The Long-Term Care Challenge: Demographics, Workforce, and the Path Forward for Kansas

LeadingAge Kansas – Situation Report
January 2026

The story of the first half of the 2020s was one of constant adaptation. Kansas's aging services providers—like those across the nation—were forced to navigate an unrelenting sequence of shocks: a global pandemic, unprecedented workforce disruption, historic inflation, supply chain failures, and the rapid escalation of contract labor costs. Each year brought a new crisis, and providers responded with resilience, innovation, and resolve. Survival required flexibility. Stability required endurance.

The story of the second half of this decade is different. The challenges ahead are not unforeseen—they are the predictable, well-documented consequences of a rapidly aging population and a care infrastructure that has not kept pace. Kansas's demographic trajectory has been clear for years: more older adults, more individuals with high-acuity needs, and fewer working-age Kansans to provide care. The pressures that now strain the state's long-term care continuum were not only anticipated—they were repeatedly raised by providers, researchers, and state leaders long before the pandemic.

Many of the steps outlined in this report are the same recommendations LeadingAge Kansas has advanced for years: strengthening the direct care workforce, modernizing regulatory oversight, fully funding the long-term care continuum, and aligning Medicaid rates with real operating costs. These are not new ideas. What is new is the urgency. The time to delay implementing these reforms has long passed.

Kansas now faces a choice. If the state acts decisively, it can build a sustainable, person-centered aging services system that protects access to care, stabilizes the workforce, and strengthens communities—particularly in rural areas. If we continue postponing the changes we know are necessary, the existing cracks in the system will deepen into long-term failures that will be far more difficult and expensive to correct.

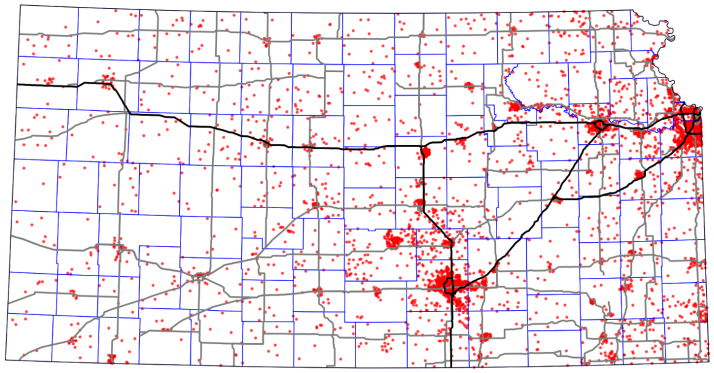
The following report describes the many challenges we face as we seek to ensure access to care and supports older Kansans need to age with dignity. It touches on the workforce challenges we face, and how common sense actions taken today can help strengthen the workforce for tomorrow. It calls for investment and supports across the aging services care continuum. But, perhaps most importantly, it helps define what our state policymakers can do to support the nearly 49,000 Kansans who have dedicated their lives to caring for our elders.

This report is not a warning about what might come. It is a blueprint for responding to challenges we have seen coming for more than a decade—and for ensuring Kansas is prepared not just for the next crisis, but for the future we know is already here.

1. A System Under Strain: The Access to Care Crisis

Kansas is entering an era in which the basic promise of access to long-term care—care in the community, care close to home, care delivered with dignity—is under growing threat. This is not a distant or hypothetical concern. It is unfolding now, driven by two powerful forces converging at the same moment: a rapid and predictable surge in the older adult population, and a care infrastructure weakened by years of underfunding, workforce shortages, and rising operating costs.

Where Kansans Aged 85+ Live
Dot = 10 Older Kansans



Where Kansans Aged 65 to 84 Live
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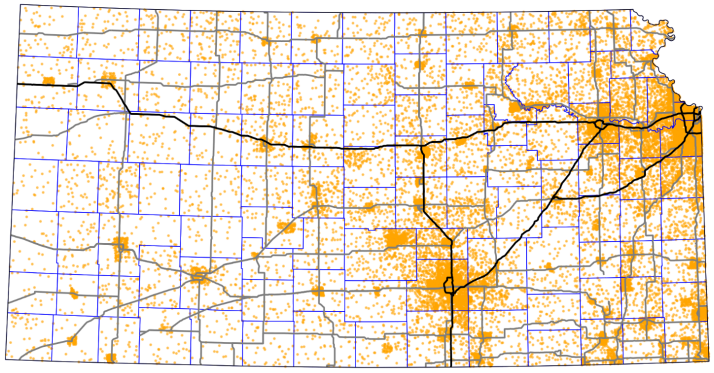


For decades, policymakers and researchers have warned that the aging of the Baby Boom generation would reshape the landscape of long-term services and supports. Today, those predictions have become Kansas's immediate reality. Demand for care is climbing sharply, particularly in rural counties where older adults make up the largest share of the population. Yet the capacity to provide that care is shrinking. Facilities have closed or reduced services, home- and community based options are strained, and some regions are now on the brink of becoming—or have already become—"care deserts," leaving thousands of Kansans with limited or no access to essential services.

The implications of this shift extend far beyond individual families. Access to care is a fiscal issue, an economic development issue, and a community stability issue. When older Kansans cannot receive appropriate services at the right level of care, costs rise across the entire system. When a facility closes, it destabilizes not only care access but the local economy. And when the state budget fails to account for higher utilization and inflation, essential programs—from the Frail

Elderly waiver to nursing facility reimbursement—become vulnerable to cuts that ripple across the continuum.

