DIRECT-CARE WORKFORCE AND LONG-TERM CARE PROVISIONS

AS ENACTED IN

PATIENT PROTECTION AND AFFORDABLE CARE ACT AND *HEALTH CARE AND EDUCATION RECONCILIATION ACT* OF 2010

Key Provisions	Patient Protection and Affordable Care Act [PL 111-148] with Amendments from 2010 Reconciliation Act [PL 111-152]
Direct-Care Workforce	
Demonstration Grants for Developing Personal Care Aide Competencies	Establishes demonstration programs, one of which would award grants to up to 6 states for 3 years to develop core competencies, pilot training curricula, and develop certification programs for personal and home care aides. Provision enumerates areas in which to develop core competencies. (Title V, Subtitle F, Sec 5507(a)): Funds appropriated for FY 2010-14 • Appropriates $85 million per year for 5 years (FY 2010-14) for all demos, with no more than $5 million per year for 3 years (FY 2010-12) allowed for personal and home care aide demonstration.
Training and Development Opportunities	Training Opportunities for Direct Care Workers (Title V, Subtitle D, Sec 5302): $10 million authorized for FY 2011-13 Amends Title VII of Public Health Service Act – establishes grants to eligible entities for training of direct-care workers employed in LTC settings such as nursing homes, assisted living facilities, home care settings, and any other setting determined to be appropriate. Once training is completed, the trainee must work in the field of geriatrics, disability services, long-term care, or chronic care management for at least 2 years. Geriatric Education and Training; Career Awards (Title V, Subtitle D, Sec 5305): Effective dates vary Provides grants to Geriatric Education Centers (GEC) for mini-fellowships for faculty; requires that they offer courses on geriatrics, chronic care management, and long-term care; requires activities to include family caregiver training and incorporation of best practices (including mental health); and expands eligibility for Geriatric Academic Career Awards (GACA) to additional disciplines (beyond physicians). Elder Justice Act provisions (Title VI, Subtitle H, Sec 6703): $67.5 million authorized for FY 2011-14 Amends Social Security Act to include grants and incentives to enhance LTC staffing in either long-term care facility or community-based programs or settings (including incentives for improved training, career ladders, and wage/benefits increases). Also defines "direct-care worker" and "caregiver." Cultural competency, prevention, and public health and individuals with disabilities training (Title V, Subtitle D, Sec 5307): Funds authorized for FY 2010-15 Reauthorizes and expands programs to support the development, evaluation, and dissemination of model curricula for cultural competency, prevention, and public health proficiency and aptitude for working with individuals with disabilities training for use in health professions schools and continuing education programs.

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	Interdisciplinary, community-based linkages (Title V, Subtitle E, Sec 5403): Funds authorized for FY 2010-14 Authorizes funding to establish community-based training and education grants for Area Health Education Centers (AHECs) and Programs. Two programs are supported targeting individuals seeking careers in the health professions from urban and rural medically underserved communities. Mental and behavioral health education and training grants (Title V, Subtitle D, Sec 5306): Funds authorized for FY 2010-13 Awards grants to schools for the development or enhancement of training programs in social work, graduate psychology, professional training in child and adolescent mental health, and "preservice or in-service training of paraprofessional child and adolescent mental health workers."
Education and Training for other Health Professionals	State health care workforce development grants (Title V, Subtitle B, Sec 5102): Effective in FY 2010 Competitive grants are created for the purpose of enabling State partnerships to complete comprehensive planning and to carry out activities leading to coherent and comprehensive health care workforce development strategies at the State and local levels. Grants will support innovative approaches to increase the number of skilled health care workers, such as health care career pathways for young people and adults. The grant program will be administered by the Health Resources and Services Administration of the Department of HHS and the National Health Care Workforce Commission. • Planning grants, awarded for not more than 1 year and $150,000, are authorized for FY 2010 for $8 million; Implementation grants, awarded for no more than 2 years, are authorized for FY 2010 for $150 million. Nurse education, practice, and retention grants (Title V, Subtitle D, Sec 5309): Funds authorized for FY 2010-12 Awards grants to nursing schools to strengthen nurse education and training programs and to improve nurse retention. • Amends Title VIII of Public Health Service Act to establish federal traineeships to individuals who are preparing for advanced degrees in geriatric nursing, long-term care, and gero-psychiatric nursing. Grants to promote the community health workforce (Title V, Subtitle D, Sec 5313): Funds authorized for FY 2010-14 Authorizes the Secretary to award grants to States, public health departments, clinics, hospitals, federally qualified health centers, and other nonprofits to promote positive health behaviors and outcomes in medically underserved areas through the use of community health workers. Community health workers offer interpretation and translation services, provide culturally appropriate health education and information, offer informal counseling and guidance on health behaviors, advocate for individual and community health needs, and can provide some direct primary care services and screenings.

