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MEMORANDUM

To: Robert Stivers, President of the Senate
David Osborne, Speaker of the House of Representatives

From: Senator Robby Mills *Rm*
Representative Deanna Frazier *DF*
Co-Chairs, Alzheimer’s and Dementia Workforce Assessment Task Force

Subject: Findings, Strategies, and Recommendations of the Alzheimer’s and Dementia Workforce Assessment Task Force

Date: November 19, 2019

The Kentucky General Assembly established the Alzheimer’s and Dementia Workforce Assessment Task Force for the 2019 Interim. The task force was established to study the Commonwealth’s health care workforce needs as well as the Commonwealth’s long-term care services and supports infrastructure, including long-term care facilities that are used to provide care to individuals diagnosed with Alzheimer’s or dementia.

The 18-member task force began meeting in July 2019 and convened six times during the 2019 Interim. The task force heard testimony from several individuals who discussed the following topics: evaluation of the current state of long-term care services and supports infrastructure for facilities that provide Alzheimer’s and dementia care and recommendations for improvement; assessment of the current Alzheimer’s and dementia health care workforce, identification of current or anticipated workforce shortages, and the steps Kentucky is taking to ameliorate those shortages; innovative solutions nationwide to recruit and retain highly skilled direct-care workers, geriatricians, gerontologists, neurologists, and other professionals involved in providing care and treatment to individuals with Alzheimer’s and dementia; and recommendations to improve career mobility and retention among health care workers, including assessing the continuing education and training requirements specifically as they relate to job duties that involve staff interacting with and caring for individuals with Alzheimer’s, and the current

credentialing process for providers who want to provide Medicare services and licensure requirements for nurses, certified nursing aides, and others.

Presenters who addressed the task force included the Public Policy Director of the Alzheimer's Association Greater Kentucky and Southern Indiana Chapter, the Inspector General of the Cabinet for Health and Family Services, the Kentucky Long-Term Care Ombudsman, former caregivers, administrators of long-term care facilities, the Executive Director of the Kentucky Workforce Innovation Board, university leaders, and the Executive Director of the Kentucky Department of Veterans Affairs.

The task force submits the following findings and strategies to the Legislative Research Commission for consideration. These findings and strategies are based on testimony provided to the task force during the 2019 Interim.

Finding 1 - The Office on Alzheimer's Disease and Related Disorders began in 1996 under the Cabinet for Human Resources. In 2000, the office was realigned within the Cabinet for Health and Family Services (CHFS). Its purpose was to oversee policy and services that affected Kentucky residents with dementia and their caregivers or families. As of June 2019, the office exists in name only as it is not funded or staffed.

- **Strategy 1** - Enact legislation to designate funding to the office.
- **Strategy 2** - The Alzheimer's Association is realistic about costs and is willing to work with the Department for Aging and Independent Living to serve as the de facto Office on Alzheimer's Disease and Related Disorders. This would require the enactment of legislation.

Finding 2 - Much work and analysis has gone into the Kentucky State Plan to Address Alzheimer's Disease. It is a helpful tool and should be incorporated into the Commonwealth's efforts to address this issue.

- **Strategy** - Adopt the recommendations of the 2017 Update to the Kentucky State Plan to Address Alzheimer's Disease.

Finding 3- In 2000, the authorization for units designated for Alzheimer's and dementia patients were layered into a social model and created an inconsistency. A facility can be an Alzheimer's and dementia unit, but staff are prohibited from providing any medical services to that patient. A patient must either receive care from a contracted entity or be referred out of the facility for care. When the legislature authorized the assisted living provider to care for individuals with Alzheimer's and dementia diagnoses, it did not account for the health care and supervision needs of residents who inevitably experience cognitive and clinical decline incident to their diagnoses. The assisted living facility is responsible at admission for informing clients and families that care cannot be provided, but this creates a virtually unworkable scenario for dementia patients because of certain, but unpredictable, clinical and supervision needs. An Alzheimer's or dementia patient may experience a temporary decrease in cognition and have health care needs, and this cannot currently be addressed by staff employed by the assisted living provider.