This section examines the demographic pressures behind rising demand, the growing geographic inequities in access, and the consequences of allowing the system to continue drifting toward scarcity. The question Kansas faces is not whether demand will increase—**it already has**. The question is whether the state will act now to preserve access to care across all 105 counties, or allow predictable demographic forces to outpace a fragile and under-resourced system.

1.1 Kansas Is Aging Faster Than Its Care System Can Keep Up

The United States is aging at an accelerated and irreversible pace. Three years from now, the entire "Baby Boom" generation will be over the age of 65, marking a historic population shift. After 2030, for the first time in U.S. history, there will be more adults 65 and older than children.

Kansas is no exception to this trend; in fact, its rural nature often amplifies the pressure.

- By 2036, the 65+ population in Kansas is projected to grow by 208,000, swelling by a total of 306,000 by 2066.
- The 85+ population—the age group most likely to require the highest intensity of aging services—is expected to grow by a staggering 260% by 2064.
- The demographic impact is already here: as of 2024, people over 65 constituted the largest age group in fully one-third of Kansas counties.

Adults 65+ are the largest age group in one-third of Kansas counties

The implications for long-term care planning are stark. Statistical modeling indicates that an American turning 65 today possesses a nearly 70% probability of requiring long-term services and supports (LTSS) at some point in their remaining lifespan. While public perception often minimizes this risk, the data reveals that while one-third of seniors may never need significant care, a full 20% will require high-intensity support for longer than five years. On average women need care longer (3.7 years) than men (2.2 years).

This mass migration into senior status is not merely a statistical curiosity but a fundamental alteration of the dependency ratio, placing unprecedented strain on a shrinking working-age population to support social insurance and care systems.

The implication for the Kansas Department for Aging and Disability Services (KDADS) budget is direct. As the percentage of the population over 65 rises to 18% and approaches 20% by 2030, the

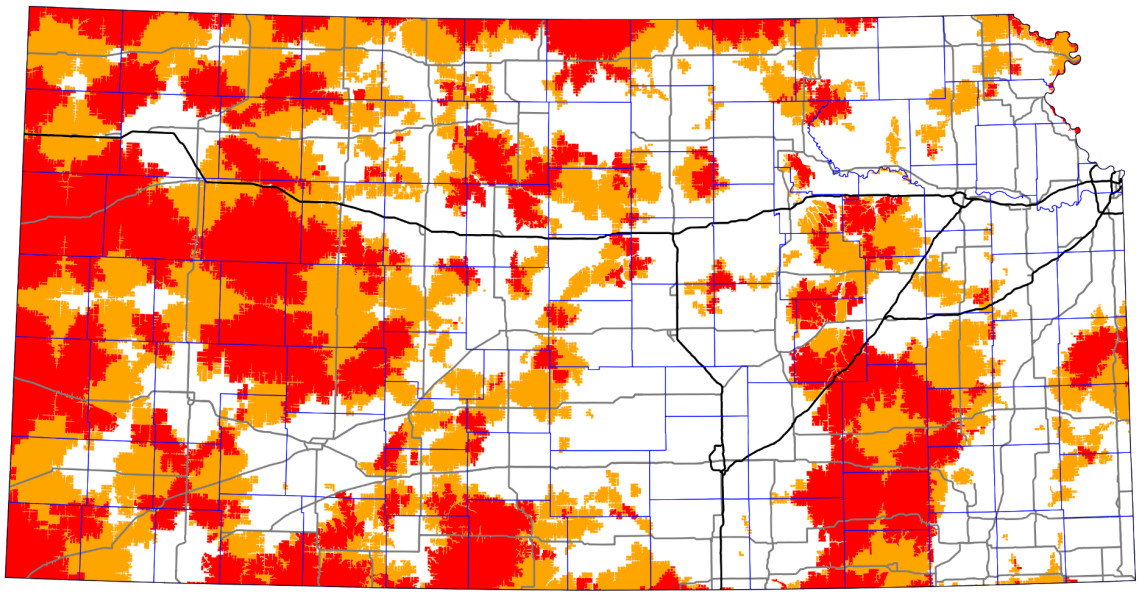
demand for the Frail Elderly (FE) waiver and nursing facility beds will naturally track this curve. Budgeting flat funding or failing to account for inflation in this context effectively functions as a service cut, especially given the increasing volume of demand.

1.2 The Rise of Care Deserts Across Kansas

Demand for aging services professionals is growing faster than any other profession, with an estimated 1.2 million new jobs needed between now and 2030 to keep up with this rapidly rising demand, on top of the 6.9 million direct care jobs that will need to be filled as existing workers leave the field or the labor pool altogether. But right now across the country, and especially in Kansas, we are not keeping up with this demand, and that's a serious problem.

Rather than expanding to meet this demand, due to increased costs and the workforce challenges described below Kansas has seen the opposite trend. In fact all or part of at least 68 residential care facilities have closed or reduced service offerings since 2020. This means there's 2,825 fewer beds available as of November, 2025 than there were before the pandemic. While new options have come online during this time as well, any closure can limit an older Kansan's access to care and be disruptive to their care routine.

Overall, 110,000 Kansans live in areas with only one nursing and residential care provider within a 30-minute drive (shown in orange below). If the local provider closes, they'll join the nearly 43,000 Kansans already living in a care desert (shown in red below), while on average doubling the drive time needed to reach a provider and limiting people's access to care without risking their access to friends, family, and loved ones.