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Health Care Workforce Commissions	Establish a National Health Care Workforce Commission (Title V, Subtitle B, Sec 5101): Appointments made by September 30, 2010 Makes recommendations and disseminates information on health workforce priorities, goals, and policies including education and training, workforce supply and demand, and retention practices. Amends Title VII of the Public Health Services Act to specifically define direct-care workers within the National Health Care Workforce (along with RNs, etc). • Implications include: data collection and analysis of workforce needs; increasing supply of workers to meet the demand; enhancing training and education; providing support to the existing workforce to improve access; and defining high priority areas and addressing needs of special populations including geriatrics. Health Care Workforce Assessment (Title V, Subtitle B, Sec 5103): Funds authorized for FY 2010-14 Codifies the existing National Center for Health Care Workforce Analysis, and establishes several regional centers for health workforce analysis. The centers will coordinate with State and local agencies collecting labor and workforce statistical information and coordinate and provide analyses and reports on Title VII to the Commission. Establishes a Personal Care Attendants Workforce Advisory Panel (Title VIII, Sec 8002 - Under the CLASS Act): Effective 90 days after date of enactment of Act Amends Public Health Service Act (adds Title XXXII, Sec. 3210 (c)) for the purpose of examining and advising the Secretary and Congress on workforce issues related to personal care attendant workers, with respect to the adequacy of the number of such workers, the salaries, wages, and benefits of such workers, and access to the services provided by such workers. • Membership includes representatives of disabled individuals, seniors, workforce and labor organizations, home and community-based service providers, and assisted living providers.
Nursing Homes/Long-Term Care Residential Services	
Nursing Home Transparency	Nursing Home Transparency and Improvement (Title VI, Subtitle B, Sec 6101-6121): Effective Dates Vary • Includes transparency of information about skilled nursing facilities (SNFs) and nursing homes, including the enforcement standards and rules in SNFs and nursing homes • Includes staffing data for each facility (staffing levels, turnover, etc.) on Nursing Home Compare website • Reports expenditures for direct-care staff (including wages & benefits) and other staffing information based on payroll data, taking into account services provided by agency or contract staff • GAO study on 5-star Quality Rating System • Demonstration projects on culture change and use of IT in nursing homes • Requires initial CNA pre-employment training to include dementia and abuse prevention -- minimum training requirement remains at 75 hours.

