

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

Key Provisions	House Tri-Committee [HR3200]	Senate HELP Committee Bill	Senate Finance Committee Bill
Direct-Care Workforce			
<i>Demonstration Grants for Developing Personal Care Aide Competencies</i>	<p>Amends Older Americans Act to establish Personal Care Attendant Workforce Advisory Panel & demonstration program</p> <ul style="list-style-type: none"> • Promotion of Direct-Care Workforce [Sec 202(b)(1)] – identifying, promoting, and implementing investments in the direct-care workforce • Advances establishment of core competencies (training) for personal care attendants • 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. <p>*Only in bill as reported out by Education & Labor Committee</p>	N/A	<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 Kohl’s <i>Retooling the Health Care Workforce for an Aging America Act of 2009</i>). (Title III, Subtitle A, Sec 1130B)</p> <ul style="list-style-type: none"> • 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.
<i>Training and Development Opportunities</i>	<p>Innovations In Interdisciplinary Care Training Program (Title II, Subtitle D, Sec 759):</p> <p>Award grants contracts to eligible entities to test, develop, and evaluate health professional training programs designed to promote:</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 (from Kohl’s <i>Retooling</i></p>	<p>Elder Justice provisions include grants and incentives for LTC staffing (including incentives for improved training, career ladders, and wage/benefits). (Title I, Subtitle K, Sec 1913)</p>

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	<ul style="list-style-type: none"> • 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 • Coordination of the delivery of health care within and across settings, including health care institutions, community-based settings, and the patient’s home. 	<p><i>the Health Care Workforce for an Aging America Act of 2009).</i></p> <ul style="list-style-type: none"> • Establishes \$10 million in grants for training for new and incumbent direct-care workers by amending Title VII of Public Health Service Act. (Title IV, Subtitle D, Sec 432) <ul style="list-style-type: none"> ○ 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. • 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). (Title IV, Subtitle D, Sec 435) • Expands eligibility for Geriatric Academic Career Awards (GACA) to additional disciplines (beyond physicians) 	

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<p><i>Health Care Workforce Commissions</i></p>	<p>Health Workforce Evaluation and Assessment – Advisory Committee: 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. (Title II, Subtitle D, Sec 764)</p> <p>Health Workforce Assessment Award (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"> (A) an accredited health professions school or program; (B) an academic health center; (C) a state, local, or tribal government; (D) a public or private entity; or (E) a consortium of 2 or more entities described above. 	<p>Establishes a National Health Care Workforce Commission 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 IV, Subtitle A, Sec 411)</p> <ul style="list-style-type: none"> • 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.). (Title IV, Subtitle A, Sec 402) <p>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.</p>	<p>Establishes a multi-stakeholder Workforce Advisory Committee to develop a national workforce strategy for recruiting, training, and retaining a health care workforce that meets current and projected health care needs. (Title III, Subtitle A, Sec 3036)</p> <p>Elder Justice: Only place in bill that defines "direct-care worker" and "caregiver." (Title I, Subtitle K, Sec 1913)</p>
<p><i>Increasing Loans for Health Professionals</i></p>	<p>N/A</p>	<p>Increase supply of health care professionals by increasing loans for nursing students (Title IV, Subtitle D, Secs 439 and 442)</p> <ul style="list-style-type: none"> • Amend Title VIII to establish federal traineeships to individuals who are preparing for advanced degrees in geriatric nursing, long-term care, and 	<p>N/A</p>

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		gero-psychiatric nursing.	
Nursing Homes/Long-Term Care Residential Services			
<i>Nursing Home Transparency</i>	<p>Nursing Home Transparency (Title IV, Subtitle B, Sec 1411-1432):</p> <ul style="list-style-type: none"> 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 services (including wages & benefits) <p>Improves staff training on dementia and abuse prevention</p> <ul style="list-style-type: none"> ADDITION: Conducts study on training required for CNAs and supervisory staff 	N/A	<p>Nursing Home Transparency (Title IV, Subtitle C, Sec 4201-4221):</p> <ul style="list-style-type: none"> 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 services (including wages & benefits) <p>Improves staff training on dementia and abuse prevention</p> <ul style="list-style-type: none"> ADDITIONS: GAO study on 5-star Quality Rating System and demo project on culture change and use of IT in nursing homes
<i>National Nurse Aide Registry</i>	N/A	N/A	“Elder Justice” includes a provision for the Secretary to conduct a study to establish a national nurse aide registry (allocated \$500K). (Title I, Subtitle K, Sec 1913)
<i>National Background Check Program</i>	N/A	N/A	<p>Nationwide Program for National & State background checks on direct patient access employees of LTC facilities and providers. (Title IV, Subtitle D, Sec 4301)</p> <ul style="list-style-type: none"> Supports states in developing system to conduct national background checks on employees of nursing

