

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

LeadingAge Kansas – Situation Report Highlights
January 2026

Kansas is aging faster than the 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.

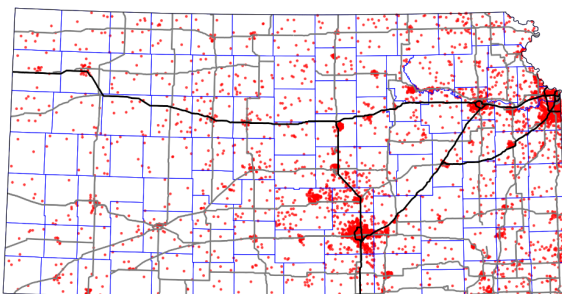
- By 2036, Kansas's 65+ population is projected to grow by **208,000**, increasing by **306,000** by 2066.
- The **85+** population—the group most likely to require the highest intensity of aging services—is expected to grow by **260%** by 2064.
- As of 2024, people over 65 already constituted the largest age group in **one-third of Kansas counties**.

The implications for long-term care planning are stark:

- Americans turning 65 today possess a nearly **70% probability of requiring long-term services and supports (LTSS)** at some point in their remaining lifespan.
- 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).

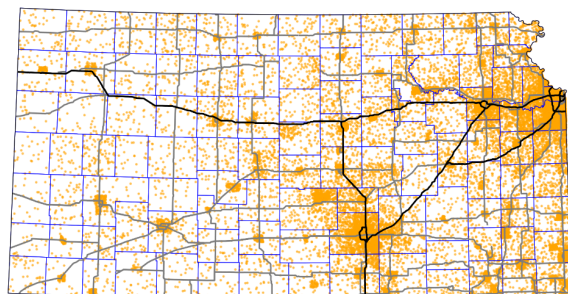
Where Kansans Aged 85+ Live

Dot = 10 Older Kansans



Where Kansans Aged 65 to 84 Live

Dot = 10 Older Kansans

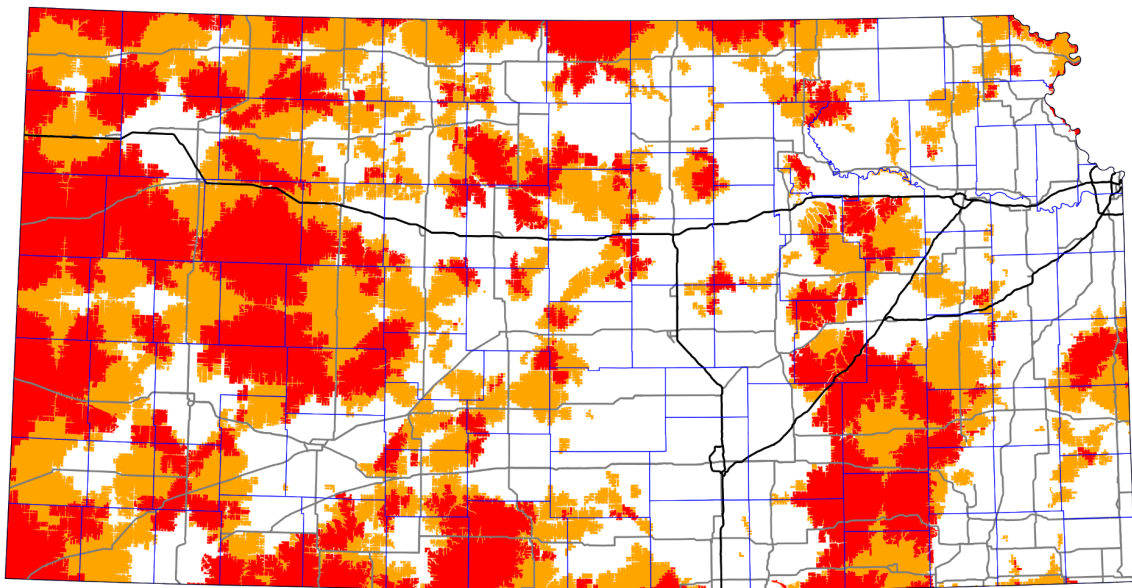


The implication for the Kansas Department for Aging and Disability Services (KDADS) budget is direct. As the percentage of the population over 65 rises to 18% and approaches 20% by 2030, **demand for the Frail Elderly (FE) waiver and nursing facility beds will naturally track this curve.** Budgeting flat funding or failing to account for inflation in this context effectively functions as a service cut, especially given the increasing volume of demand.

It is becoming more difficult to access care

Rather than expanding to meet rising needs, Kansas has seen the opposite trend. Due to increased costs and workforce challenges, **all or part of at least 68 residential care facilities have closed or reduced service offerings since 2020.** As of November 2025, Kansas has **2,825 fewer beds** than before the pandemic. While new options have come online, any closure can limit access and disrupt an older Kansan's care routine.

The risk is now geographic as well as systemic: over **110,000 Kansans** live in areas with only **one** nursing and residential care provider within a 30-minute drive. If that local provider closes, they will join the nearly **43,000 Kansans already living in a care desert** (in red below) and on average will **double their drive time** to reach a provider—often at the cost of proximity to friends, family, and loved ones.



There is a 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.

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.
- 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.

Nurses are leaving the workforce

Data from the Kansas Nursing Workforce Center shows declining supply and rising age in the nursing workforce:

- **22.1% of RNs** and **20.5% of LPNs** are aged **60 or older**.
- **25.9% of RNs** and **23.4% of LPNs** plan to retire or leave the profession within **five years**—potentially eliminating a quarter of Kansas's clinical capacity in half a decade.
- Only **84.5% of Kansas RNs** are actively employed in nursing; among those not working, **72.3%** cite home and family duties and **14.2%** cite inadequate salary.