Taken together, these demographic shifts and service contractions underscore a simple but unavoidable truth: Kansas's current long-term care capacity is not aligned with the needs of its aging population. The state is already experiencing the consequences—fewer available beds, strained home- and community based services, and entire regions at risk of losing access altogether. Without intentional, sustained investment, these pressures will not self-correct; they will accelerate.

The path forward requires acknowledging that maintaining access to care across Kansas is not solely a matter of sustaining individual programs, but of preserving the integrity of an interdependent continuum. A stable workforce, adequate reimbursement, and predictable funding are prerequisites, not aspirations. As the following sections make clear, Kansas has a narrow window in which to act. The demographic reality is fixed. The policy response is not.

2. The Workforce Emergency Threatening Care in Kansas

Kansas's aging services system is not being strained by a temporary labor shortage—it is being reshaped by a workforce crisis that is deeper, more structural, and more far-reaching than anything the sector has experienced in modern history. This is not a dip in the business cycle. It is a demographic reckoning.

The nurses, aides, social workers, and home care professionals who support older Kansans are themselves aging out of the workforce, retiring faster than new workers can be trained. At the very moment demand is rising sharply, the pipeline supplying the hands-on caregiving workforce is collapsing. The result is a growing mismatch between the number of Kansans who need care and the number of Kansans available to provide it—and the gap widens every year.

These pressures have triggered a cascade of destabilizing consequences across the entire system. Persistent vacancies force remaining staff into exhausting workloads, accelerating burnout and turnover. High turnover undermines continuity of care, places residents at risk, and drives up recruitment and training costs. And as providers struggle to fill shifts, they become increasingly dependent on high-cost temporary staffing agencies—diverting hundreds of millions of dollars away from permanent wages and long-term workforce development.

This section details the dimensions of this crisis: the shrinking educational pipeline, the looming retirement cliff, the revolving door of turnover, and the financial trap of agency staffing. It also demonstrates how strategic, common-sense policy interventions—especially around agency oversight—can meaningfully reduce costs, stabilize staffing, and begin to rebuild a sustainable workforce.

Without decisive action, Kansas risks a future in which access to care is determined not by need, but by ZIP code and staffing availability. The workforce is the backbone of aging services in Kansas—and right now, that backbone is under unprecedented strain. The time to strengthen it is now.

2.1 A Shrinking Pipeline and an Approaching Retirement Cliff

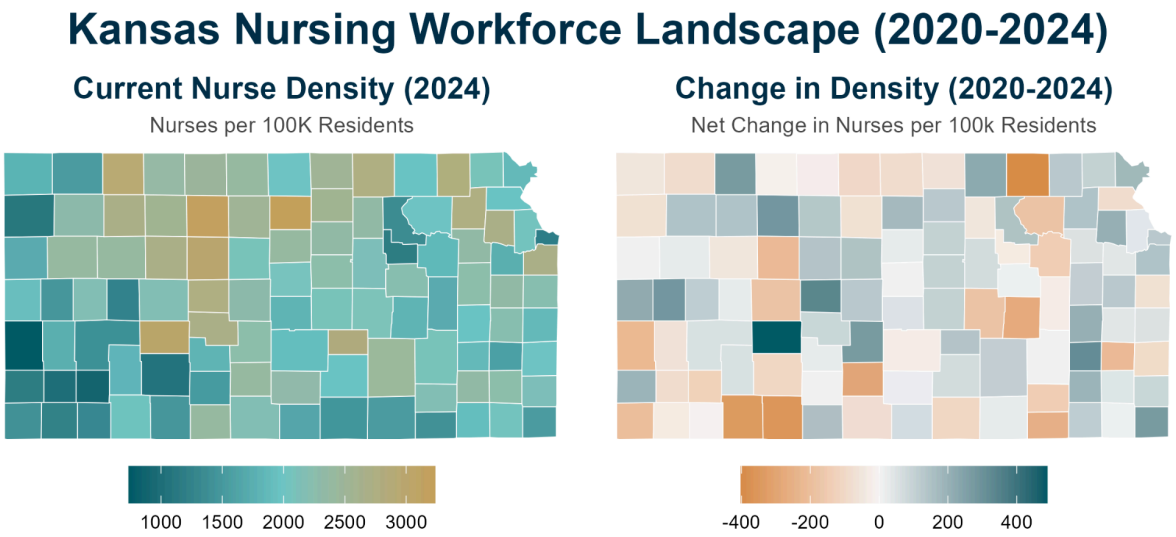
Nursing program enrollment in Kansas has plummeted 39% in the last decade

The single greatest threat to accessing aging services in Kansas is the ongoing instability of the workforce. Unlike typical labor shortages that fluctuate with the business cycle, the current crisis is structural, demographic, and potentially permanent

without smart, targeted interventions. The following section explores the causes and complications of the workforce crisis and examines how common sense action to rein in temporary staffing agencies could help lower rapidly growing labor costs and help stabilize the workforce.

The labor market for aging services is contracting even as the broader economy expands. While total Kansas employment has grown by 3.5% since January 2020, employment in the aging services sector remains below pre-pandemic levels. This stagnation persists despite the demand for these professionals growing faster than any other single profession in the economy.

Data from the Kansas Nursing Workforce Center (KNWC) paints a grim picture of the future supply of nurses. The number of active nurses in Kansas has been in decline since 2019, and the workforce is aging in parallel with the patients they serve.



