# Senior Care Task Force
## Workforce Subgroup
### *Recommendation Characterization*
*May 12, 2022*
*9:00-10:30am*

## *Meeting Notes*

### *Meeting Materials:*
Recommendation List
Characterization Rubric

### *Agenda:*
9:00AM       Welcome and Introductions
9:10AM       Recommendation Characterization
10:25AM    Administrative Updates and Next Steps
10:30AM    Adjourn

### *Meeting Commitments:*
- Come ready to discuss and compromise
- Keep remarks succinct and on topic
- Don't hesitate to ask clarifying questions
- Start and end on time

### *Attendees*
<u>Working group members</u>:
Sen. Cindy Holscher; Haely Ordoyne, Kansas Adult Care Executives; Jamie Gideon, Alzheimer's Association; Kelly Sommers, Kansas State Nurses Association; Jan Kimbrell, Silver Haired Legislature; Christina Rudacille, Johnson County Community College; Debra Zehr, LeadingAge Kansas

<u>KHI Staff</u>
Hina Shah, Emma Uridge

<u>Other Staff</u>
Sean Marshall, KLRD; Joseph Lemery, KLOIS

### *Welcome and Introductions*
*"What is one thing you want to keep top of mind when thinking about your recommendations today?"*

- Haely Ordoyne: Keep in mind as we prioritize recommendations that our overarching goal is to do what is best for seniors in Kansas, not the stipulation for any of our own groups in our own interest, but what's in the best interest of everyone involved and at the core, the seniors that we serve in Kansas.

- Debra Zehr: Keep in mind what is the lowest hanging fruit that is achievable. There are a lot of recommendations that are good ideas, but they will require a lot of concerted and

uniform effort by groups that don't typically work together. There are some free market implications on some of our recommendations as well.

- Jamie Gideon: I hope that we all stay focused on the work that we've done in the past few months and that what we come up with a recommendation that exemplifies that.

- Jan Kimbrell: I hope that we keep in mind that we're talking about real people, in real places; not just dots on a statistical report, and not just the residents and not just employees. We need to be real about the recommendations and that they're workable and solving a problem.
- Christina Rudacille: Agree with everything that everyone has said, we must stay focused and make sure we're doing the right thing for our seniors.
- Kelly Sommers: I don't think our recommendation list gets to the meat of workforce issues. If there are not representatives from workforce, we will not get the answers we need.

- Camille Russel: I just want us to be open to looking at all options. Not just any one option is going to fix this issue.

- Sen. Cindy Holscher: I'm here to be able to take information and advocate appropriately when the time comes. I know there are a lot of different struggles out there when dealing with manpower and, part of the advocacy comes from me being able to properly emphasize the needs that are out there so that hopefully my peers can understand the situation and then move appropriately on certain bills and actions.

## *Review List of Task Force Recommendations*
A review of the workforce related recommendations from the December task force meetings took place to ensure working group included recommendations outlined by the task force as a priority. Group chose to add recommendations that they felt were not included in the list. KHI facilitator indicated which recommendations were being worked on in working group A and B. The group discussed and modified the recommendations listed below; changes made during the meeting are highlighted in purple.

| Task Force Recommendations - Workforce |
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| *T1  Expand funding for aging mental health specialists at all CMHCs.* <ul><li>Member indicated a need to restore the CMHCs that had funding cut or were closed in rural and western areas of the state.</li><li>Subgroup did not keep this recommendation due to working group A already having recommendations that align with this recommendation.</li><li>ARPA's $15 million intended to address staffing shortages had $4.8 million worth of mini grants for CMHCs in the budget.</li></ul> |
| *T2  Address barriers to those waiting to allow requests for eligibility determination to avoid those individuals having a 30-day wait when transitioning from a nursing home.* |
| *T3  Reauthorize use of trained temporary aides in long-term care (to help supplement care for residents during the workforce crisis).* <ul><li>Working group members chose to not add this recommendation to the list for final consideration due to concern for the safety, quality, and efficacy of care when utilizing temporary nurse aides.</li><li>Later during discussion, group chose to encourage homes to hire and designate a position (e.g., hospitality aides) to provide person-centered, non-direct care to increase quality of life (QOL) for residents.</li></ul> |

