summary description
WAC 246-980-115	Renew or reinstate an expired certification. Requires credentials to be renewed annually on the candidate's birthday, requires people who have had credentials expired for five or more years to re-do the requirements.
WAC 246-980-120	Home care aide—Application—Conviction data—Criteria for denial or conditional license. DOH will deny certification to applicants with a criminal history or grant a conditional license under certain circumstances
WAC 246-980-990	Home care aide certification fees. Sets fees for application, renewal, reactivation, and late fees.
WAC 388-103-0001	What definitions apply to this chapter? Defines the vulnerable adult abuse registry as the registry required by RCW 74.39A.056
WAC 388-103-0200	Does the department disclose information contained in the vulnerable adult abuse registry about final substantiated findings of abandonment, abuse, financial exploitation, misappropriation of resident property, and neglect? States that individuals may request information about persons on the registry.

Methodology

We obtained the evidence used to support the findings, conclusions and recommendations in this audit report during our fieldwork period (November 2025 to March 2026), 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: Has the home care aide certification increased the safety of Washington's vulnerable clients?

To address this objective, first we identified valid and reliable indicators for the safety of vulnerable populations through literature review and by interviewing program management and multiple stakeholders. We then tried to obtain necessary data to establish trends for these indicators, including before and after the passage of I-1163.

The only indicator for which we could obtain the necessary data was the length of time individual providers billed Medicaid, before and after I-1163. Numerous researchers have reported that high turnover rates in long-term care affect client safety. We used data from ProviderOne for fiscal year 2021, the most recent year when individual providers directly billed the state, and data from the Social Services Payment System for calendar year 2010. For each year, we identified the number of days that each individual provider billed the state and then we calculated the average for each year. We also looked for potential trends in the length of time that individual providers billed the state.

Then, to determine the role various parts of the certification play in protecting vulnerable clients, we:

- Reviewed requirements of I-1163, including the original Voters Guide to identify additional information about the goals of the initiative
- Reviewed additional requirements in state laws and rules
- Interviewed six employers of home care aides and eight subject matter experts to hear their perspectives on various aspects of the certification process
- Reviewed background check requirements state by state, as compiled in a journal article
- Reviewed training requirements state by state, as compiled by the advocacy group PHI
- Reviewed and compared requirements in other professions regulated by DOH
- Requested information from DOH to understand the frequency in which applicants do not pass the FBI background checks and to confirm whether applicants who failed FBI background checks would have been caught by the State Patrol background check
- Used data from Consumer Direct Care Network Washington to determine, of all individual providers working as home care aides who were terminated in 2025, what percent were rehired the next day

Objective 2: To what extent have home care aide certification requirements affected people's ability to obtain the support they need?

To determine if Washington has a long-term care workforce shortage, we:

- Reviewed relevant reports from credible subject matter experts and recent news coverage
- Reviewed relevant WACs and the DSHS Long Term Care manual, to determine expectations for caseworkers as they identify client needs and establish related care plans
- Used ProviderOne data from fiscal year 2024 to identify the percentage of qualified Medicaid clients that did not use 75% or less of their authorized hours. The Health Care Authority provides this data to our Office to be used in accordance with our data sharing agreement. Our auditors regularly use this data for the statewide Single Audit and the Annual Comprehensive Financial Report.
- Reviewed notes from Consumer Direct Care Network Washington's contacts with its clients to identify stated reasons for not using authorized hours
- Asked eight subject matter experts for their perspectives on why clients might not use authorized hours
- Used data from the Bureau of Labor Statistics and U.S. Census Bureau to determine the size of Washington's long-term care workforce shortage relative to other states

To determine if any shortage might be due in part to the certification requirements, we developed a statistical model to identify the relationship between policy and workforce size for direct care workers.

Assembling the ordinary least squares regression analysis

We used data from the Bureau of Labor Statistics, the U.S. Census and academic researchers and ran an ordinary least squares regression looking at the impact of state training and testing policies on direct care worker employment by state.

To define the dependent variable, for each state we added the percentage of workers that were Personal Care and Home Health Aides (SOC Code 31-1120) with the percentage of workers that were Nursing Assistants (SOC Code 31-1131). This represents the total percentage of the state's workforce that works in a direct care occupation and came from the Bureau of Labor Statistics.

Because our total number of observations was only 51 (the number of states, plus Washington, D.C.), we were limited in the number of independent variables we could include. For this reason, we relied on aggregated summaries of state requirements for personal care aides from researchers at the University of California San Francisco's Health Workforce Center based on the robustness of the requirements for personal care aides in each state. To define the model, we used those summarized state scores, which represent more requirements to become a personal care aide in a state, along with the percentage of the state's population with a self-care disability (as reported to the U.S. Census) and the median wage of nursing assistants. We tested other factors in the model that did not show any effect when included in the model.