- **The Retirement Cliff:** A demographic time bomb is ticking within the profession. 22.1% of Registered Nurses (RNs) and 20.5% of Licensed Practical Nurses (LPNs) are currently aged 60 or older.
- **Intent to Leave:** The exit ramp is crowded. Survey data indicates that 25.9% of RNs and 23.4% of LPNs plan to retire or leave the profession entirely within the next five years. This represents the potential loss of a quarter of the state's clinical capacity in half a decade.
- **Utilization Gap:** Simply holding a license does not equate to working. Only 84.5% of Kansas RNs are actively employed in nursing. The reasons for this detachment are varied: 72.3% cite home and family duties, while 14.2% cite inadequate salary.

2.2 The Education Bottleneck Blocking Workforce Growth

Attempts to refill the pipeline are faltering. Enrollments in nursing education programs have plummeted by 39% over the last ten years. This decline is not necessarily due to a lack of student interest but a lack of educational capacity. Nursing programs face acute faculty shortages because they cannot compete with clinical salaries. A master's-prepared nurse can often earn significantly more working in a hospital or even a temporary staffing agency than teaching the next generation of nurses. This "cannibalization" of the educational workforce by the clinical sector creates a bottleneck where qualified student applicants are turned away because there are not enough instructors to teach them.

2.3 Turnover, Vacancy, and the High Cost of Instability

For the staff that remain, the environment is one of constant churning. High turnover disrupts the continuity of care—a critical quality factor for dementia patients who rely on familiar faces—and imposes massive training and recruitment costs on providers.

Table 1: Workforce Turnover and Vacancy Rates in Kansas Aging Services (2024)

Role	Turnover Rate (Aging Services)	Vacancy Rate (Aging Services)	Hospital Comparison Turnover
Certified Nursing Assistant (CNA)	54.2%	8.3%	N/A
Registered Nurse (RN)	36.1%	10.9%	14.1%
Licensed Practical Nurse (LPN)	19.9%	13.7%	18.8%
Home Health Aide (HHA)	30.5%	N/A	N/A
Social Worker	93.6%	0.0%	N/A

Source: LeadingAge Kansas Workforce Report, Kansas Hospital Association

The disparity in RN turnover between aging services (36.1%) and hospitals (14.1%) underscores the competitive disadvantage of the long-term care sector. Hospitals, with better reimbursement rates and typically higher wages, act as a magnet for talent, stripping nursing homes of their most credentialed staff. Nearly 59% of aging services providers cite competition from hospitals and other healthcare sectors as a primary barrier to recruitment.

2.4 How Temporary Staffing Agencies Are Draining the System

Unable to fill shifts with permanent staff, providers have turned to temporary staffing agencies, creating a dependency that is financially ruinous.

- **Cost Explosion:** In the first half of this decade, agency staffing costs exploded, topping $682 million from 2020-2024. Overall, contract nursing payments exploded by 353%.
- **Predatory Pricing:** Agencies can charge Medicaid providers at least double the going wage for essential workers. This pricing power is amplified during shortages; when a facility is legally mandated to have a nurse on duty and none are available, they must pay whatever rate the agency demands.
- **Restrictive Practices:** Providers allege that agencies restrict the freedom of workers to transition from temporary contracts to full-time employment with the facility, effectively locking the labor pool into the high-cost agency model. This dynamic drains resources that could otherwise be used to raise the base wages of permanent staff, creating a feedback loop where low permanent wages lead to vacancies, which lead to high agency spend, which further restricts the budget for permanent wages.

Staffing agencies cost Kansas providers $682 million from 2020-2024

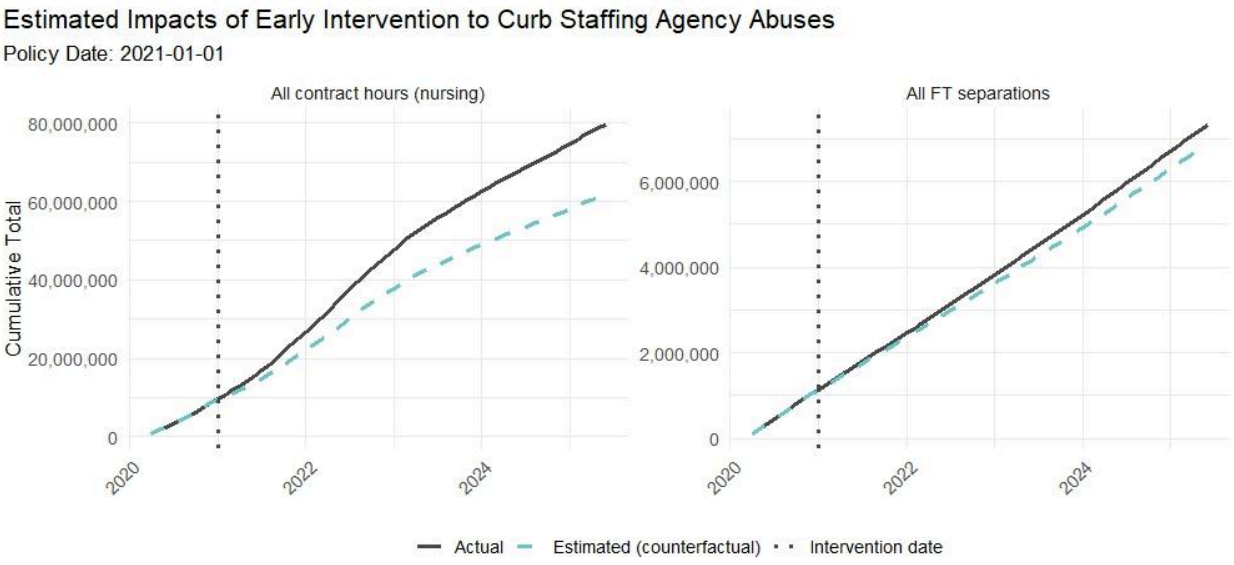
2.5 Common Sense Standards Yields Results

About a dozen states adopted new agency staffing rules since the start of the pandemic. These include rules on licensure, reporting, and limits or bans on noncompete clauses, among other things. LeadingAge Kansas has continually advocated for new rules like these to rein in the worst actors in the agency staffing industry and foster better stewardship of public dollars.

