

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

Key Provisions	House Tri-Committee [HR3962]	Senate HELP Committee Bill	Senate Finance Committee Bill
Direct-Care Workforce			
<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):</p> <p>Amends Older Americans Act to establish Personal Care Attendant Workforce Advisory Panel & demonstration program:</p> <ul style="list-style-type: none"> • 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. 	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><u>Innovations In Interdisciplinary Care Training Program</u> (Division C, Title II, Subtitle D, Sec 2252):</p> <p>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"> • Delivery of health services through interdisciplinary and team-based models, which may include patient-centered medical home models, medication therapy management 	<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 the Health Care Workforce for an Aging America Act of 2009</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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	<p>models, and models integrating physical, mental, or oral health services; and</p> <ul style="list-style-type: none"> • Coordination of the delivery of health care within and across settings, including health care institutions, community-based settings, and the patient’s home. <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> <ul style="list-style-type: none"> • 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. <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"> • Authorizes \$50 million/year (FY 2011 – 2020) to carry out this program. 	<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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<i>Education and Training for Nurses</i>	<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>		
<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"> (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) • 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>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><u>Elder Justice</u> (Title I, Subtitle K, Sec 1913): Only place in bill that defines "direct-care worker" and "caregiver."</p>

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<i>Increasing Loans for Health Professionals</i>	N/A	Increase supply of health care professionals by increasing loans for nursing students (Title IV, Subtitle D, Secs 439 and 442) <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 gero-psychiatric nursing. 	N/A
<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)		
Nursing Homes/Long-Term Care Residential Services			
<i>Nursing Home Transparency</i>	<u>Nursing Home Transparency</u> (Division B, Title IV, Subtitle B, Sec 1411-1433): <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) Improves staff training on dementia and abuse prevention ADDITION: Conducts study on training	N/A	<u>Nursing Home Transparency</u> (Title IV, Subtitle C, Sec 4201-4221): <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) Improves staff training on dementia and abuse prevention ADDITIONS: GAO study on 5-star Quality

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	required for CNAs and supervisory staff		Rating System; 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>	Nationwide Program for National & State background checks on direct patient access employees of LTC facilities and providers. (Division B, Title IV, Subtitle B, Sec 1417) <ul style="list-style-type: none"> See <i>Nursing Home Transparency</i> 	N/A	Nationwide Program for National & State background checks on direct patient access employees of LTC facilities and providers. (Title IV, Subtitle D, Sec 4301) <ul style="list-style-type: none"> Supports states in developing system to conduct national background checks on employees of nursing homes, assisted living facilities, and home health agencies. Extends current 7 state pilots.
Home- and Community-Based Services			
<i>Community Living Assistance Services and Supports (CLASS Act)</i> ⁱ	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.) 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-	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.) 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-	N/A

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	existing conditions. *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)	existing conditions. *Title I, Subtitle H, Sec 3201-3210	
<i>Community First Choice Option</i>	N/A	N/A	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): <ul style="list-style-type: none"> • Provides states with an enhanced federal matching (FMAP) rate of an 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

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			on quality and outcome measures but only one on workers is consumer satisfaction with provider.
<i>Home Health Study</i>	MedPAC study on variation in home health margins. (Division B, Title I, Subtitle C, Sec 1155A) Requires MedPAC to undertake a study to examine the variation in Medicare margins among home health agencies. Factors considered will include patient characteristics (including health and socioeconomic factors), agency characteristics, and the types of services provided by different agencies.	N/A	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	N/A
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) Funding</i>	N/A	N/A	Allocates \$10 million/year for 5 years (FY 2010-14) to continue the ADRC initiatives. (Title I, Subtitle G, Sec 1633)
<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)	N/A	N/A

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<i>Analysis of LTC Provider Payments</i>	<p>Temporary Nursing Facility Supplemental Payment Program (Division B, Title VII, Subtitle E, Sec 1745):</p> <p>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.</p> <ul style="list-style-type: none"> • Total of \$6 billion would be available for such payments from 2010 - 2013. • 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. 	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):</p> <p>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>
<i>Demonstration Programs</i>	<p><u>Independence at Home Demonstration Program</u> (Division B, Title III, Sec 1312):</p> <p>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</p>		

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	<p>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"> • 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. <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>		

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

House Tri-Committee Bill [H.R. 3962, Affordable Health Care for America Act]: http://docs.house.gov/rules/health/111_ahcaa.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>)