**Task Force Recommendations - Workforce**

*T4 Have MCOs explore alternate supports to address the workforce shortage, such as an individuals' strengths and abilities, supportive relationships/family caregivers, technology, shared living, and community supports.*

*T5 Better advertise the worker matching registry used by all three MCOs for services in the community.*

*T6 Encourage career ladder - tuition grant program and/or loan repayment program.*

*T7 KDADS should consider raising the rates for in-home providers for the FE, PD, and BI waivers and specifically require the providers to pass the rate increase on to the direct service staff. (Funds increase 10% on FE waiver -- not targeted for direct service staff passthrough)*

- Subgroup chair indicated a need for a bullet point summary on KDHE's approved budget to see if recommendation has happened, is currently happening, or planning to happen.
- ARPA's $15 million intended to address staffing shortages had $4.8 million worth of mini grants to increase Medicaid waiver reimbursement.
- Funds will not go to one-time retention bonuses.

*T8 The Legislature could remove restrictions on licensure of APRNs. Currently, APRNs in the state must work under the supervision of a physician in a "collaborative practice agreement," often paying out-of-pocket fees to the doctor each year. Ending these limitations would improve health care access across the state especially in rural Kansas. (Passed)*

T9 To branch off this, having APRNs on-site will benefit rural hospitals and be cost effective and have better outcomes in long term care if an APRN is readily available in the community.

*T10    Mapping of services*

   *a. Develop a map that shows where various senior service providers are throughout the state, e.g., nursing homes, state licensed only adult care homes, CMHCs with aging specialists, geropsychology units of hospitals, to help identify underserved areas and target development of services.*

   *b. Seek assistance from universities, community, and technical colleges to help with mapping of services.*

   *c. Coordinate with a university to obtain mapping of services, service providers, waitlists, and bans on services due to lack of workforce.*

   *d. Coordinate with a university to obtain mapping of geriatric psychology services available in the state.*

   e. *The State identify geropsychology resources.*

| Task Force Recommendations - Workforce |
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| • Subgroup identified mapping-related recommendations as a critical and fundamental priority for the state. Recommendation would affect older adults and their caregivers to be able to know how and where to access nursing homes and long-term supports and services where they are located. Access to Services Working Group is<br>• Recommendation will also impact the current and future workforce so they know where they may be able to work. Recommendation will serve to expand knowledge to our CNAs, CMAs, Aides for where they can work. There is a lack of knowledge where you can work as an aide. |

## *Characterization Rubric*

The working group used the characterization rubric to further refine recommendations. This rubric will be utilized for future meetings to score and tier recommendations on feasibility and prioritization. Sub-recommendations (a,b,c, etc,.) will serve as action steps, components and justification for the recommendation in the rubric.

Working group members reviewed and characterized recommendations under the Workforce Subgroup's assigned areas of focus. The group discussed and modified the recommendations listed below; changes made during the meeting are highlighted in purple.

## *Example Rubric:*

| **Recommendation**: | |
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| **Rationale**: Discussion and clarification on any language in the recommendation or justification for components of the rubric will be entered here. | |
| **Ease of Implementation** *(Score 1-10):*<br>1 – Most Difficult<br>10 – Least Difficult | **Potential for High Impact** *(Score 1-10):*<br>1 – Little to no Impact<br>10 – High Impact |
| Consider:<br>☐Change, (Easiest)<br>☐Pilot,<br>☐Overhaul,<br>☐New, (Most difficult)<br><br>Will cost be a barrier to implementation?<br><br>Does the recommendation include strategies for continuity? *(How does it consider sustainability?)*<br><br>Which of the following mechanisms may affect the achievability of the recommendation?<br>☐ Legislative session<br>☐ Federal approval process<br>☐ Regulatory process<br>☐ Contracts<br>☐ Agency budget development | Consider:<br>Which area will the recommendation most impact?<br>☐ Training<br>☐ Recruitment<br>☐ Retention<br><br>Could the recommendation produce savings in other areas? |

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| ☐ Grant cycles<br>☐ Systems (e.g., IT)<br>☐ Technology/Infrastructure | |
| **Action Lead:**<br>*[Who takes point on this recommendation?]* | **Key Collaborators:**<br>*[Who should be included as decisions are made about how to implement this recommendation?]* |
| **Key Performance Indicators:** *[How can the state assess progress when this recommendation is implemented?]* ||
| **Intensity of Consensus**: *[Does it align with vision statement of "Older Kansans will have access and the ability to choose and receive high-quality, person-centered services wherever they reside." To be addressed during final review.]* ||