To better understand the impacts that common sense agency staffing standards would have had in Kansas had the state already acted on this issue, we built a statistical model to test what would have happened had Kansas adopted rules requiring registration, reporting, and credentialing as well as restrictions on non-compete clauses and conversion fees at the start of 2021.

Our findings suggests that early action on agency staffing would've meant:

- A **25%** reduction in agency staff hours
- A **7%** reduction in total full-time staff turnover
- Nearly **$295** million on overall labor cost savings through the end of 2024



Clearly, our modeling indicates that Kansas would likely have seen significant reductions in contract labor use had it implemented the policy package, while full-time retention would likely have improved. These findings suggest that state action to curb agency staffing could materially reduce provider costs while shifting the labor mix away from expensive contract staffing.

3. Strengthening the Entire Continuum of Care

Kansas's long-term care system is only as strong as its weakest link—and today, every link in the continuum is under strain. Home and Community Based Services (HCBS), PACE programs, assisted living, and nursing facilities were designed to work in balance, offering older Kansans different levels of support as their needs change. But when one part of the system is underfunded or overwhelmed, pressure shifts elsewhere. What begins as a gap in home care becomes a surge in nursing home demand. What starts as outdated rate-setting becomes an existential threat to PACE programs. What looks like a delay in waiver funding becomes a nursing facility admission the state must pay for at a far higher cost.

This interdependence is not theoretical—it is already reshaping access to care in Kansas. The state now ranks 47th in the nation for the share of "low-care" residents in nursing facilities, a clear signal that too many older adults are entering institutions not because they need skilled nursing, but because there is nowhere else for them to go. When community based supports fail, when reimbursement lags reality, and when regulatory structures ignore the economic logic of the continuum, the result is predictable: higher state spending, poorer outcomes, and fewer choices for older Kansans.

The following section examines how gaps in HCBS capacity, outdated funding methodologies in PACE and residential care, and the looming Frail Elderly waiver shortfall threaten the stability of the entire system. It also outlines the immediate steps Kansas must take to prevent avoidable institutionalization, correct structural underfunding, and ensure each component of the continuum can do what it does best.

If Kansas wants to preserve choice, protect the State General Fund, and support aging with dignity in every corner of the state, strengthening the continuum is not optional—it is foundational.

3.1 Why Gaps in One Part of the Continuum Raise Costs Everywhere

Research indicates that unmet HCBS needs are the strongest predictor of premature nursing home placement. When the state underfunds HCBS—whether through low reimbursement rates that cause workforce shortages or through funding caps that create waitlists—it does not eliminate the care need. Instead, it shifts the individual into the nursing facility system.

Kansas ranks 47th nationally for the high percentage of "low-care" residents in residential care settings

It is notable that Kansas ranks 47th in the nation (4th worst) for the percentage of "low-care" residents in residential care facilities. Approximately 17.0% of

residents are classified as low-care, meaning they require minimal assistance with activities of daily living and could likely be served in a cheaper, less restrictive setting. This fact is indicative of a lack of adequate HCBS infrastructure. Too many residential care residents are there not because they need skilled nursing care, but because it's the only place with a funded bed available. This represents a massive misallocation of Medicaid dollars, paying premium rates for custodial care.

3.2 Preventing an FE Waiver Waitlist — and Higher State Costs

One of the most pressing issues for the SFY 2027 budget cycle is the precarious position of the HCBS Frail Elderly (FE) waiver. Historically, Kansas has managed to avoid significant waitlists for this specific waiver, unlike the Physical Disability (PD) and Intellectual/Developmental Disability (I/DD) waivers, which had waitlists of 1,103 and 4,320 respectively as of early 2025. However, recent testimony and budget analysis suggest this stability is ending.

The projected funding shortfall for the FE waiver is $27 million in FY 2026 and escalates to $70 million in FY 2027. This shortfall is driven by utilization growth (the demographic shift discussed in Section 1) and inflationary pressure on service costs. Without the appropriation of these specific amounts, KDADS will be forced to implement a waitlist for the FE waiver.

The mechanics of this issue are critical to understand. To be eligible for the FE waiver, an individual must *already* meet the Medicaid nursing facility threshold score. This means they are clinically indistinguishable from a nursing home resident. If they are denied entry to the waiver via a waitlist, their care needs do not vanish; they simply become unmanageable in the community, forcing the individual into a nursing home where the state cannot legally waitlist them. The requested enhancement of $33 million for FY 2026 is essentially a "firewall" protecting the State General Fund from the much higher costs of institutionalization.

3.3 Updating PACE Rates to Reflect Today's Costs

The Program of All-Inclusive Care for the Elderly (PACE) is the third leg of the LTSS stool. Operating as a capitated risk model, providers assume full financial responsibility for all healthcare needs of their enrollees.