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National Nurse Aide Registry	Elder Justice includes a provision for the Secretary, in consultation with appropriate agencies and private sector organizations, to conduct a study on establishing a national nurse aide registry. (Title VI, Subtitle H, Sec 6703) • $500,000 authorized for report due no later than 18 months after date of enactment of Act
National Background Check Program	Nationwide Program for National & State background checks on direct patient access employees of LTC facilities and providers (this includes all individuals who have access to patients and residents through a contract and has duties that may involve one-on-one contact with that patient or resident). (Title VI, Subtitle C, Sec 6201): Effective FY 2010-12 • Supports states in developing system to conduct checks on employees of skilled nursing facilities, nursing homes, home health agencies, hospice providers, LTC hospitals, personal care providers, adult day care providers, and assisted living facilities. • Extends current 7 state pilots and enters into agreements with newly participating States.
Home- and Community-Based Services	
Community Living Assistance Services and Supports (CLASS Act)	Establishes a new LTC insurance program, the CLASS Independence Benefit Plan, for the purchase of community living assistance services and supports by individuals with functional limitations. (Title VIII, Sec 8002): Effective January 2011 • Automatic enrollment for actively employed adults age 18 and older, with option to opt out. • Financed by voluntary payroll deductions or contributions for all eligible adults. No taxpayer funds will be used to pay benefits. • Allows for 5-year vesting period for eligibility of benefits; creates benefit triggers that allow for the determination of functional and/or cognitive limitation; and provides cash benefit that is not less than an average of $50 per day with no lifetime or aggregate limit. • Requires the Secretary to develop an actuarially sound benefit plan that ensures solvency for 75 years. • Establishes a Personal Care Attendants Workforce Advisory Panel. (See Workforce Commissions – under Direct Care Workforce.)
Money Follows the Person (MFP) Demonstration Program	Extends the Medicaid MFP rebalancing demonstration through September 2016 and changes the eligibility rules for individuals to participate by requiring that individuals reside in an inpatient facility for not less than 90 consecutive days. (Title II, Subtitle E, Sec 2403): Effective 30 days following enactment
Community First Choice Option	Provides community-based attendant supports and services in Medicaid to individuals who require an institutional level of care and with incomes up to 150% of federal poverty level. (Title II, Subtitle E, Sec 2401): Effective October 2011-16 (unless renewed by Congress) • Through new state plan amendment, states will receive an enhanced federal matching (FMAP) rate of an additional 6 percentage points for reimbursable program expenses.

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Removal of barriers to providing home and community-based services	Removes barriers to providing HCBS by amending Section 1915i of the Social Security Act - gives States the option to provide more types of HCBS through a State plan amendment rather than through a waiver. (Title II, Subtitle E, Sec 2402): Effective October 2010 • Applies to individuals with incomes up to 300% of the maximum SSI payment and who have a higher level of need. • May extend full Medicaid benefits to individuals receiving HCBS under a State plan amendment.
State Balancing Incentive Payments Program	Provides enhanced federal matching payments (FMAP) to eligible states to increase the proportion of long-term care services provided through the community (instead of nursing homes and similar institutional settings). (Title X, Subtitle B, Part I, Sec 10202(a)): Effective October 1, 2011 through September 30, 2015 • States will receive enhanced FMAP of 5% if less than 25% of total LTC expenditures in FY 2009 were spent on home and community-based services (HCBS); those states spending 25-50% of LTC expenditures on HCBS receive 2% enhanced FMAP. • State must agree to make structural changes, including establishing a single entry point system; conflict-free case management; core standardized assessment tools; and data collection on use, outcomes and quality.
Spousal Impoverishment Protections	Provides protection for recipients of home- and community-based services against spousal impoverishment. (Title II, Subtitle E, Sec 2404): Effective for 5-year period starting January 2014
Aging and Disability Resource Centers (ADRC)	Allocates $10 million per year for 5 years to continue the state Aging and Disability Resource Center (ADRC) initiatives. (Title II, Subtitle E, Sec 2405): Funds appropriated for FY 2010-14
Call for Congress to Address Long Term Care (LTC)	Sense of Senate regarding LTC (Title II, Subtitle E, Sec 2406): Effective during 111th Congress States that Congress should address long-term care services and supports in a comprehensive way that guarantees elderly and disabled individuals the care they need, in the community as well as in institutions.
Improved Coordination of Services	
Analysis of Long Term Care (LTC) Provider Payments	Plans for a value-based purchasing program for skilled nursing facilities and home health agencies. (Title III, Subtitle A, Part I, Sec 3006): Effective FY 2012 Directs the Secretary to submit a plan to Congress outlining how to effectively move these providers into a value-based purchasing payment system.

