

# DIRECT-CARE WORKFORCE AND LONG-TERM CARE: PROVISIONS IN SENATE AND HOUSE HEALTHCARE REFORM LEGISLATION

Key Provisions	House Leadership Bill [HR3962]	Senate Leadership Bill [HR3590]
<b>Direct-Care Workforce</b>		
<i>Demonstration Grants for Developing Personal Care Aide Competencies</i>	<p>Long-Term Care and Family Caregiver Support (Division C, Title V, Subtitle E, Sec 2589): Amends Older Americans Act to establish Personal Care Attendant Workforce Advisory Panel &amp; demonstration program:</p> <ul style="list-style-type: none"> <li>• Advances establishment of core competencies (training) for personal care attendants</li> <li>• Establishes 3-year demos in 4 states to pilot and evaluate the effectiveness of the competencies, training curricula, and methods recommended by the panel. Report will be submitted to Congress at demo’s conclusion.</li> </ul>	<p>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 (from <i>Kohl’s Retooling the Health Care Workforce for an Aging America Act of 2009</i>). (Title V, Subtitle F, Sec 5507(a))</p> <ul style="list-style-type: none"> <li>• Appropriates \$85 million/year for 5 years (FY 2010-14) for all demos, with no more than \$5 million/year for 3 years (FY 2010-12) allowed for personal and home care aide demonstration.</li> </ul>
<i>Training and Development Opportunities</i>	<p><u>Innovations In Interdisciplinary Care Training Program</u> (Division C, Title II, Subtitle D, Sec 2252): Award grants contracts to eligible entities to test, develop, and evaluate health professional training programs designed to promote:</p> <ul style="list-style-type: none"> <li>• Delivery of health services through interdisciplinary and team-based models, which may include patient-centered medical home models, medication therapy management models, and models integrating physical, mental, or oral health services; and</li> <li>• Coordination of the delivery of health care within and across settings, including health care institutions, community-based settings, and the patient’s home.</li> </ul> <p><u>Mental and behavioral health training</u> (Division C, Title V, Subtitle B, Sec 2522): Establishes a new training program for mental and behavioral health professionals (including those specializing in substance abuse counseling and addiction medicine) to promote interdisciplinary training and coordination of the delivery of health care.</p>	<p>Supports training of health professionals in direct care, primary care, and dentistry; provides health education and training grants for professionals in geriatric care and mental and behavioral health; and provides prevention, public health, and cultural competence training for health care professionals (<u>from Kohl’s Retooling the Health Care Workforce for an Aging America Act of 2009</u>).</p> <ul style="list-style-type: none"> <li>• Establishes \$10 million in grants from 2011 to 2013 for training for new and incumbent direct-care workers by amending Title VII of Public Health Service Act. (Title V, Subtitle D, Sec 5302)             <ul style="list-style-type: none"> <li>○ Provides grants to eligible entities to provide new training opportunities for 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, long-term care, or chronic care management for at least 2 years.</li> </ul> </li> </ul>

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	<ul style="list-style-type: none"> <li>• Authorizes \$60 million/year (FY 2011 – 2015) to carry out this program. Requires that no less than 15 percent of funds be used for training programs in psychology.</li> </ul> <p><u>Online health workforce training programs</u> (Division C, Title V, Subtitle E, Sec 2591): Establishes a new program for the Secretary of Labor to support online training of health care workers.</p> <ul style="list-style-type: none"> <li>• Authorizes \$50 million/year (FY 2011 – 2020) to carry out this program.</li> </ul>	<ul style="list-style-type: none"> <li>• 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). (Title V, Subtitle D, Sec 5305)</li> </ul> <p><u>Elder Justice provisions</u> include grants and incentives for LTC staffing (including incentives for improved training, career ladders, and wage/benefits). (Title VI, Subtitle H, Sec 6703)</p> <p><u>Cultural competency, prevention, and public health and individuals with disabilities training</u> (Title V, Subtitle D, Sec 5307): 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.</p> <p><u>Interdisciplinary, community-based linkages</u> (Title V, Subtitle E, Sec 5403): 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.</p> <p><u>Mental and behavioral health education and training grants</u> (Title V, Subtitle D, Sec 5306): 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 pre-service or in-service training to paraprofessionals in child and adolescent mental health.</p>