## *Topic: Career Ladder*

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| **Recommendation**: **C1.** *Establish a five-year plan of state funding for direct career-path training and marketing tuition grant programs and loan repayment programs for potential allied health professionals including CNAs, CMAs, Rehabilitation aides, Home Care Aides, LPNs, and RNs in cooperation with facilities and agencies providing the direct care services, with renewal options of funding after the first five years of the plan.* ||
| **Rationale**: *Recommendation will serve to market to students the existing tuition grant program and/or loan repayment programs offered across the state.*<br><br>*Nursing leadership can be instrumental in the direct care workforce in addressing threats. RN leadership track has been established but there is not a group for LPN leadership, such as an LPN Association. Kansas does provide a standardized curriculum as of 2020 for LPN leadership training. Courses teach but are not limited to supervision and delegation practices; federal and state laws related to nursing and care, and the Nursing Practice Act.* ||
| **Ease of Implementation:** *3*<br>*(Moderately Difficult)* | **Potential for High Impact:** *10*<br>*(High Impact)* |
| **Consider:**<br>• *New plan, Overhaul*<br><br>**Will cost be a barrier to implementation?**<br>• *Recommendation requires funding from the state.*<br><br>**Does the recommendation include strategies for continuity?** *(How does it consider sustainability?)*<br><br>*e. The State of Kansas invest in promotion of ongoing nursing leadership education tracks across the state.* | **Consider:**<br>**Will it benefit seniors living in Kansas?**<br>• *Yes, providing a stable workforce will impact the quality and availability of care for seniors across the state.*<br><br>**Will it significantly impact subpopulations?**<br>• *Workforce (e.g., CNAs, CMAs, LPNs, RNs)*<br>• *Educators*<br><br>**Could the recommendation produce savings in other areas?**<br><br>*h. Utilize KDADS web portal facility pages for providers.* |

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| g. Provide *ongoing* education and marketing for the difference between Certified Nurse Aides (CNAs), Licensed Practical Nurses (LPNs), and Registered Nurses (RNs) for understanding their roles and what they provide to patient care.<br><br>b. When having staffing conversations, Include the Kansas Department of Aging and Disability Services (KDADS) facilitated by Health Occupation Credentialing (HOC), the Kansas State Board of Nursing (KSBN), and direct care workers.<br><br>**Which of the following mechanisms may affect the achievability of the recommendation?**<br>• *Budgetary approval and development*<br>• *Legislative Session*<br>• *Regulatory Process*<br>• *Contracts* | *Retention-related components: Will be surveyed for future discussion and consideration.* |
| **Action Lead:**<br>a. Assemble a group to <u>create a multifaceted universal career ladder program</u> for the state of Kansas including:<br>• *Kansas Board of Regents*<br>• *Kansas Universities (University of Kansas, Kansas State University)*<br>• *Community and Vocational Technology Colleges*<br>• *Adult Basic Education (ABE) programs*<br>• *Kansas State Board of Nursing (KSBN)*<br>• *Direct care workforce associations (KSNA, and others)* | **Key Collaborators:**<br>c. Collaboration will <u>establish the use of inter-agency contacts</u> to identify possible available workers and placement options with<br>• *Kansas Department of Aging and Disability Services (KDADS)*<br>• *Kansas Department of Health and Environment (KDHE)*<br>• *Kansas Department of Labor (KDOL)*<br>• *KansasWorks*<br>• *Technical schools and Adult Basic Education (ABE) programs*<br><br>d. Partner with *KansasWorks Job Fairs*, university and college job fairs, and promotions <u>for direct and non-direct care worker job placements.</u><br>• *ADvancing states registry will also be advertised at these fairs to put certified students into the system.*<br><br>f. Establish a collaborative with the following organizations to create a <u>public service marketing campaign</u> about direct care workers and allied health professionals that highlights the career pathway potential and nobility, and the admirable impact they have on communities and those they serve.<br><br>• *Kansas Adult Care Executives (KACE),*<br>• *LeadingAge Kansas,*<br>• *Kansas Health Care Association (KHCA),* |