Finding 4 - Kentucky law does not fully embrace the provision of health care in an assisted living facility; although, many states do. Some states have moved past the purely private pay

model to include covered services but not room and board. Kentucky is one of three states that do not provide any Medicaid funding for residential care. Additionally, Kentucky's assisted living standards do not adequately address the need for residential care for individuals who require limited health care supports but do not need high intensity nursing care, have an unstable medical condition, or require skilled care. Kentucky should modernize its residential community standards to enable individuals who enter care with nearly full cognition to age in place in a setting that meets their nonskilled needs. The focus should be on the continuum of care and should enable a resident to avoid discharge until clinically unstable or in need of high intensity nursing services.

- **Strategy 1** - Enact legislation to create a medical model assisted living facility.
- **Strategy 2** - Enact legislation to create a tiered structure as follows:
 - Standard licensure as a social model assisted living facility to provide housing, meals, and one or more personal care services for a period exceeding 24 hours.
 - Specialty certification to provide limited nursing services would be obtained in addition to the standard license to include any nursing service permitted within the scope of the nurse's license for hospice patients.
 - Extended congregate care certification would be obtained in addition to the standard license **and** limited nursing services specialty certification. The extended congregate care certification would include any nursing service permitted within the scope of the nurse's license consistent with the assisted living facility's residency requirements and the facility's written policy and procedures. A facility with this type of license would provide residents the option to age in place in a residential environment despite mental or physical limitations that might otherwise disqualify them from residency under a standard or limited nursing services license. This definition creates a higher level of care in assisted living facilities.
 - Limited Mental Health (LMH) certification in addition to the standard license would allow the facility to provide any of the services under a standard license, but must obtain an LMH specialty certification to serve three or more residents who receive state support due to a mental health disorder/serious mental illness.

Finding 5 - 2018 SB 112, implemented in July 2019, provides for Medicaid reimbursement of telehealth interactions¹ by authorized professionals regardless of location of recipient. The reimbursement rates are consistent with those services provided in a one-to-one situation. This shift creates opportunity for expanding delivery of expert service to rural facilities previously unable to recruit this talent pool. The Federal Communications Commission notes, however, that one of the significant barriers to its use nationally is the absence of sufficient broadband width in rural areas.

The Cabinet for Health and Family Services needs to increase telehealth programs. Telehealth could be used to fill some of the gaps in the availability of care. The Department for Public Health has an initiative for it and other areas to revitalize and modernize the telehealth concept.

- **Strategy 1** - CHFS needs to engage in a statewide assessment of networking capacity because this will be fundamental to the development of a dynamic telehealth system.

¹ Telehealth is the use of interactive audio, video, or other electronic media to deliver health care. It includes the use of electronic media for diagnosis, consultation, treatment, transfer of medical data, and medical education.

- **Strategy 2** - The Kentucky General Assembly should authorize a study to discover what legislation is needed, if any, to empower CHFS to use telehealth to help in the limited mental health model, suggested in Finding 4, to assist clients with mental health issues who reside in personal care homes. Clinical care and psychiatric care are so different for mental health clients that they are not generally comingled with other patient populations unless there are no other resources. Telehealth could also be used for the other tiers.
- **Strategy 3** - CHFS should assess the training needs of the workforce in technology applications and data management to support care coordination, care management, and transitions.
- **Strategy 4** - CHFS should study how current technologies can be used to assist persons living with dementia, families, caregivers, and health care professionals.

Finding 6 - The workforce issue in a nursing facility differs from personal care and assisted living facilities because they do not serve many heavy care clients. The crisis is with the workforce in the nursing facilities that have a multitude of complex care patients. With challenging standards and regulations, nurse aides do difficult work for low pay. Currently in Kentucky, there are 4,490 certified nurse aides listed as active on the Kentucky Nurse Aide Registry and 161 listed as inactive.

Another factor in the workforce issue is that the level of payment accepted by some facilities is relatively low, which impacts how much a facility can pay its staff. Low salaries for unlicensed direct care staff cannot be overlooked as a factor affecting staff workforce issues.

- **Strategy 1** - CHFS should create supports and infrastructures outside of the nursing facility that will serve as resources for nurse aides. The CHFS Office of Inspector General should continue exploring options that could permit use of funds deposited into the nursing facility civil money penalty fund to support mentorship and retention of nursing facility staff. The civil money penalty fund proposal must be consistent with federal law and cannot supplant or duplicate existing provider requirements.
- **Strategy 2** - The Office of Inspector General should work with the Kentucky Workforce Innovation Board (KWIB) and the CHFS Office of the Secretary with the goal of developing a nurse aide mentorship program that assists with reducing barriers to employment, supporting career advancement through development of link with existing educational programs, and serving as a resource for providers seeking eligible staff. The goal is to link all of Kentucky's employment resources to individuals seeking employment and advancement within the nursing facility industry.