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<p><i>Education and Training for other Health Professionals</i></p>	<p>Comprehensive programs to provide education to nurses and create a pipeline to nursing. (Division C, Title V, Subtitle B, Sec 2521)</p> <p>Establishes a new program from FY 2011 through 2015 at the Department of Labor to address projected nurse shortages; to increase the capacity for educating nurses; and to support training programs.</p>	<p><u>State health care workforce development grants</u> (Title V, Subtitle B, Sec 5102):</p> <p>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.</p> <p><u>Nurse education, practice, and retention grants</u> (Title V, Subtitle D, Sec 5309):</p> <ul style="list-style-type: none"> <li>• Awards grants to nursing schools to strengthen nurse education and training programs and to improve nurse retention.</li> <li>• Amend Title VIII to establish federal traineeships to individuals who are preparing for advanced degrees in geriatric nursing, long-term care, and gero-psychiatric nursing.</li> </ul> <p><u>Grants to promote the community health workforce</u> (Title V, Subtitle D, Sec 5313):</p> <ul style="list-style-type: none"> <li>• 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.</li> </ul>

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<i>Clearinghouse of Educational and Training Opportunities</i>	Requires the Secretary of Labor to establish a website that would serve as a clearinghouse of information on the health care labor market, including educational and training opportunities and financial aid information. (Division C, Title V, Subtitle E, Sec 2590)	N/A
<i>Health Care Workforce Commissions</i>	<p><u>Health Workforce Evaluation and Assessment – Advisory Committee</u> (Division C, Title II, Subtitle D, Sec 2261): Submits recommendations on classifications of the healthcare workforce to ensure consistency of data collection and standardized methodology. Recommends policies to improve the supply, diversity, geographic distribution, retention, quality, and adequacy of the workforce.</p> <p><u>Health Workforce Assessment Award</u> (Division C, Title II, Subtitle D, Sec 2271): Secretary shall conduct analyses based on the recommendation of the Advisory Committee described above or award grants or contracts to eligible entities to do so including:</p> <ul style="list-style-type: none"> <li>(A) an accredited health professions school or program;</li> <li>(B) an academic health center;</li> <li>(C) a state, local, or tribal government;</li> <li>(D) a public or private entity; or</li> <li>(E) a consortium of 2 or more entities described above.</li> </ul>	<p><u>Establishes a National Health Care Workforce Commission</u> to make recommendations and disseminate information on health workforce priorities, goals, and policies including education and training, workforce supply and demand, and retention practices. (Title V, Subtitle B, Sec 5101)</p> <ul style="list-style-type: none"> <li>• 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).</li> <li>• 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.</li> </ul> <p><u>Health Care Workforce Assessment</u> (Title V, Subtitle B, Sec 5103): 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.</p> <p><u>Elder Justice</u> (Title VI, Subtitle H, Sec 6703): Also defines "direct-care worker" and "caregiver."</p>

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<b>Nursing Homes/Long-Term Care Residential Services</b>		
<p><i>Nursing Home Transparency</i></p>	<p><u>Nursing Home Transparency</u> (Division B, Title IV, Subtitle B, Sec 1411-1433):</p> <ul style="list-style-type: none"> <li>Includes transparency of information about skilled nursing facilities (SNFs) and nursing homes, including the enforcement standards and rules in SNFs and nursing homes</li> <li>Includes staffing data for each facility (staffing levels, turnover, etc.) on Nursing Home Compare website</li> <li>Reports expenditures for direct-care services (including wages &amp; benefits)</li> <li>Improves staff training on dementia and abuse prevention</li> </ul> <p><b>ADDITION:</b> Conducts study on training required for CNAs and supervisory staff</p>	<p><u>Nursing Home Transparency</u> (Title VI, Subtitle B, Sec 6101-6121):</p> <ul style="list-style-type: none"> <li>Includes transparency of information about skilled nursing facilities (SNFs) and nursing homes, including the enforcement standards and rules in SNFs and nursing homes</li> <li>Includes staffing data for each facility (staffing levels, turnover, etc.) on Nursing Home Compare website</li> <li>Reports expenditures for direct-care services (including wages &amp; benefits)</li> <li>Improves staff training on dementia and abuse prevention</li> </ul> <p><b>ADDITIONS:</b> GAO study on 5-star Quality Rating System; demo project on culture change and use of IT in nursing homes</p>
<p><i>National Nurse Aide Registry</i></p>	<p><b>N/A</b></p>	<p>Elder Justice includes a provision for the Secretary to conduct a study to establish a national nurse aide registry (allocated \$500K). (Title VI, Subtitle H, Sec 6703)</p>
<p><i>National Background Check Program</i></p>	<p>Nationwide Program for National &amp; State background checks on direct patient access employees of LTC facilities and providers. (Division B, Title IV, Subtitle B, Sec 1417)</p> <ul style="list-style-type: none"> <li>See <i>Nursing Home Transparency</i></li> </ul>	<p>Nationwide Program for National &amp; State background checks on direct patient access employees of LTC facilities and providers. (Title VI, Subtitle C, Sec 6201)</p> <ul style="list-style-type: none"> <li>Supports states in developing system to conduct checks on employees of nursing homes, assisted living facilities, and home health agencies.</li> <li>Extends current 7 state pilots.</li> </ul>