An education bottleneck complicates replacing them

Attempts to refill the pipeline are faltering. Enrollments in nursing education programs have dropped **39%** over the last ten years. This decline is not necessarily driven by lack of interest—it is driven by lack of capacity.

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

Nursing programs face acute faculty shortages because they cannot compete with clinical salaries. A master's-prepared nurse can earn more in direct care settings—including hospitals or staffing agencies—than teaching. This “cannibalization” creates a bottleneck: qualified applicants are turned away because there are not enough instructors.

Workforce instability threatens to disrupt care

For staff who remain, conditions are defined by constant churn. High turnover disrupts continuity of care—especially for residents with dementia who rely on familiar caregivers—and forces providers into recurring recruitment and training costs.

In 2024, workforce instability was severe across key roles:

- CNA turnover: **54.2%**; vacancy: **8.3%**
- RN turnover: **36.1%**; vacancy: **10.9%** (compared to **14.1%** RN turnover in hospitals)
- LPN turnover: **19.9%**; vacancy: **13.7%**
- Social worker turnover: **93.6%**

The RN turnover gap—**36.1%** in aging services vs. **14.1%** in hospitals—highlights the long-term care sector’s competitive disadvantage. Nearly **59%** of aging services providers cite competition from hospitals and other healthcare sectors as a primary barrier to recruitment.

Temporary staffing agencies are an inadequate, costly solution

In the first half of this decade, agency staffing costs exploded, **topping \$682 million from 2020-2024**. Overall, **contract nursing payments exploded by 353%**.

LeadingAge Kansas has continually advocated for common sense standards to rein in the worst actors in the agency staffing industry and foster better stewardship of public dollars.

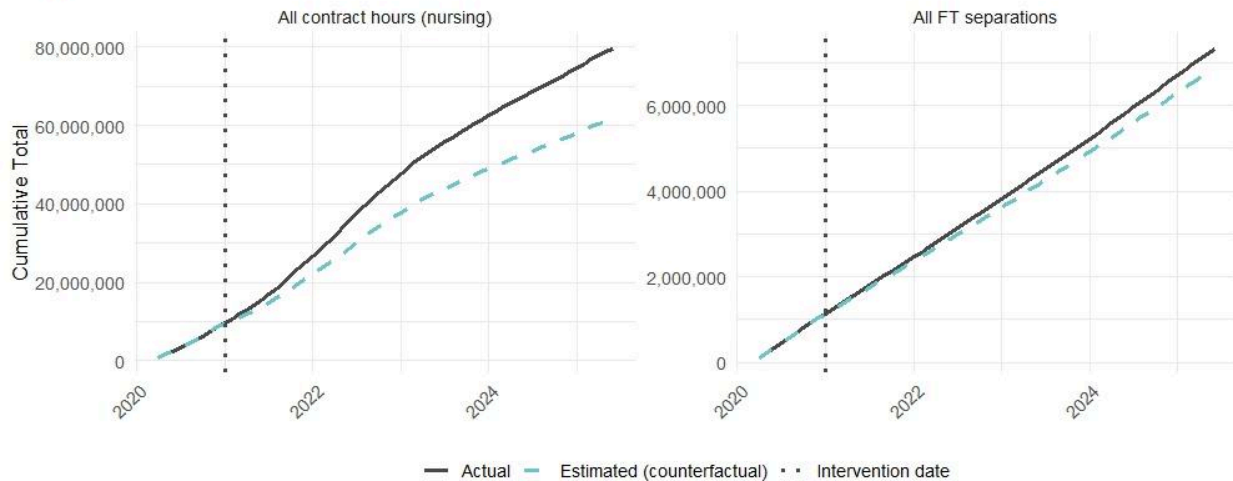
Staffing agencies cost Kansas providers \$682 million from 2020-2024

LeadingAge Kansas recently looked at other states that have adopted agency staffing rules since the start of the pandemic, and our analysis 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

Estimated Impacts of Early Intervention to Curb Staffing Agency Abuses

Policy Date: 2021-01-01



Kansas must take steps to strengthen the whole 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.

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.

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.

1. Fully Fund 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.

2. Address 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.

3. Reduce Regulatory Burdens and Improve 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.

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 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.

Nursing & Residential Care:

Provides comprehensive nursing, medical, social, and rehabilitative care. Licensed staff administer medications and coordinate treatment regimens under physician oversight. 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. Services include personal care, chores, meal assistance, home health nursing, therapies, and medical supplies.

- 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 assistance with daily activities—bathing, dressing, medication management, cooking, shopping, housekeeping, laundry, and mobility—while supporting independence and control over daily life for those who need help but not 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 as an alternative to institutional care. Services include case management, adult day health, habilitation, respite care, home modifications, and assistance with daily living.

- 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.

SOURCES:

- [Bureau of Labor Statistics, Quarterly Census of Employment and Wages](#)
- The U.S. Center for Medicare and Medicaid Services
 - [Provider Data Catalog - Home Health Care](#)
 - [Payroll Based Journal - Employee Detail Data](#)
- Kansas Hospital Association, [The Importance of the Healthcare Sector to the Kansas Economy](#), February 2025.
- LeadingAge Kansas, [Investing in RNs and LPNs: A Crucial Step for Aging Services](#), January 2025.
- University of Kansas, [Kansas Nursing Workforce Center. State of Nursing in Kansas: Workforce Trends, 2015-2025](#), September 2025.
- U.S. Census Bureau:
 - [Vintage 2024 Population Estimates by Age, Sex, Race, Hispanic Origin](#) (June, 2025)
 - 2020 Redistricting File (for population estimates), accessed via [The Redistricting Data Hub](#).
- Kansas Medicaid Cost Report Data Summary (2018-2024) (on file with LeadingAge Kansas)