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| | • *Kansas State Nurses Association (KSNA),*<br>• *Kansas Hospital Association (KHA)* |

**Key Performance Indicators:**
- *Better healthcare in remote areas (lack of infection after discharge)*
- *Increase in workforce staff*
- *Increase in retention across all workforce certification and licenses*
- *Kansas Department of Labor (KDOL) report on employment trends*

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**Recommendation**:  *C2.  Develop models of volunteer program for aging services to identify future workforce.*

> *d. Create a statewide program to go into high school settings to discuss funding opportunities and career advancements in the healthcare industry.  (C1)*

**Rationale**: *Facilities who utilize volunteers and students must be careful about placing them in a situation where they would have to provide direct care, potentially placing older adults at risk. All volunteers should pass a background check prior to volunteering.*

*Recommendation had language about standardization of volunteer programs in the senior care industry which members thought could imply mandatory. There are existing constraints on how volunteers can be used so that they're not used to staff. Group changed language to "develop models of volunteer program".*

*Recommendation author indicated program should be like hospice volunteer programs, where duties and expectations are standardized, outlined, and federally regulated; providing protections for what a volunteer can and cannot do, which will keep seniors safe. Recommendation would provide a high level of volunteer training to be used and followed statewide to reinforce the workforce.*

*Volunteer would be trained and consistent with limited ability of a volunteer. This is a position a facility will need to hire for and not use limited nursing aide and nurse staff as universal workers during times of workforce shortages. Full-time staff or aides to do this kind of work (e.g., hospitality aide).*

| **Ease of Implementation: 8** | **Potential for High Impact: 10** |
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| **Consider:**<br>• *Change, recommendation's components have already been established.*<br><br>**Will cost be a barrier to implementation?**<br>• *Recommendation do not require budgetary approval or processes.*<br><br>g. Provide/Encourage funding to universities and community colleges to increase the programming and interest of students in professions that work with older | **Consider:**<br><br>Will it significantly impact subpopulations?<br>• *Current Workforce*<br>• *CNA, CMA, LPN, RN Educators*<br>• *Students (Potential Workforce)*<br><br>**Could the recommendation produce savings in other areas?**<br>• *Utilizing volunteers will produce a lot of cost savings if they do that side work CNAs and nurses do not have time to do.*<br>• *QOL in the facility will increase which will reduce citations.* |

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| *adults, individuals with dementia and older adult mental health issues.*<br><br>*h. Increase community college and technical school funding for coursework directly related to geriatric health support services.*<br><br>**Does the recommendation include strategies for continuity?** *(How does it consider sustainability?)*<br><br>• *Recommendation seeks to recruit and build a larger workforce to fill service gaps across the state and address the ongoing workforce shortage.*<br><br>• *This recommendation is already happening but needs to be encouraged and promoted. College students may act as staff under a college or university affiliation agreement of what is allowable.*<br><br>**Which of the following mechanisms may affect the achievability of the recommendation?**<br>• <u>Regulatory process</u><br>    *e. Encourage non-degree-seeking course to offer at high schools or community colleges to educate and prepare people for caregiving.*<br><br>• Legislative session<br>• Contracts<br>• Agency budget development<br>• Grant cycles | • *Having adequately staffed facilities for all aspects of direct and non-direct care will improve retention and staff satisfaction.* |
| **Action Lead:**<br>*a. Have high schools, community colleges, and vocational technical schools develop a volunteer training program by increasing quality of life through non-nurse and nurse aid staff to relieve hours of registers nurse time that could be devoted more to care issues.* | **Key Collaborators:**<br>*f. Nurture partnerships with universities and vocational technical and community colleges to encourage and support more opportunities for internships and engagement with geriatric and aging specialized service providers.*<br><br>• *Kansas Department of Education*<br>• *Board of Regents*<br>• Kansas Board of Nursing<br>• Long-Term Care Administrators and Homeowners. |
| **Key Performance Indicators:** *[How can the state assess progress when this recommendation is implemented?]* ||

**Recommendation**: *W1. Kansas Department of Aging and Disability Services (KDADS) will lead the effort to enlist the State of Kansas to join ADvancing States initiative to better coordinate services across multiple agencies for seniors.*

