

**Senior Care Task Force
Workforce Subgroup Recommendation List**

C. Career Ladder
W. Expanding Workforce and Alternatives
L. Licensing
F. Funding

C. Career Ladder

C1. Establish a five-year plan of state funding for direct career-path training of 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.

- Establish a tuition grant program and/or loan repayment program. (TF)

Plan Lead and Key Collaborator(s)

- a. Assemble a group to create a **multifaceted** universal career ladder program for the state of Kansas, **including the Kansas Board of Regents, Kansas universities, community and vocational technology colleges, Adult Basic Education (ABE) programs as well as regulatory boards such as the Kansas State Board of Nursing (KSNB).**
- b. Include regulatory agencies like **Kansas Department of Aging and Disability Services (KDADS)** in staffing conversations **facilitated by Kansas State Board of Nursing (KSNB) and direct care workers.**
- c. In **collaboration with technical schools and Adult Basic Education (ABE) programs, KDADS, Kansas Department of Health and Environment (KDHE), and Kansas Department of Labor (KDOL) will establish the** use of inter-agency contacts to identify possible available workers and placement options.

Plan Promotion

- d. Partner with Kansas Works Job Fairs, and promotions for direct and non-direct care worker job placements.
- e. The State of Kansas invest in **promotion of ongoing** nursing leadership education tracks **across the state.**
- f. Establish **a collaborative with the Kansas Adult Care Executives (KACE), LeadingAge Kansas, Kansas Health Care Association (KHCA), Kansas State Nurses Association (KSNA), and Kansas Hospital Association (KHA) to create a public service marketing campaign about direct care workers and allied health professionals that highlights the career pathway potential and nobility, the admirable impact they have on communities and those they serve.**
- g. Provide 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.

C2. Create a statewide standardized volunteer program for aging services.

- 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.
- b. Implement a statewide school-aged reading program for seniors. Grades 3-4 would visit nursing homes once a week and residents volunteer to listen to them read.
- c. Get younger individuals like 4H or boy scouts' high school and college-age into this field for jobs and volunteer positions.
- d. Create a statewide program to go into high school settings to discuss funding opportunities and career advancements in the healthcare industry.
- e. Provide non-degree-seeking course offerings at high schools or community colleges to educate and prepare people for caregiving.
- f. Establish and 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.
- g. Provide funding to universities and community colleges to increase the programming and interest of students in professions that work with older adults, individuals with dementia and geriatric mental health issues.
- h. Increase community college and technical school funding for coursework directly related to geriatric health support services.

W. Expanding Workforce and Alternatives

W1. 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.

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.

W3. The State of Kansas will create a workforce tax credit for the aging services direct care workforce.

W4. The State of Kansas will create a caregiver tax credit to help care for loved ones.

W5. The State of Kansas will fund a research study 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. Provide 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 Kansas State Nursing Association (KSNA) members 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 Kansas State Nursing Association (KSNA) for engagement with student nurses' association at the state and national level.

i. Share existing data.

L. Licensing

L1. Modify legislation to establish adequate pay for faculty to teach the nursing direct care workforce, including Certified Nurse Aide (CNA), Certified Medication Aides, and Home Health Aids. Expand opportunities for LPNs and RNs to teach those courses.

F. Funding

F1. Put a provision in the SCA funding formula to increase the funding **annually**, but also get a larger initial appropriation (to bring it to meet need) to ensure a stable workforce and no waiting lists.

F2. Share staffing resources, specifically those that are difficult to recruit for/retain, where appropriate.

F3. The State of Kansas shall research funding methodology needed to be able to support minimum staffing requirements and establish minimum staffing ratio/**acuity** standards **for long-term care** to increase reimbursement rates to nursing facilities to utilize as a wage passthrough.

- a. Provide appropriations to increase rates paid for day services to establish a reliable professional workforce.
- b. Retention bonuses or pay-outs for workforce employees who stay on the job.
- c. Research funding methodology needed to be able to support minimum staffing requirements and establish staffing standards resident/staff ratios.
- d. Define the percentages of dollars to be spent on budget items in each category of senior services.
- e. Data tracking in long-term care.

Task Force Recommendations - Workforce

- T1 Expand funding for aging mental health specialists at all CMHCs.
- 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).
- Reauthorization of temporary nurse aides.
- 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.
- 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.
- T9 Mapping of services
- 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.
 - Seek assistance from universities to help with mapping of services.
 - Coordinate with a university to obtain mapping of services, service providers, waitlists, and bans on services due to lack of workforce.
 - Coordinate with a university to obtain mapping of geriatric psychology services available in the state.
 - The State identify geropsychology resources.

Senior Care Task Force, Working Group Recommendation Characterization Rubric

Recommendation:	
Rationale:	
Ease of Implementation (Score 1-10):	Potential for High Impact (Score 1-10):
<p>Consider:</p> <p><input type="checkbox"/> Change, (Easiest)</p> <p><input type="checkbox"/> Pilot,</p> <p><input type="checkbox"/> Overhaul,</p> <p><input type="checkbox"/> New, (Most difficult)</p> <p>Will cost be a barrier to implementation?</p> <p>Does the recommendation include strategies for continuity? <i>(How does it consider sustainability?)</i></p> <p>Which of the following mechanisms may affect the achievability of the recommendation?</p> <p><input type="checkbox"/> Legislative session</p> <p><input type="checkbox"/> Federal approval process</p> <p><input type="checkbox"/> Regulatory process</p> <p><input type="checkbox"/> Contracts</p> <p><input type="checkbox"/> Agency budget development</p> <p><input type="checkbox"/> Grant cycles</p> <p><input type="checkbox"/> Systems (e.g., IT)</p> <p><input type="checkbox"/> Technology/Infrastructure</p>	<p>Consider:</p> <p>Will it benefit seniors living in Kansas?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Will it significantly impact subpopulations?</p> <p><input type="checkbox"/> Individuals with Alzheimer's</p> <p><input type="checkbox"/> Geography (urban, rural, frontier)</p> <p><input type="checkbox"/> Low-income individuals</p> <p><input type="checkbox"/> Uninsured or Underinsured individuals</p> <p><input type="checkbox"/> Individuals with [Acute] Behavioral Healthcare Needs</p> <p><input type="checkbox"/> Individuals with I/DD or PD</p> <p><input type="checkbox"/> Limited English Proficient (LEP) persons</p> <p><input type="checkbox"/> Others? <i>(List here)</i></p> <p>Does it serve those who have been disproportionately impacted by the issue? <i>(Does it address inequities?)</i></p> <p>Could the recommendation produce savings in other areas?</p>
How does this recommendation contribute to the well-being of seniors living in Kansas?	
Action Lead: <i>[Who takes point on this recommendation?]</i>	Key Collaborators: <i>[Who should be included as decisions are made about how to implement this recommendation?]</i>
Intensity of Consensus: <i>[Does it align with vision statement of "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." To be addressed during final review.]</i>	
Key Performance Indicators: <i>[How can the state assess progress when this recommendation is implemented?]</i>	