Assembling the binary logistic regression analysis

To determine if there were any trends in the clients who have a harder time using their authorized personal care hours, we used a binary logistic regression model with the dependent variable of percentage of care hours used. We obtained data from the Health Care Authority's Provider One database that showed the number of hours each Medicaid client was approved for in fiscal year 2024 and the number of hours billed for their care. That data also showed demographic information about each client including their sex, race, Hispanic origin, languages spoken, age, disability status, county, programs enrolled in, and whether they had an individual provider.

The racial category in the source dataset was expressed with four different race fields. Some individuals listed the same race multiple times, and others listed many different racial combinations. We simplified this analysis by using only the first racial identifier provided. This meant that no one was classified as multiracial even though many people in the population identify as such. We additionally collapsed the categories of "American Indian" and "Native Alaskan" due to a very small number of people identifying as "Native Alaskan." We did not collapse "Native Hawaiian" or "Pacific Islander" together with "Asian."

Our dataset for this analysis included 77,696 Medicaid clients who received hourly billed care in state fiscal year 2024. It excluded clients who billed daily because these clients would be in residential care settings and almost universally use all of their hours, so there would be no gap in these clients to examine. **Figure 2** (on the following page) shows the effect that each independent variable had on the number of care hours that clients used. It also shows the size of these effects and their statistical significance (Statistical Significance is represented by the z and the $P > z$ fields, z shows the ratio of the coefficient to its standard error, and $P > z$ shows the probability of this result happening by random chance). Variables highlighted in green had a positive effect and variables highlighted in beige had a negative effect.

For example, children without individual providers were the least likely to use their hours, and this is shown by the coefficient -0.81 being farther from 0 than the coefficient of any other variable.

Figure 2 – Regression output table

Variable	Coefficient	z	P>z
English speakers	-0.251	-11.30	0.00
Child with individual provider (IP)	-0.153	-5.42	0.00
Child without IP	-0.814	-14.00	0.00
Adult with IP	0.662	50.30	0.00
Elderly	0.207	14.79	0.00
Black	-0.168	-7.58	0.00
Native American	-0.267	-7.31	0.00
Asian	0.491	21.58	0.00
Developmental disability flag	0.379	20.20	0.00

We tested for any effect for persons of Hispanic origin and did not find any statistically significant effects.

Objective 3: Has the certification process deterred potential home care aides from entering this field? What changes would improve the process?

To determine how many people have started but not completed the certification process, we:

- Used data from the Healthcare Enforcement and Licensing Management System (HELMS, 80,998 records) to calculate the number of people who started, but did not complete, the certification process during the time period January 1, 2019 – December 31, 2025.

To identify barriers for home care aides pursuing certification, we:

- Reviewed previous I-1163 audit reports, and determined the extent to which DOH has implemented relevant recommendations
- Sent a brief questionnaire to providers of long-term care. This questionnaire was not a survey, as advocacy groups shared links with their members, so the results should not be projected to the larger population. We received responses from 17 adult family homes, 78 assisted living facilities and 19 home care agencies.
- Interviewed eight program managers and agency leaders at DOH, four program managers and agency leaders at DSHS, eight subject matter experts, six providers of long-term care, and six other stakeholders

To determine the effect of barriers, we:

- Reviewed relevant literature, recent news coverage and other I-1163 audit reports
- Sent a brief questionnaire to providers of long-term care
- Interviewed providers of long-term care and other subject matter experts

To determine how the identified barriers can be addressed, without unduly compromising client safety, we:

- Identified relevant recommendations from previous audits and determined the extent to which these recommendations have been addressed
- Interviewed program managers and relevant stakeholders to gain an understanding of what has hindered integrating testing into training
- Surveyed training programs. We sent the survey to the full list of 383 training programs. 151 programs responded, which is a 39% response rate. These results could be projected to the larger population, but this was not needed for our analysis.
- Observed three tests in person: a Prometric skills test, an integrated skills test and a nursing assistant certified skills test
- Determined if the nursing assistant certified program has the same barriers, or if those barriers have been addressed in ways that could be helpful to the home care aide program
- Identified statutory and regulatory updates that would improve the home care aide certification process
- Shared our potential recommendations with program managers and incorporated their feedback

Work on internal controls

Internal controls are significant to the third audit objective, which focused on agency processes. Our related internal control work included:

- Reviewing the dashboard and Excel spreadsheet DOH uses to monitor application review
- Reviewing the checklist the home care aide credentialing team uses to verify applicants have provided everything
- Reviewing relevant requirements in the department's contract with a third-party test vendor and the related cancellation report
- Reviewing the policies, procedures and guides that DOH has for credentialing staff
- Identifying key causes of delay that would not generate deficiency letters
- Identifying controls that would help applicants get through the process in a timely manner, such as automated notifications to credentialing specialists when important documents arrive

Our internal control work did not include information system controls testing.

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