Finding 7 - Capacity is difficult to change at a nursing facility level because of certificate of need laws. It is difficult to move or create new bed capacity in long-term care facilities. New facilities that cater to memory care are being built in Kentucky. Making lower-level care more appealing to providers would increase capacity. There are more services that provide care, such as adult day health programs, home health care, and private duty nursing services.

- **Strategy 1** - The General Assembly in conjunction with the Office of Inspector General should review laws that impact the ability of some providers to increase capacity.
- **Strategy 2** - The General Assembly should support CHFS's legislative proposals for 2020, which include exempting personal care homes from certificate of need requirements.

Note - Until change has been implemented in this area, facilities must disclose to families that memory care units are simply a program model and not a health care model.

Finding 8 - Regulations for personal care homes do not mention Alzheimer's or dementia and do not account for the condition of decline. Once a patient is in decline, a personal care home may not be the best place for that patient. Assisted living, which is not the health care model, does recognize special units that could be used for Alzheimer's and dementia or hospice clients. There are potential concerns because when units are locked down by regulations, patients do not have the ability to self-exit in case of emergency when the patient is a danger to himself or herself. It becomes an unworkable solution for the patient.

- **Strategy 1** - The General Assembly should enact legislation to make assisted living more of a model with a continuum of care, so it will be possible to create a facility that could incorporate Alzheimer's and dementia patients and that would allow them to age in place.

Note - In the admission standards, there are protections built around assisted living that state patients could not be residents if they were bedridden unless it is a temporary condition. (Fourteen days is a medical necessity definition used for reimbursement, which may be arbitrary.)

- **Strategy 2** - The General Assembly should enact legislation to amend KRS 216.595 to strengthen the existing disclosure requirements in place for long-term care facilities that claim to provide care for individuals with Alzheimer's.

Note - If the General Assembly enacts legislation affecting the current level of care system in place that would result in this strategy becoming moot, CHFS will need to ensure that strong regulatory provisions are put in place accordingly.

Finding 9 - Many facilities do not want to admit people who may become Medicaid eligible because the patients are entering without a payment source, which increases staff demands without reimbursement of incurred expenses.

Finding 10 - 50 percent of patients in long-term care in Kentucky have Alzheimer's or a memory disorder. The Alzheimer's Association states that nationwide 70 percent of people with Alzheimer's or dementia have behaviors that are difficult to manage, such as hitting, spitting, wandering, and cursing.

The typical direct care worker is a woman in her late 30s or early 40s. The US labor force includes 31 million workers aged 18 to 24. This demographic makes up 16 percent of the direct care workforce.

Roughly one in four direct care workers is age 55 and older, many of whom bring significant work and life experience to these roles.

Men make up roughly half of the US labor force, yet only 14 percent work in long-term care. Many men connect their experiences as family caregivers to direct care.

In 2018, care was the most widely cited complaint from residents. Failure to respond to requests for assistance represented 8 percent of all complaints. The shortage of staff in a facility

represented 3 percent of the complaints. Residents expressed that the nurse aides did not have enough training to provide adequate care.

- **Strategy 1** - Facilities should implement appropriate training for direct care staff regarding the most difficult aspects of the disease.
- **Strategy 2** - The Kentucky Education and Workforce Development Cabinet and the KWIB should work with employers, colleges, universities, and applicable governmental agencies to create consistent statewide training and stackable credential pathways designed for a state-specific talent pipeline.
- **Strategy 3** - The General Assembly should identify evidence-based trainings that are needed to prepare a workforce capable of working with Alzheimer's and dementia patients and review policy strategies and legislation from other states, including but not limited to the following programs and initiatives:
 - Arizona required Medicaid health plans to collect data and develop workforce interventions that will improve recruitment and retention among direct care workers.
 - Minnesota launched Direct Support Connect, a statewide job board that helps consumers find workers and helps workers find the right employment fit.
 - Texas's Health and Human Services Commission issued a report to improve recruitment and retention among the state's Medicaid-funded personal care aides.
 - Wisconsin launched WisCaregiver, a training program for new nursing assistants that also matches them with employers.
 - Maine passed a bill to increase Medicaid reimbursement rates for direct care workers, helping to improve wages for workers who support older people and people with disabilities.
- **Strategy 4** - Kentucky can grow a strong direct care workforce by taking the following initiatives:
 - Recruiting the right staff
 - Improving the hiring process
 - Strengthening entry-level training
 - Providing employment supports
 - Promoting peer support
 - Ensuring effective supervision
 - Developing advancement opportunities
 - Inviting participation
 - Recognizing and rewarding staff
 - Measuring progress
 - Maintaining a culture of respect and zero tolerance for workplace violence, including "lateral violence," and establishing reporting systems for such events in keeping with current risk management and personnel strategies

Finding 11 - The average wage for an Alzheimer's or dementia caregiver is \$10 to \$12 per hour.