**Rationale**: *Not just providers and job seekers, it's a state solution and state can have access to the portal to see vacancies.*

| Ease of Implementation: 9 | Potential for High Impact: 9 |
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| **Consider:**<br>• *New Program, infrastructure for implementation is already in place.*<br><br>**Will cost be a barrier to implementation?**<br>• *The state would need to appropriate $250,000 to implement this program. ADVancing States representative indicated if Kansas were to create and implement their own worker matching registry it would cost the state millions.*<br><br>**Does the recommendation include strategies for continuity? (How does it consider sustainability?)**<br>• *Advancing States have strategies built-in to the program for site monitorization and updates. Ongoing funding will be needed to maintain the program.*<br><br>**Which of the following mechanisms may affect the achievability of the recommendation?**<br>• *Legislative session*<br>• *Contracts*<br>• *Agency budget development* | Consider:<br>Will it benefit seniors living in Kansas?<br>• *Yes*<br><br>Will it significantly impact subpopulations?<br>• *Current Workforce*<br>• *Unemployed Workers*<br><br>**Could the recommendation produce savings in other areas?**<br>• *Expanding the workforce would produce cost savings.* |
| **Action Lead:**<br>• Kansas Department of Aging and Disability Services (KDADS) | **Key Collaborators:**<br>• State Legislature<br>• Long-Term Care Facilities |
| **Key Performance Indicators:** *[How can the state assess progress when this recommendation is implemented?]* | |

**Recommendation**: *W2. The State of Kansas, in collaboration with Department for Children and Families (DCF), KDADS, and KDHE shall develop incentives or additional benefits for the direct care workforce, including respite services and childcare assistance.*

*a. The State of Kansas will establish funding to support community childcare centers for healthcare workers with broad hours of operation rather than traditional 8am-5pm.*

| b. Use grants to encourage on-site day care and programs where one kitchen can serve both children and seniors. | |
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| **Rationale**: *Recommendation addresses retention of the current workforce.* | |

| **Ease of Implementation: 4** | **Potential for High Impact: 10** |
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| **Consider:**<br>• *New Program*<br><br>**Will cost be a barrier to implementation?**<br>• *Potentially*<br><br>**Does the recommendation include strategies for continuity? *(How does it consider sustainability?)***<br>• *Did not identify*<br><br>**Which of the following mechanisms may affect the achievability of the recommendation?**<br>• Legislative session<br>• Regulatory process<br>• Contracts<br>• Agency budget development | Consider:<br><br>Will it significantly impact subpopulations?<br>• Current Workforce<br>• CNA, CMA, LPN, RN Educators<br>• Students (Potential Workforce)<br><br>**Does it serve those who have been disproportionately impacted by the issue? *(Does it address inequities?)***<br><br>**Could the recommendation produce savings in other areas?**<br><br>• Recommendation would produce high cost-savings related to onboarding and training new employees when current staff cannot be retained.<br><br>• Recommendation will also increase the Quality of Life (QOL) for residents in nursing facilities.<br><br>• Facilities will also receive less citations and monetary fines related to care. |
| **Action Lead:**<br>• Department for Children and Families (DCF)<br>• Kansas Department of Aging and Disability Services (KDADS) | **Key Collaborators:**<br>• Legislature<br>• Kansas Department of Health and Environment (KDHE) |
| **Key Performance Indicators:** *[How can the state assess progress when this recommendation is implemented?]* | |


| **Recommendation**: *W3. The State of Kansas will create a workforce tax credit for the aging services direct care workforce.* | |
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| **Rationale**: *Recommendation addresses recruitment of future workforce and retention of the current workforce. There's a federal tax credit, but there's not a state tax credit.* | |

| **Ease of Implementation: 7** | **Potential for High Impact: 9** |
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| **Consider:**<br>• *New Program*<br><br>**Will cost be a barrier to implementation?**<br>• *Potentially* | Consider:<br><br>Will it significantly impact subpopulations?<br>• Current and future Workforce |

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| **Does the recommendation include strategies for continuity?** *(How does it consider sustainability?)*<br>• *Recruitment and Retention*<br><br>**Which of the following mechanisms may affect the achievability of the recommendation?**<br>• Legislative session<br>• Board Approval<br>• Agency Budget Development | **Does it serve those who have been disproportionately impacted by the issue?** *(Does it address inequities?)*<br><br>**Could the recommendation produce savings in other areas?**<br>• Good potential for recruitment and retention. |
| **Action Lead:**<br>Department of Revenue | **Key Collaborators:** |
| **Key Performance Indicators:** *[How can the state assess progress when this recommendation is implemented?]* | |