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<b>Home- and Community-Based Services</b>		
<p><i>Community Living Assistance Services and Supports (CLASS Act)</i></p>	<p>Provides individuals with functional limitations a cash benefit (averaging no less than \$50 a day) to purchase non-medical services and supports necessary to maintain community residence. (Benefits used for goods and services not covered by Medicaid; and supplements other coverage, such as Medicaid, private LTC insurance, etc.)</p> <p>Financed through voluntary payroll deductions -- all working adults will be automatically enrolled, unless they choose to opt out. Individuals must pay in 5 years for coverage, but there is no exclusion from participation due to pre-existing conditions.</p> <p>*Division C, Title V, Subtitle D, Sec 2581 (Also related provisions in Division A, Title V, Subtitle A, Sec 544 and Division B, Title VII, Subtitle D, Sec 1739)</p>	<p>Establishes a new, voluntary, self-funded public LTC insurance program, to be known as the CLASS Independence Benefit Plan, for the purchase of community living assistance services and supports by individuals with functional limitations. Requires the Secretary to develop an actuarially sound benefit plan that ensures solvency for 75 years; allows for a 5-year vesting period for eligibility of benefits; creates benefit triggers that allow for the determination of functional limitation; and provides cash benefit that is not less than an average of \$50 per day. No taxpayer funds will be used to pay benefits under this provision.</p> <p>*Title VIII, Sec 8002</p>
<p><i>Community First Choice Option</i></p>	<p><b>N/A</b></p>	<p>Provides community-based attendant supports and services in Medicaid to individuals with disabilities who require an institutional level of care. (Title II, Subtitle E, Sec 2401):</p> <ul style="list-style-type: none"> <li>• Provides states with an enhanced federal matching (FMAP) rate of an additional 6 percentage points for reimbursable program expenses.</li> <li>• Option sunsets after 5 years.</li> </ul>
<p><i>Money Follows the Person (MFP) Demonstration Program</i></p>	<p><b>N/A</b></p>	<p>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)</p>
<p><i>Removal of barriers to providing home and community-based services</i></p>	<p><b>N/A</b></p>	<p>Removes barriers to providing HCBS by giving States the option to provide more types of HCBS through a State plan amendment to individuals with higher levels of need, rather than through a waiver, and to extend full Medicaid benefits to individuals receiving HCBS under a State plan amendment. (Title II, Subtitle E, Sec 2402)</p>