- **Strategy** - Employers should consider an increased wage for direct care workers who work with Alzheimer's and dementia patients.

Finding 12- Approximately 50 percent of newly hired caregivers come from the health care field. Many caregivers transfer from nursing homes and assisted living facilities. Approximately

10 percent of newly hired caregivers start straight from high school with most being a certified nursing assistant). Some high schools offer programs for students to become caregivers.

- **Strategy** - The Kentucky Education and Workforce Development Cabinet should consider ways to incentivize, or at least provide support for, school districts to implement additional internship, certification, and training programs at the high school level for Alzheimer's and dementia patient care.

Finding 13 - There will be approximately 51,702 jobs available in the health care workforce between 2018 and 2022 in Kentucky.

Finding 14 - The main causes of high turnover rates in health care jobs are lack of experience, retirements, voluntarily leaving, competing states, and injuries that lead to a disability.

Finding 15 - In the state workforce system there are approximately 26,000 job seekers registered.

Finding 16 - The supply of health care workers in the Commonwealth does not equal the demand. From 2012 to 2016, there were 15,000 licensed practical nurse (LPN) training certifications given, 6,800 registered nurse (RN) associate degrees given, and 7,000 RN bachelor degrees awarded. The national average RN hourly wage is \$36.30, and Kentucky's average RN hourly wage is \$30.34. KYStats provides data and allows KWIB to analyze and evaluate the data to pose solutions for a better workforce.

- **Strategy** - KWIB should continue to work to recruit more individuals into the health care fields. High paying health care positions require a higher level of training. KWIB should continue to work on the side of the public and private employers as well as the education and economic development side.

Finding 17 - In 2012-2013 career technical education graduating classes, only 12.6 percent had careers in the health sciences field: 11.4 percent in 2014-2015, 7.8 percent in 2016-2017.

- **Strategy 1** - KWIB should continue to support work-based learning even though there are not enough employer clinical sites for students. There are many apprenticeship opportunities in the health care field. The process for KWIB is to analyze the demand, analyze the supply, create career pathways, and provide work-based learning experiences. KWIB should continue its work to educate training providers. KWIB recommends that the Alzheimer's and Dementia Workforce Assessment Task Force research best practices from other states such as Virginia, Oregon, New Hampshire, Oklahoma, and Illinois. Each of those states have completed studies relating to how Alzheimer's and dementia clients affect the workforce.
- **Strategy 2** - KWIB should coordinate roundtable discussions as needed with employers to help document the best practices that are in process and the supports that need to be added to assist employees who care for Alzheimer's and dementia clients.

Finding 18 - Kentucky seems to be shifting the same people between jobs in the health care workforce instead of increasing the workforce participation rates.

- **Strategy 1** - Employers should think about other populations such as individuals with disabilities, immigrant workers, and foster youth to recruit for employment.
- **Strategy 2** - Kentucky should have more scholarships, apprenticeships, and incentives offered to students seeking employment in the health care field. The WorkReady scholarships are specific to the top five industries in the state—health care being at the top. The Kentucky Educational Excellence Scholarship is another alternate avenue for funding.
- **Strategy 3** - The General Assembly should explore incentives to help middle income workers increase their educational attainment level because many scholarships and tuition assistance programs do not reach that demographic.

Finding 19 - The health care workforce is in need of RNs, licensed practical nurses, nurse aids, health care associates, and transportation associates. Some of the challenges to retaining the workforce are the lack of skilled workers, lack of mentoring, lack of training, insufficient time with patients, shrinking number of qualified candidates, lack of raises in the cost-of-living provision, and a poor organizational culture.