- **Statutory Basis:** PACE rates are required by federal regulation to be less than the cost of comparable fee-for-service (FFS) care.
- **Kansas Methodology:** Kansas calculates the UPL based on what the population *would* have cost in FFS (Nursing Home + HCBS) and then applies a discount of "at least 5%".

The crisis in PACE stems from the data used for the UPL calculation. Testimony indicates that rates were last rebased using data from FY 2020, 2023, and 2024. This lagging methodology is fatal in a risk-based model. If a PACE provider is paid a capitated rate based on 2020 costs but

must purchase medical services and labor at 2026 prices, the program becomes insolvent.

To support "full funding of the continuum," the state must ensure that the administrative burden of PACE enrollment is minimized and that the rate methodology supports the high upfront costs of opening new centers. PACE programs must be rebased annually using the most current FFS data available. As nursing facility rates rise, the PACE UPL *must* rise commensurately.

3.4 Rebasing Nursing Facility Rates to Prevent Closures

The funding of nursing facilities in Kansas is not discretionary; it is governed by specific statutory requirements, principally K.S.A. 75-5958. This statute mandates a quality care assessment and outlines the framework for reimbursement. The system relies on a prospective, cost-based, facility-specific rate-setting methodology.

LeadingAge Kansas seeks strict compliance with rate rebasing laws for SFY 2026/2027. "Rebasing" is the process of updating the cost data used to calculate daily rates.

- **Current Methodology:** Kansas typically utilizes a multi-year average (e.g., 2022, 2023, and 2024 cost reports) to determine the rates for the upcoming fiscal year.
- **The Inflationary Lag:** In a stable economic environment, a three-year average smooths volatility. However, in the hyper-inflationary environment of 2022-2025, specifically regarding agency nursing labor and medical supplies, this lag is punitive. Rates paid in July 2026 based on 2022 costs are mathematically insufficient to cover 2026 expenses.

The failure to rebase annually or to use the most recent cost data effectively forces nursing facilities to subsidize the Medicaid program from their reserves or by cost-shifting to private pay residents. In rural areas where private pay census is low, this leads to facility closures, which devastates local access to care. The Legislature appropriated $4.8 million SGF for a full rebase in FY 2026; this commitment must be maintained and potentially expanded in FY 2027 to ensure the "base" of the rate reflects the new plateau of labor costs.

4. Cutting Red Tape to Improve Quality and Access

Kansas' aging services providers face a regulatory environment that is both complex and fragmented, often governed by agencies whose mandates and interpretive frameworks were not designed for modern, person-centered long-term care. As a result, providers encounter duplicative oversight, inconsistent interpretations of Life Safety Code requirements, and administrative processes that too often distract from—not strengthen—quality of life for residents.

This section outlines our policy priorities for easing unnecessary regulatory burdens while reinforcing our commitment to safety, quality, and resident-centered care. From reforming survey and enforcement structures, to addressing longstanding operational challenges at KDADS, to protecting the integrity of assisted living and dementia care models, our recommendations focus on aligning standards with real-world care needs. We also emphasize the importance of upstream supports—such as nutrition and oral health—that improve health outcomes and reduce long-term costs.

Taken together, these proposals seek to create a regulatory environment that is clearer, more consistent, and better calibrated to Kansas's aging services continuum—allowing providers to focus on what matters most: delivering high-quality, person-centered care for older Kansans.

4.1 Modernizing Survey and Enforcement Authority

Since at least 2019, we have advocated for regulatory reforms aimed at shifting the final licensure and enforcement authority for long-term care facilities away from the Office of the State Fire Marshal (SFM) and toward the Kansas Department for Aging and Disability Services (KDADS). This advocacy is based on our sincere belief that SFM lacks the specialized expertise necessary for human services settings, resulting in unnecessary administrative burdens and regulatory interpretations that conflict with person-centered care models.

We believe that instead of having the SFM directly involved in the licensure process, KDADS should assume the role of final authority in determining deficiencies, issuing citations, and implementing enforcement actions. While KDADS retains the authority to subcontract with the Fire Marshal's office to conduct the technical Life Safety Code surveys, the final determinations and interpretations of findings are reserved for KDADS.

The functional impact of this shift is significant: by placing ultimate interpretive authority under KDADS—the agency responsible for quality of care and human services—the legislature seeks to ensure that Life Safety Codes are interpreted through a lens of person-centered care, minimizing regulatory conflicts and streamlining processes for providers. This centralization aims to reduce the administrative burden historically caused by agencies with differing regulatory philosophies applying rules independently.

4.2 Fixing the State Survey Agency to Improve Fairness and Efficiency

We remain deeply concerned about ongoing structural issues within the KDADS state survey process, including consistently high rates of deficiencies ("tags") and Immediate Jeopardy citations, coupled with a severe workforce capacity issue (50% vacancy rate).

We support policy changes that will foster a more balanced, collaborative survey process focused on quality outcomes for residents. These include:

1. **Independent IDR Vendor:** To improve fairness and efficiency, we support contracting with an independent vendor to oversee the IDR process, ensuring true objectivity and accountability.
2. **Multidisciplinary Survey Model:** Kansas should adopt a multidisciplinary survey model, moving beyond relying solely on Registered Nurses (RNs) to include specialists in areas like dietary and social services, is a strategic operational solution to the high KDADS staff vacancy rate. If traditional RN surveyors are unavailable, authorizing the use of other licensed professionals allows KDADS to maintain survey efficiency and inject specialized expertise into the process. This approach is intended to foster a more balanced and collaborative survey process focused on quality outcomes, rather than simply issuing technical citations.
3. **KDADS Waiver Authority:** We believe granting the KDADS Secretary statutory authority to issue waivers and resolve conflicts between health and life safety standards would provide a practical and efficient mechanism for ensuring fair, consistent application of the rules.

