



Health Care Reform: The Patient Protection and Affordable Care Act Tip Sheet for Geriatric Nursing on Long Term Care

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The Patient Protection and Affordable Care Act (PPACA), P.L. 111-148, enhances, enlarges and supports long term care (LTC) for all Americans. This Tip Sheet addresses three aspects of the law of importance to geriatric nursing: Support for the Direct Care Workforce, Change of the balance for LTC options from institutions to community based alternatives, and Demonstration projects on Culture Change and Information Technology in Nursing Homes.

Support for the Direct Care Workforce

The Institute of Medicine's report, *Retooling for an Aging America*, acknowledged that the majority of care for aging Americans will be provided by direct care workers, recommending improvements in training standards for these workers. While the recommendation for raising the training requirements for Certified Nursing Assistants (CNAs) and Home Health Aides (HHA) from 75 to 120 hours was not addressed, the act does take first steps toward providing direction on core competencies and training for personal care aides. *Geriatric nursing's involvement can guide inclusion of enriched geriatric focus in the training.*

Training and Certification: Direct Care Workers (DCW), who provide 70-80% of paid care for elders, include Nursing Assistants/Aides and Home Health Aides for whom Medicare and Medicaid require training and certification. A third category, Personal or Home Care Aides (PHCA), work in private or group homes, providing assistance with activities of daily living and often helping consumers remain engaged in their communities. PCAs have not benefited from federal guidance in training and certification until passage of the Patient Protection and Affordable Care Act (PPACA).

- PPACA provides immediate funding for three year demonstration grants in up to six states to develop core competencies, pilot training curricula and a certification program (2010-2014);
- Establishes grants in the form of tuition or fees to provide advanced training, such as a nursing degree or specialized training, for DCWs employed in LTC settings. This program includes a two year work commitment in geriatrics, disability services or LTC upon completion (2011-2013); and

- Permits the Federal Government to require all Medicare and Medicaid certified nursing homes to require dementia management and abuse prevention training in pre-employment or ongoing training programs.

These programs are timely as the number of DCWs is projected to increase from 3 million workers in 2008 to 4 million by 2018. Other DCW supports include:

Health Care Affordability: Twenty six percent of the current DCWs are uninsured and forty one percent rely on public benefits of some kind. As PPACA is implemented and Americans are required to have health insurance, the state insurance exchanges will be available to DCW and their families, with tax credits available to those who qualify. It also eliminates preexisting condition exclusions and lifetime and annual caps on benefits, which disproportionately impact low-income women such as direct care workers who often don't have sufficient savings to pay for these gaps in coverage.

Improved Workforce Data Collection: PPACA includes improved DCW data collection, which will drive changes in future public policy.

- Establishes the National Health Care Workforce Commission to review the health care workforce and project future needs-including current education and training activities-by providing objective data to Congress and Administrations in order to guide the appropriations process. Commission appointments will be made by September 2010.
- The Commission work is supported by a strengthened and expanded National Center for Health Workforce Analysis, and other relevant regional and state centers and agencies.
- Expands reporting of nursing home staffing data, including information on staffing levels and turnover on the CMS Nursing Home Compare web site, as well as reports on expenditures for direct care services.
- Establishes a Personal Care Attendants Workforce Advisory Panel, specifically to advise on wages, benefits, and the numbers of Personal Care Attendants.

Geriatric nursing should work with interdisciplinary coalitions such as the Eldercare Workforce Alliance (EWA) and The Health Professions and Nursing Education Coalition (NPNEC) to assure eldercare workers are represented.

Change the Balance of LTC Options from Institutions to Community Based Alternatives

The workplace of a DCW will continue to move from institutions to home and community-based care (HCBC) with implementation of the Community Living Assistance Services and Supports (CLASS) Act and other incentives that foster community over institutional care. *Geriatric Nursing has a role to play in assuring DCWs have the skills for the changing workplace.*

The CLASS Act: For the first time, the United States will have a public long term care insurance plan based on automatic payroll deductions. While workers can opt out of the program, available to workers at age 18, everyone who participates becomes eligible for services after paying premiums for five years. Eligibility depends on having a licensed health professional determine that an enrollee has either cognitive or functional impairment(s) that is expected to last more than 90 days. Not only will DCWs care for these people, but they will also be able to access benefits themselves (2012).

Other Federal Incentives to Support Community Care

- Community First Choice Option allows individuals who are eligible for institutional care to receive community supports and services if the state chooses this option with an enhanced federal match of 6 % (October 1, 2011).
- Makes HCBS more flexible throughout the state through State plan amendments rather than through a waiver. These changes would also apply to those already in the program.
- A demonstration grant established by the Deficit Reduction Act –Money Follows the Person-is changed to allow residents living in facilities only 90 days (as opposed to 180) to take advantage of HCBS (thru 2016).
- States that have low support of HCBS are given an incentive payment, through enhanced federal matching payments, to encourage use of those services in place of institution based care (Oct 1, 2011 thru Sept 30, 2015). Changes include establishing a single entry point system; conflict –free case management; standardized eligibility assessment tools; and data collection on use, outcomes and quality.
- Medicaid spousal impoverishment rules are expanded to cover recipients of HCBC for the next five years (January 1, 2014).

Demonstration Projects on Culture Change and Information Technology in Nursing Homes

In both demonstrations, the Department of HHS will award one or more competitive grants for up to three years. Both projects must consider the special needs of those living with cognitive impairment, including dementia.

The goals for both demonstrations are best practices in information technology and culture change. The latter project includes development of resources for facilities to “find and access funding” for culture change.

Geriatric nursing has been very involved with culture change activities and should collaborate with other culture change and interdisciplinary groups to assure these demonstrations achieve their goals.

The Senate and Long Term Care

Finally, a startling inclusion in PPACA, worth watching by geriatric nursing, requires the Senate to express the “Sense of the Senate” during the 111th Congress to address LTC services and supports comprehensively in a way that guarantees that elderly and disabled persons receive the care they need in both the community and in institutions.

Website Resources Used and Recommended:

Paraprofessional Healthcare Institute www.phinational.org

Direct Care Alliance www.directcarealliance.org

The Scan Foundation www.thescanfoundation.org

The Center for Medicare Advocacy www.medicareadvocacy.org

National Academy for State Health Policy www.nashp.org

NCCNHR www.nccnhr.org

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