- **Strategy 1** - Companies should explore the creative ways to recruit and retain qualified team members that include flexible schedules, opportunities for advancement, competitive pay, full health benefits, life insurance, 401(k) with an employer match, and paid time off.
Note - Often locations in rural areas cannot offer higher wages, but the companies can work with the staff members on other incentives.
- **Strategy 2** - Employers should consult with the American Psychological Association resources and implement its evidence-based Psychologically Healthy Workplace practices to increase job satisfaction, and improve recruitment and retention.

Finding 20 - Direct care workers, including those who provide care directly in the home, are essential to providing quality care to individuals with Alzheimer's who desire to stay in their homes and communities. These home-health workers and their providers often have high levels of turnover and job dissatisfaction due to low pay; poor working conditions; few opportunities for career advancement; and clients that exhibit challenging, often dangerous, behavior. Addressing training for home health agencies (also known as personal service agencies) and home health aides that provide services through either private pay or the HCBS waiver is crucial for enabling Kentuckians to stay in their home and community as long and safely as possible.

- **Strategy 1** - The General Assembly should enact legislation requiring dementia-specific training for all residential home-health and personal service agencies that offer services for clients with Alzheimer's. The training should include at least 4 hours of dementia-specific/dementia-competent training and be approved by CHFS.
Note - This would be in conjunction with the on-going redesign of the HCBS 1915(c) waiver.
 - Five states (AL, IL, IA, ND, and MO) have dementia training requirements for home-health aides and can serve as examples for sample legislation.
- **Strategy 2** - The General Assembly, CHFS, and employers should work to find incentives that are effective in recruiting and retaining these home-health workers.

Finding 21 - It costs approximately \$8,000 a year for a patient to attend adult day health programs. It costs approximately \$42,000 a year for patient to be in a double bed nursing home room. Adult day health programs save Kentucky approximately \$200 million a year and help people to potentially age in place.

- **Strategy 1** - CHFS shall promote public awareness of the utility and economic viability of HCBS 1915(c) waivers and about other available services such as adult day health programs that can help individuals to age in place longer.
- **Strategy 2** - KWIB should study the current wage for direct-care workers, both private pay and the Medicaid reimbursement rate for home- and community-based direct-care workers, to determine if changes to the current wage and reimbursement rates are economically viable.
- **Strategy 3** - CHFS should assess the current functional and financial eligibility requirements for the HCBS 1915(c) waiver to ensure that access is expanded and includes individuals with Alzheimer's and dementia, especially those who may not qualify based on having early-onset Alzheimer's.

Finding 22 - The biggest barriers to educators for increasing student capacity are 1) lack of qualified faculty and clinical instructors; 2) scarcity of clinical rotation sites (specifically specialties); 3) the infrastructure cost of increasing the number of students; and 4) student retention, which includes the number of students who complete the program as well as the number of graduates who remain in the area following graduation.

- **Strategy 1** - The Kentucky Chamber Workforce Center should continue working to see if RN retirees could become teaching faculty for nursing programs.
- **Strategy 2** - Recognize and support existing statewide nursing scholarship programs such as the Nursing Incentive Scholarship Fund operated by the Kentucky Board of Nursing and the Kentucky Nurses Foundation Scholarship program that primarily provide funding for undergraduate students.
- **Strategy 3** - Develop creative funding opportunities for graduate and postgraduate studies for interested nurses with the skill sets necessary for both clinical and didactic education.
- **Strategy 4** - Encourage employers to work with local schools of nursing to create joint appointments for nursing faculty, cross sharing the expertise and costs of this workforce.

Finding 23 - Students are graduating and leaving the area. Kentucky has a long history of being a "feeder state," with program graduates seeking employment and academic opportunities in other geographic locations.

- **Strategy** - The Kentucky Workforce Development Cabinet should work with community partners, long-term care facilities, universities, colleges, and various governmental agencies to develop programs to retain the graduates in the area and to develop a model so that people in entry-level positions can remain in their communities and advance in those positions.

Finding 24 - All long-term care facilities have the same challenges with respect to a shortage of workers and with the transient nature of workers.

- **Strategy** - Employers should create a career ladder through the Kentucky Apprenticeship Program. This could result in high schools becoming pipelines for employees. Such a program also could be expanded to a facility's existing staff.

Finding 25 - True success in training comes from an interactive approach beyond the classroom.

- **Strategy 1** - Employers should work to find people who have a passion for training. Having the right trainer is essential. Empower employees who want to be in your facility with training. They are likely to stay three to four years.
- **Strategy 2** - The Kentucky Education and Workforce Development Cabinet and KWIB should work with employers, colleges, universities, and applicable governmental agencies to create consistent statewide training and a stackable credential pathways designed for a state-specific talent pipeline.