4.3 Why Assisted Living Discharge Appeals Would Harm Residents

LeadingAge Kansas holds "serious concerns" regarding legislation that would grant appeal rights to residents involuntarily discharged from assisted living or other state-licensed adult care homes. This opposition is drawn from a holistic assessment of risk to both residents and facility operations, encompassing three core concerns: resident safety, regulatory and legal issues, and continued affordability.

The fundamental regulatory distinction between assisted living and nursing facility care dictates that assisted living is intended to provide personal care until a resident's needs escalate beyond the facility's licensed scope. If a resident requires a level of care beyond what the assisted living facility is licensed or staffed to provide, the facility must discharge them to a higher level of care (such as a nursing home). Appeal delays could compel facilities to retain residents whose increasing needs compromise the safety of the individual and potentially the operating environment of the entire facility, thereby endangering both residents and operations.

Our position is a defensive measure against "scope creep"—the regulatory blurring of lines between assisted living (a generally lower-cost, social care model) and nursing facilities (a higher-cost, medical care model). By fiercely resisting appeal mechanisms that could delay necessary transfers, we seek to protect the affordability of assisted living and the regulatory integrity of its providers.

4.4 Avoiding Unnecessary and Duplicative Dementia Care Licensure

LeadingAge Kansas opposes the creation of a separate dementia care licensure for settings such as assisted living, home plus, or residential health care. We believe that restricting providers from marketing dementia care without additional licensure and fees is unrealistic and adds unnecessary regulatory burden to an already highly regulated sector.

We remain firmly committed to promoting specialized training and high standards in dementia care through current regulatory requirements, and actively provide comprehensive training for Adult Care Home Operators, including instruction on how dementia impacts the lives of elders. Furthermore, our existing courses are approved for continuing education hours for licensed professionals, including RNs, LPNs, and Licensed Social Workers, and address topics such as best practices in supporting family members of residents receiving dementia care.

By offering robust, state-approved operator and continuing education training that covers dementia, we believe we have demonstrated that existing regulatory requirements for training and the enforcement of negotiated service agreements are sufficient to maintain quality. We view a separate licensure category for dementia care as regulatory duplication and a barrier to service delivery, particularly since all adult care homes provide some level of dementia support. Our focus remains on ensuring that providers who fail to meet agreed-upon service quality standards are addressed through existing regulatory pathways, rather than through a new, burdensome licensing structure.

4.5 Expanding Benefits That Improve Health and Lower Costs

LeadingAge Kansas supports enhancing benefits and services for aging Kansans, specifically naming oral health benefits and senior nutrition program access. We believe that upstream health prevention, such as nutrition and oral health, reduces the likelihood of seniors requiring more intensive, higher-cost medical interventions, thereby aligning our goals with state fiscal goals related to Medicaid cost containment and maximizing efficient resource utilization.

5. What Kansas Must Do Now: Legislative Actions for 2026

As Kansas enters the 2026 legislative session, the state faces an unprecedented convergence of challenges across its aging services continuum: a deepening workforce crisis, rising costs of care, inconsistent regulatory oversight, and increasing demand for services as the population ages. LeadingAge Kansas urges lawmakers to take a focused, strategic approach that strengthens the workforce, stabilizes providers, and reduces unnecessary regulatory barriers—while ensuring older Kansans can access the right care in the right setting.

The recommendations in this section outline practical, evidence-based actions the Legislature can take to strengthen long-term care statewide. These include investing in workforce pipelines, modernizing outdated regulatory structures, fully funding Medicaid reimbursement across the continuum, and expanding supportive services that prevent costly institutional care. By advancing these targeted policy solutions, the Legislature can help preserve access, improve quality, and ensure that Kansas's aging services system remains strong, sustainable, and centered on the well-being of older adults.

5.1 Fully Funding the Aging Services Continuum

- Fully fund Medicaid reimbursement for Nursing Facilities, HCBS, and PACE.
  We support fully funding Medicaid in SFY 2027 in compliance with rate rebasing laws, including permanent nursing facility rate improvements, continuation of the Medicaid add-on, and updated property fees. We also support funding the HCBS-FE waiver to prevent waitlists and rebasing PACE rates, recognizing that fully funding the entire continuum allows Kansans to age where their needs are best met.

5.2 Addressing the Workforce Crisis Head-On

- Establish clear standards and oversight for temporary healthcare staffing agencies.
  We support minimum standards and oversight for healthcare staffing agencies and platforms, consistent with Missouri's approach, to protect patients, ensure transparency of Medicaid dollars, and maintain fair competition and worker choice.
- Invest in Kansas's health and human services workforce pipeline.
  Health and human services urgently need a stable, well-trained workforce. We support reducing faculty barriers and incentivizing preceptors through HB2392 and HB2163 to strengthen the pipeline, improve retention, and protect access to care for older Kansans.

