

**Workforce Subgroup:
Senior Care Task Force**
Meeting #5 - Thursday, April 21, 2022
Develop Workforce Recommendations
9:00 a.m. – 10:30 a.m.

AGENDA

9:00AM **Welcome and Introductions**

9:05AM **Topic Discussion with Experts**

Theme: Licensing & Funding

Sheree Utash, Wichita State University

Nathan Kessler, Julie Menghini & Jessica Dragoo, Kansas Department of Labor

Shawn Sullivan, SPARK update

10:05AM **SWOT Matrix Tool for Recommendation Development**

10:25AM **Administrative Updates**

10:30AM **Adjourn**

Link to Meeting Materials: <https://www.khi.org/pages/2022-SCTF>

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*

Vision Statement:

“To utilize a systematic approach to understand the needs of the formal and informal workforce serving seniors in the state of Kansas; while discovering these needs, creating a long-term approach with public policy recommendations to entice a workforce to return to and be retained in the senior services industry, to enable seniors and their families to have supports to make choices for their best lives, in their preferred environment.”

SWOT Analysis – Workforce
Area of Focus: Licensing & Funding

| Strengths | Weaknesses | Opportunities | Threats |
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| <ul style="list-style-type: none"> • Kansans care about their neighbors • Identified that there is a problem • Acknowledging that the state has an issue to address in long-term care (LTC) workforce. • Dedication of many employees and people in this group who truly care about seniors and want to improve the situation • Small/homelike environments in Skilled Nursing Facilities (SNF)/Assisted Living (AL)/Independent Living (IL) where staff build a relationship with those they serve • Access to federal relief funding • Task force is meeting | <ul style="list-style-type: none"> • Promotion of the positives from people who love what they do ...why • Improve the culture with most organizations and providers. • Internet/broadband services to provide technology-based support • Full scope of practice for APRNs • Dental care is not included in Medicaid or Medicare • Believe there needs to be a cautious approach to increasing resources to LTC workforce. Institutional rate increases need to be balanced with rate increases in community-based settings so not to create an employment option imbalance and thus access to care issues. • Establish competency-based training requirements for care workers. | <ul style="list-style-type: none"> • Reaching out to even the high school aged workers to consider the allied health professions, including the Certified Nurse Aide (can) and how one can bridge to Licensed Practical Nurse (LPN) or Registered Nurse (RN) while working in the environment as well and earning a paycheck and gaining experience. • Are we using community colleges, vo-tech, or other resources completely for training/education of potential workforce? • Technological support to serve in a home setting • Increased training for dental providers about the unique needs of seniors. • Start with what the person wants and only apply the paid support they ask for • Free or reduced educational costs at the junior/community colleges for trades that can be useful in addressing LTC workforce. • Provide training in caring for people with dementia. • Cheerleading for the CNA career in an LTC setting, appealing to compassion and care for the residents • Provide education and training for long-term services and support (LTSS) services • We need to approach high school students as to the opportunities in allied health professions • Addition: Increase adult care home administrator pipeline by creating more flexibility in credentialing requirements. An example would be to permit RNs without a 4-year degree and with a few years of LTC experience to sit for the administrator exam. | <ul style="list-style-type: none"> • Resistance to change models of care • The workforce crisis in all industries. This isn't just a healthcare related workforce shortage. • Covid-19. Many staff have left the healthcare workforce due to covid-19. Either re-evaluating their priorities, fear for their safety, fatigue over everything that is happening, etc. • A human service business being operated like a manufacturing business • The traveling nurse theory does not work well in all environments and is especially disconcerting for dementia residents • Mental health needs of those providing care • Lack of numbers in human capital and lack of financial capital • The reluctance of many staff in areas to be vaccinated to work in the LTC setting is problematic • Addition: Dwindling number and increased turnover among licensed adult care home administrators, exacerbated by the Pandemic. |

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| <p style="text-align: center;">Themes</p> <ul style="list-style-type: none"> • Acknowledgement and awareness of workforce issues • Eagerness by communities and leaders at the state and local level to support seniors • Dedicated staff caring for seniors • Access to federal relief funding | <p style="text-align: center;">Themes</p> <ul style="list-style-type: none"> • Lack of broadband access • Scope of practice • Lack of dental benefits and access to services • Address mental health needs for workers | <p style="text-align: center;">Themes</p> <ul style="list-style-type: none"> • Technological support • Training and linkage with vo-tech schools and high schools • Financial and mentoring support for individuals interested in joining the workforce • Person-centered training across disciplines • Programs to enable seniors and families to make choices about their services and place of care • Promotion of CNA career | <p style="text-align: center;">Themes</p> <ul style="list-style-type: none"> • Demonstrated resistance to change when proposed with new models of care • Workforce issue ubiquitous across multiple sectors • Low wages • Impact of covid, both short-term and long-term |
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| Kansas Senior Care Task Force Recommendations (As of December 7, 2021) Workforce Subgroup | | | |
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| Potential Recommendations | Theme | Meeting Date Proposed | Committee Member Recommendations Discussed |
| 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. | Licensing and Funding | December 7, 2021 | Ernest Kutzley |
| Legislation to provide at least rudimentary regulatory oversight of temporary staffing agencies to address poor quality and unreliability of services by these agencies, exorbitant fees for long-term care providers and the State. Potential legislation should include establishing a state registry, creating a basic regulatory framework, and setting upper payment limit parameters. | Licensing & Funding | December 7, 2021 | Debra Zehr & Linda Mowbray |
| 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. | Licensing and Funding | December 7, 2021 | Annette Graham |

Workforce Subgroup

Meeting #1, Dec. 16, 2021, Introductory Meeting

Meeting #2, Jan. 20, 2022, Review of recommendations from task force and other groups and Identify Themes

Meeting #3, Feb 17, 2022, Theme: Career Ladder

Meeting #4, March 17, 2022, Themes: Expanding Workforce & Alternatives

Meeting #5, April 21, 2022, Theme: Licensing & Funding

Meeting #6, May 5, 2022, Refine Recommendation List

(IF NEEDED) May 12, 2022, Refine Recommendation List

Meeting #7, May 19, 2022, Finalize Recommendation List

Meeting #8, June 16, 2022, Ratify Report