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<i>Study on Variation in Home Health Margins</i>	Requires MedPAC to examine the variation in Medicare margins among home health agencies. Factors considered will include patient characteristics (health and socioeconomic factors), agency characteristics, and the types of services provided by different agencies. (Division B, Title I, Subtitle C, Sec 1155A)	N/A
<i>Adult Day Health Care Services</i>	Prohibits the Secretary from denying federal Medicaid matching funds to certain States for the cost of adult day health care services. (Division B, Title VII, Subtitle D, Sec 1735)	N/A
<b>Consumer Access</b>		
<i>Spousal Impoverishment Protections</i>	N/A	Provides protection for recipients of home- and community-based services against spousal impoverishment, beginning on January 1, 2014 and applies for a 5-year period. (Title II, Subtitle E, Sec 2404)
<i>Aging and Disability Resource Centers (ADRC) Funding</i>	N/A	Allocates \$10 million/year for 5 years (FY 2010-14) to continue the state ADRC initiatives. (Title II, Subtitle E, Sec 2405)
<i>Improved coordination and protection for dual eligibles</i>	Requires CMS to establish a dedicated office or program to improve coordination of benefits and other policies for beneficiaries dually eligible for Medicare and Medicaid. (Division B, Title VII, Subtitle E, Sec 1905)	Providing Federal coverage and payment coordination for dual eligible beneficiaries. (Title II, Subtitle H, Sec 2602) <ul style="list-style-type: none"> <li>Requires the Secretary to establish a Federal Coordinated Health Care Office (CHCO) within CMS by March 1, 2010.</li> </ul>
<i>Analysis of Long Term Care (LTC) Provider Payments</i>	Temporary Nursing Facility Supplemental Payment Program (Division B, Title VII, Subtitle E, Sec 1745): Establishes a temporary 4-year program of supplemental payments directly from CMS to nursing facilities with high percentages of Medicare and Medicaid patient days to assist them in meeting the costs of care to Medicaid beneficiaries. <ul style="list-style-type: none"> <li>Total of \$6 billion would be available for such payments from 2010 - 2013.</li> <li>Medicaid and CHIP Payment Advisory Committee (MACPAC) would be required to study the adequacy of payment rates to nursing facilities in each State and report to Congress by December 31, 2011.</li> </ul>	<u>Medicaid and CHIP Payment and Access Commission (MACPAC)</u> (Title II, Subtitle J, Sec 2801) 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.  <u>Plans for a value-based purchasing program for skilled nursing facilities and home health agencies.</u> (Title III, Subtitle A, Part I, Sec 3006) Directs the Secretary to submit a plan to Congress by FY2012 outlining how to effectively move these providers into a value-based purchasing payment system.

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<i>Call for Congress to Address Long Term Care (LTC)</i>	N/A	Sense of Senate regarding LTC (Title II, Subtitle E, Sec 2406): 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."
<i>Demonstration Programs</i>	<p><u>Independence at Home Demonstration Program</u> (Division B, Title III, Sec 1312): Creates a new demonstration program for 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.</p> <p><u>Medical home pilot program</u> (Division B, Title VII, Subtitle C, Sec 1722): Establishes a 5-year pilot program to test the medical home concept with Medicaid beneficiaries including medically fragile children and high-risk pregnant women.</p> <ul style="list-style-type: none"> <li>The federal government would match costs of community care workers at 90% for the first two years and 75% for the next 3 years, up to a total of \$1.235 billion.</li> </ul> <p><u>Community-based collaborative care networks</u> (Division C, Title V, Subtitle B, Sec 2534): Establishes a new program (FY 2011-2015) to support a consortium of health care providers offering coordinated and integrated health care services for low-income patient populations or medically underserved communities.</p>	<p><u>Independence at Home Demonstration Program</u> (Title III, Subtitle A, Part III, Sec 3024): Creates a new demonstration program for 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.</p> <p><u>Hospital readmissions reduction program</u> (Title III, Subtitle A, Part III, Sec 3025): Beginning in FY2012, adjusts payments for hospitals paid under the inpatient prospective payment system based on the dollar value of each hospital's percentage of potentially preventable Medicare readmissions for the 3 conditions with risk adjusted readmission measures that are currently endorsed by the National Quality Forum.</p> <p><u>Community-based care transitions program</u> (Title III, Subtitle A, Part III, Sec 3026): Provides funding to hospitals and community-based entities that furnish evidence-based care transition services to Medicare beneficiaries at high risk for readmission.</p> <p><u>Grants or contracts to establish community health teams to support the patient-centered medical home</u> (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 by increasing access to comprehensive, community based, coordinated care.</p>

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		<p><u>Patient navigator program</u> (Title III, Subtitle F, Sec 3510): 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.</p>

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

House Leadership Bill [H.R. 3962, Affordable Health Care for America Act]: [http://docs.house.gov/rules/health/111\\_ahcaa.pdf](http://docs.house.gov/rules/health/111_ahcaa.pdf)

Senate Leadership Bill [H.R. 3590, Patient Protection and Affordable Care Act]: [http://dpc.senate.gov/dpcdoc-sen\\_health\\_care\\_bill.cfm](http://dpc.senate.gov/dpcdoc-sen_health_care_bill.cfm)