5.3 Reducing Regulatory Burdens and Improving Quality of Life

- Modernize State Fire Marshal oversight to reduce unnecessary regulatory burdens.
  We support efforts to streamline government efficiency and ensure consistent application of regulations, including clear processes to resolve interagency conflicts, without weakening life safety protections. We also support a holistic approach that balances life safety, health and regulatory compliance, and resident rights.
- Reform the KDADS State Survey Agency to improve fairness, balance, and efficiency.
  We support an independent IDR process, a multidisciplinary survey model to address vacancies and expertise gaps, and clear waiver authority for the KDADS Secretary to resolve regulatory conflicts, creating a more balanced and efficient survey system.
- Avoid creating appeal processes that could delay necessary assisted living discharges and reject separate licensure requirements for dementia care.
  We support continued monitoring of involuntary discharge data, which current information shows are rare. We have concerns with creating new appeal rights that could delay necessary discharges and risk resident safety, assigning future data collection to the Ombudsman's office given its non-objective role, and establishing a separate dementia care license that adds cost and complexity without improving care, as existing regulations already address dementia services.
- Expand supportive services that keep older Kansans healthy and independent.
  We support strengthening senior nutrition programs to eliminate waitlists, increasing the long-overdue personal needs allowance, and expanding Medicaid oral health provider availability to better support older adults' health and aging in place.
- Preserving the integrity of the Continuing Care Retirement Community model
  We support preserving the integrity of the CCRC model and addressing any remaining oversight clarifications through regulation, not statute, while maintaining that it is the continuum of services and housing that ensures continuity of care.
- Supporting pharmacy choice
  We support resident pharmacy choice while ensuring facilities can meet federal requirements and maintain medication safety without risking regulatory noncompliance.

Conclusion

The choices made in the 2026 session will determine whether Kansas is prepared for the realities of an aging population. The challenges outlined in this report make the stakes unmistakably clear: without strategic investment and thoughtful modernization, the state risks higher costs, reduced access to care, and widening disparities across the aging services continuum.

Yet this moment is also an opportunity. LeadingAge Kansas and its members stand ready to work in partnership with lawmakers, state agencies, and community leaders to build a system that is strong, fair, and sustainable for all older Kansans. By advancing practical, evidence-based reforms—strengthening the workforce, aligning standards with person-centered care, and ensuring that funding keeps pace with need—the Legislature can help secure a more stable future for both providers and the Kansans they serve. Our commitment is to collaboration, problem-solving, and shared stewardship of a system that touches every community in the state. Together, we can ensure that Kansas meets this demographic moment not with crisis, but with leadership.

APPENDIX: ABOUT AGING SERVICES IN KANSAS:

The aging services sector is both a cornerstone of community well-being and a vital economic engine for Kansas. Statewide, it supports nearly 49,000 jobs and generates $1.2 billion in annual wages—income that, in turn, drives an estimated $437.4 million in retail spending and contributes roughly $30 million in state sales tax revenue. In many rural counties, the local nursing home is one of the top three employers, meaning the closure or financial collapse of a facility is not only a crisis in care access but a localized economic shock that removes millions of dollars from circulation.

This sector is also far more than a single type of provider. It spans residential facilities with on-site nursing care, assisted living communities, home care agencies, PACE programs, hospice services, and adult day centers—each requiring distinct skill sets and dedicated professionals. The following section provides a brief overview of the main types of aging services available across Kansas.

Nursing & Residential Care:
Provides comprehensive nursing, medical, social and rehabilitative care. Licensed staff administer medications and coordinate treatment regimens. Residents are under the care of a physician, and all nursing homes have a physician on call to respond to acute needs, write prescriptions, and order treatments and tests. Residents receive assistance with personal care such as bathing, meals, dressing and toileting.

- There are 299 sites across Kansas providing essential long-term care and support to as many as 18,000 people.
- This supports around 33,500 jobs in Kansas, including around 24,000 jobs directly in nursing homes.
- Total 2024 wages were $722 million, supporting nearly $260 million in overall retail sales, providing $16.2 million in state sales tax revenues.

Home Care:
Professional care that allows older adults to age in place by providing specialized services in their home. Services include personal care, chores, meal assistance, and health care. Home health includes part-time nursing services, therapies, medical supplies, and personal care.

- There are around 344 providers across the state.
- These providers support around 10,200 jobs statewide.
    - Total wages in 2024 were $360 million, supporting around $129.6 million in retail activity statewide, or about $10.8 million in state sales tax revenue.

Assisted Living:
Provides help with the things people need to do every day, such as bathing or getting dressed, taking medicine, cooking, shopping, housekeeping, laundry and getting around. This assistance is available to the resident while still offering independence to remain active and maintain control over their daily life, providing an option for people who may require some assistance but do not need nursing care.

- There are around 231 providers.
- Supports just over 5,300 jobs statewide.
- $132.7 million in total wages, supporting around $47.8 million in additional retail sales, or about $3 million in state sales tax revenue.

Home and Community Based Services:
Delivers person-centered support in home and community settings rather than institutions. Programs assist individuals with functional limitations to lead independent lives and participate fully in their community. Services include case management, adult day health, habilitation, respite care, home modifications, and assistance with daily living, serving as an alternative to long-term institutional care.

- There are around 343 providers across the state that provide HCBS for older Kansans.
- **The Travel Penalty:** In rural Kansas, a home health aide might drive 45 minutes between clients. Unless reimbursement rates fully cover this "windshield time" and the vehicle costs, the model is insolvent.
- **Turnover:** Home Health Aides face a 30.5% turnover rate. The isolated nature of the work, combined with lower wages than facility-based care, makes retention difficult.
- **Cost Increases:** Labor costs in home care have risen 16.6%. While lower than the 31% in nursing homes, the margins in home care are typically thinner, leaving less room to absorb these hikes.

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