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| **Recommendation**:  *W4. The State of Kansas will create a caregiver tax credit to help care for loved ones.* | |
| **Rationale**: *Recommendation addresses recruitment of future workforce and retention of the current workforce. More older people will have to be cared for by family members instead of being in a facility setting because the traditional workforce is shrinking.* | |
| **Ease of Implementation: 7** | **Potential for High Impact: 10** |
| **Consider:**<br>• *New Program*<br><br>**Will cost be a barrier to implementation?**<br>• *Potentially*<br><br><br>**Does the recommendation include strategies for continuity?** *(How does it consider sustainability?)*<br>• *Recruitment and Retention*<br>• *Long-term strategy to address a shrinking traditional workforce.*<br><br>**Which of the following mechanisms may affect the achievability of the recommendation?**<br>• *Legislative session*<br>• *Board Approval*<br>• *Agency Budget Development* | **Consider:**<br>Will it significantly impact subpopulations?<br>• *Current and future Workforce*<br><br><br>**Could the recommendation produce savings in other areas?**<br>• *Recommendation would help keep loved ones in the home longer.*<br><br>• *Recommendation has the potential for high impact for the person receiving the care. The family member can stay home because of the tax credit and may not have to seek additional, full-time employment take to are of their loved ones.* |
| **Action Lead:**<br>• *Department of Revenue* | **Key Collaborators:**<br>• *Centers for Medicare and Medicaid (CMS)* |
| **Key Performance Indicators:** *[How can the state assess progress when this recommendation is implemented?]*<br>• *Demographic trends for aging population are increasing so we only have the limited resources we have (baseline data)* | |

**Recommendation**: *W5. The State of Kansas will* compile, utilize, and act upon research *on how to eliminate barriers for entering the field of aging services and obstacles once in the field.*

a.      *Provide the identifiers of Urban, Rural, and Frontier demographics to the public.*

b.      *Evaluate numbers of direct care workers who wish to provide home care as CNAs.*

c.      *Require or encourage exit interviews for staff that left their places of employment to develop action items that can come from this shared information.*

d.      *Encourage and educate about mental health support for those working in healthcare by researching needs and mental health related obstacles for remaining in the field via focus group questions.*

e.      *Assess if there is an allowance for open communication support between employers and employees in all decision-making processes.*

f.      *Collaborate with* workforce and associations *who provide a variety of backgrounds and experience that can contribute to healthcare trends and solutions.*

g.      *Facilitate communication with nurses throughout the state who practice in a variety of areas for insight normally not heard by other associations.*

h.      *Utilize workforce and associations for engagement with student nurses' association at the state and national level.*

i.      *Share existing data.*

**Rationale**:
*There are existing research studies identifying gaps and issues in the senior-care industry in Kansas and nationally. Research studies that have already been done in Kansas has that can be compiled and utilized.*

*Group agreed to include workforce and associations in general since workforce associations do not represent the entirely of the healthcare workforce (CNAs, CMAs, LPNs, and RNs). Be more inclusive this way.*

| Ease of Implementation: 7-8 | Potential for High Impact: 9 |
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| **Consider:**<br>• *Leverage existing research to compile for state to use for acting on workforce issues.*<br><br>**Will cost be a barrier to implementation?**<br>• *Funds will need to pay someone to compile research.*<br><br><br>**Does the recommendation include strategies for continuity? (How does it consider sustainability?)** | **Consider:**<br><br>**Could the recommendation produce savings in other areas?**<br>• *Gain knowledge of gaps*<br>• *Will assist with training, recruitment, and retention* |

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| **Which of the following mechanisms may affect the achievability of the recommendation?**<br>• *Contracts*<br>• *Agency budget development* | |
| **Action Lead:** | **Key Collaborators:** |
| **Key Performance Indicators:** *[How can the state assess progress when this recommendation is implemented?]* | |

## *Administrative Updates*

Working group members may provide additional input if needed on recommendations discussed during this meeting or submit proposed changes to the preliminary recommendation list before the **next meeting, on June 9.**