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			<p>homes, assisted living facilities, and home health agencies.</p> <ul style="list-style-type: none"> • Extends current 7 state pilots.
Home- and Community-Based Services			
<p><i>Community Living Assistance Services and Supports (CLASS Act)</i>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>*Only in bill reported out by Energy & Commerce Committee</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>*Title I, Subtitle H, Sec. 3201-3210</p>	N/A
<p><i>Community First Choice Option</i></p>	N/A	N/A	<p>Establishes the Community First Choice Option in Medicaid to provide community-based attendant supports and services to individuals with disabilities who require an institutional level of care. (Title I, Subtitle G, Sec. 1634):</p> <ul style="list-style-type: none"> • Provides states with an enhanced federal matching (FMAP) rate of an

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			additional 6 percentage points for reimbursable program expenses. Option sunsets after 5 years.
<i>Money Follows the Person (MFP) Demonstration Program</i>	N/A	N/A	Extends the Medicaid MFP rebalancing demonstration for 5 years, from 2011 through September 2016. (Title I, Subtitle G, Sec 1637)
<i>Incentives for Alternatives to Nursing Homes</i>	N/A	N/A	Provides a targeted increase (over 5 years) in the federal Medicaid matching rate to states that undertake reforms to increase nursing home diversions and access to home- and community-based services. (Title I, Subtitle G, Sec 1636) <ul style="list-style-type: none"> Provides payments to states (capped at \$3M) that currently spend more than 50% of their Medicaid funds on non-institutional services; states have option to expand income eligibility from 150 percent to 300 percent of the federal poverty level. Includes provisions on data collection on quality and outcome measures but only one on workers is consumer satisfaction with provider.
Consumer Access			
<i>Spousal Impoverishment Protections</i>	N/A	N/A	Provides protection for recipients of home- and community-based services against spousal impoverishment. (Title I, Subtitle G, Sec 1635)
<i>Aging and Disability Resource Centers (ADRC)</i>	N/A	N/A	Allocates \$10 million/year for 5 years (FY 2010-14) to continue the ADRC initiatives.

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<i>Funding</i>			(Title I, Subtitle G, Sec 1633)
<i>Analysis of LTC Provider Payments</i>	N/A	N/A	<p>Medicaid and CHIP Payment and Access Commission (MACPAC) (Title I, Subtitle G, Sec 1681)</p> <ul style="list-style-type: none"> Will look into payments to long-term care providers and providers of home- and community-based services, and evaluate how methodologies enable such beneficiaries to obtain services.
<i>Call for Congress to Address LTC</i>	N/A	N/A	<p>Sense of Senate regarding LTC (Title I, Subtitle G, Sec 1642): 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," and that "long-term services and supports should be made available in the community in addition to institutions."</p>

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

House Tri-Committee Bill [HR3200, America’s Affordable Health Choices Act of 2009]: http://energycommerce.house.gov/Press_111/20090714/aahca.pdf

Senate HELP Bill [S.1679, Affordable Health Choices Act]: http://help.senate.gov/BAI09I50_xml.pdf

Senate Finance Bill [S. 1796, America’s Health Future Act of 2009]:

<http://www.finance.senate.gov/sitepages/leg/LEG%202009/101909%20America's%20Healthy%20Future%20Act%20Legislative%20Language.pdf>

ⁱ According to CBO, the CLASS Act is expected to bring in about \$58 billion in revenue over 10 years, \$2.5 billion of which would be savings from Medicaid. (Available at: <http://www.cbo.gov/ftpdocs/104xx/doc10436/07-06-CLASSAct.pdf>)