Finding 26 - Employers are unable to fill vacancies because only 40 percent of working age adults are in the labor pool. This "silent epidemic" is receiving increasing publicity in Kentucky and nationally. The agenda of most recent Kentucky Nurses Association Summit (October 23-24, 2019) was "Creating a Safe and Caring Workplace."

- **Strategy**- Companies should 1) recruit via the high school Apprenticeship Program, 2) recruit those who have left the labor force, and 3) aggressively recruit people outside Kentucky.

Finding 27- Workforce violence is one of the major reasons nurses are leaving the clinical setting.

Finding 28- Wellington Parc has found success in maintaining a turnover rate as low as approximately 20 percent that is attributed to the overall culture of the facility that includes the following aspects:

- **Training**
 - Per KAR 20:291 "All staff members shall have documented training in the care and handling of Alzheimer's patients including at least:
 - 8 hours of specific orientation training, and
 - Quarterly continuing education, 6 hours of which shall be in Alzheimer's disease or related disorders
 - Curriculum includes Teepa Snow's Positive Approach to Care and "The Forgetting"
- **Workforce**
 - The facility has 94 employees:
 - 8 RNs and 5 licensed practical nurses
 - 29 Med Techs/state-registered nurse aides and 12 nurse aides in training
 - 9 Housekeeping staff, 10 activity staff, and 9 dietary staff
- **Retention Strategies:**
 - Flexible Scheduling
 - 12-hour nursing shifts
 - Wage Review
 - Yearly performance increase up to 3 percent
 - Shift differentials

- Benefits
 - Health, life, dental, vision
 - Paid vacation and personal time
 - 401(k) with company match
- Employee Recognition
 - Employee of the month
 - Anniversary recognition
 - Birthday cards with gift card
 - Yearly department recognition
- Tuition Assistance Program
- Fostering Success Program (CHFS)
 - Jobs for foster youth

Additional Strategies

1. Organize employer collaboratives
2. Engage in Demand Planning
3. Communicate competency and credential requirements
4. Analyze talent flows
5. Build talent supply chains
6. Continuous improvement
7. Hire with a purpose
8. Train with a purpose
9. Learn from experience. Involve all staff.
10. Reimbursement - Pay employees equitably
11. Make the training that already exists attainable
12. Make care attainable early on
13. Create regulations for dementia care
14. Develop multidisciplinary education and continuing education programming templates for professional and lay caregivers by partnering with the Alzheimer's Association, DAIL, professional associations' licensure boards, academia, and other interested parties.
15. Explore the concept and implementation of career ladders for unlicensed employees of continuum of care facilities, tied to annual continuing education earning.
16. Evaluate successful onboarding programs designed and implemented in continuum of care facilities. Determine matrices used to measure successful onboarding/orientation strategies.

Recommendation

The Alzheimer's and Dementia Workforce Assessment Task Force recommends this task force be continued during the 2020 Interim.

Several of the strategies discussed during task force meetings highlight the need for further study and more in-depth research on the direct-care workforce and what Kentucky's talent development pipeline needs to be in order to meet the continuously growing demand of more direct-care workers.

- **Strategy:** The General Assembly should direct a study to be led by KWIB and the Kentucky Works Collaborative to create a health care direct-care talent development pipeline. The study should extend for a period of time not to exceed 2 years and will focus on but not be limited to, the following areas:
 - Examining the advantages of dementia certification for the health care workforce.
 - Creating Pepper Centers; specialized centers that cater to the aging and dementia population and provide clinical, on-the-job-training for direct-care workers who interface with Alzheimer's patients.
 - Incentivizing the recruitment and retention of direct-care workers, doctors, and other health care professionals, looking specifically at
 - scholarships.
 - specialized programs / incentives for specializing in dementia training.
 - full or partial loan repayment or tuition assistance.
 - creating innovative training programs that provide better on-the-job-training such as more hands-on experiences in the workplace.
 - exploring ways to engage different sectors of the workforce, including non-traditional workers, immigrants, and those with disabilities.
 - Studying how to better support caregivers, including exploring tax breaks, and transportation assistance.
 - Exploring the utilization of a Hub and Spoke training model and partnering with KCTCS as well as with the University of Kentucky Sanders-Brown Center on Aging and the University of Louisville Trager Institute.