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New Delivery of Care Models and Other Demonstration Programs	Independence at Home Demonstration Program (Title III, Subtitle A, Part III, Sec 3024): Effective January 2012 Creates a new demonstration program for high-cost, chronically ill Medicare beneficiaries to test a payment incentive and service delivery system that utilizes physician (and nurse practitioner) directed home-based primary care teams aimed at reducing expenditures and improving health outcomes. Medical practices are paid an annual capitated spending target, including a risk corridor, and may receive incentive payments based on quality measures if actual expenditures are less than estimated. Community-based care transitions program (Title III, Subtitle A, Part III, Sec 3026): Effective January 2011-December 2015 Provides funding to hospitals and community-based entities that furnish evidence-based care transition services to Medicare beneficiaries at high risk for readmission. • Gives priority to those entities participating in a program providing concurrent care transition interventions administered by the Administration on Aging. State Option to Provide Health Homes for Enrollees with Chronic Conditions (Title II, Subtitle I, Sec 2703): Effective January 2011 Creates new Medicaid state plan option where Medicaid enrollees with at least two chronic conditions (or with one chronic condition and at risk of developing another chronic condition) could designate a provider as their health home. The designated provider or team of health professionals would offer comprehensive care management; care coordination and health promotion; comprehensive transitional care, and referral to community and social support services, if relevant and as feasible use health information technology to link such services. The option would be evaluated based on its impact on hospital admission rates, chronic disease management, and coordination of care for the chronically ill. Grants to establish community health teams to support the patient-centered medical home (Title III, Subtitle F, Sec 3502): Creates a program to establish and fund the development of community health teams to support the development of medical homes for persons with chronic conditions by increasing access to comprehensive, community based, coordinated care. Patient navigator program (Title III, Subtitle F, Sec 3510): Reauthorizes until FY 2015 Reauthorizes demonstration programs to provide patient navigator services within communities to assist patients overcome barriers to health services. Program facilitates care by assisting individuals coordinate health services and provider referrals, assist community organizations in helping individuals receive better access to care, information on clinical trials, and conduct outreach to health disparity populations.

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Building Infrastructure for Reform	Medicaid and CHIP Payment and Access Commission (MACPAC) (Title II, Subtitle J, Sec 2801): Fund appropriated for FY 2010 Will look into payments to LTC providers and providers of home- and community-based services, and evaluate how methodologies enable such beneficiaries to obtain services. Providing Federal coverage and payment coordination for dual eligibles. (Title II, Subtitle H, Sec 2602): Effective March 2010 Requires the Secretary to establish a Federal Coordinated Health Care Office (CHCO) within CMS to provide federal coverage and payment coordination for dual eligible beneficiaries. Establishment of Center for Medicare and Medicaid Innovation within CMS. (Title III, Subtitle A, Part III, Sec 3021): Effective January 2011 Establishes within the Centers for Medicare and Medicaid Services (CMS) a Center for Medicare & Medicaid Innovation (CMI). The purpose of CMI will be to research, develop, test, and expand innovative payment and delivery arrangements to improve the quality and reduce the cost of care provided to patients in each program. Dedicated funding is provided to allow for testing of models that require benefits not currently covered by Medicare. Successful models can be expanded nationally. Health care delivery system research; Quality improvement technical assistance. (Title III, Subtitle F, Sec 3501): Funds authorized for FY 2010-14 Builds on the Center for Quality Improvement and Patient Safety of the Agency for Healthcare Research and Quality (AHRQ) to support research, technical assistance and process implementation grants – which is now required to coordinate activities with those conducted by Center for Medicare & Medicaid Innovation. Grants funded under this section will identify, develop, evaluate, disseminate, and provide training in innovative methodologies and strategies for quality improvement practices in the delivery of health care services.

**** For more information, see below for links to the actual bills:**

The Patient Protection and Affordable Care Act (P.L. 111-148) and the Health Care and Education Reconciliation Act (P.L. 111-152):
http://dpc.senate.gov/dpcdoc-sen_health_care_bill.cfm

Full Texts:

Senate Bill [H.R. 3590, Patient Protection and Affordable Care Act (PPACA)]: http://democrats.senate.gov/reform/patient-protection-affordable-care-act-as-passed.pdf

Health Care and Education Reconciliation Act of 2010: http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_bills&docid=f:h4872pcs.txt.pdf