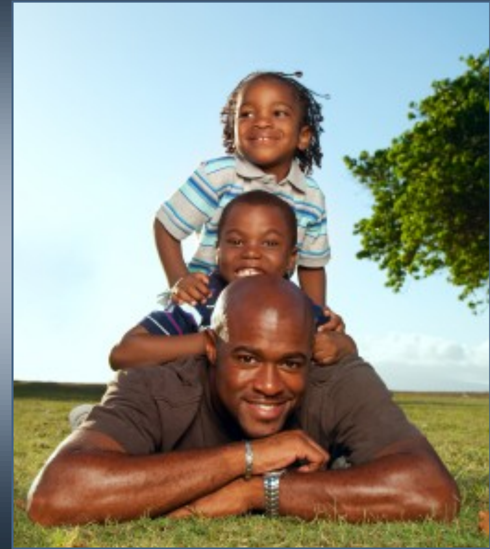
March 2011

Patient Protection and Affordable Care Act of 2010

A Resource Guide for Social Workers

Prepared for the Council on Social Work Education by Lewis-Burke Associates LLC



Lewis-Burke Associates

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Introduction

On March 23, 2010, President Obama signed into law the *Patient Protection and Affordable Care Act* (Public Law 111-148). This sweeping health care reform legislation is intended to increase access to care for an estimated 32 million Americans and will be implemented over the next several years with a majority of the major health insurance reform provisions taking effect by 2014. As part of the law, all Americans will be required to have a minimum level of health insurance coverage under a provision referred to as the "individual mandate." Major insurance reforms in the law include expanding the Medicaid program to adults under 133 percent of the federal poverty level (FPL), prohibiting the exclusion of coverage for pre-existing conditions, and establishing state insurance exchanges that will offer a basic minimum coverage through an insurance marketplace. There are also several provisions in the legislation which will assist purchasers in obtaining affordable health insurance such as tax credits to small businesses and cost sharing credits for individuals and families under 400 percent FPL.

In addition to ensuring coverage for more Americans, ending insurance discrimination, and closing gaps in Medicare and Medicaid, the law creates new and expands existing federal programs aimed at enhancing the health professions workforce. This includes many new provisions that, if funded, would assist with recruitment, retention, and specialized training of social workers.

This document is intended to serve as a resource guide on the health care reform law, specifically highlighting many of the provisions that relate to social work, education and training, and changes to the health care system that, in some cases, will fundamentally alter how services are provided in this country.

It is important to note that this document does not include every program or provision that touches social work. Also many of the new discretionary programs that were authorized in the law depend on annual appropriations from Congress and will not be fully implemented until funding is obtained.

This guide was produced by Lewis-Burke Associates LLC on behalf of the Council on Social Work Education (CSWE). Lewis-Burke is a leading federal government relations firm in Washington, DC that assists CSWE with the implementation of its public policy goals, which includes advocacy for social work education and outreach to Congress and Federal Agencies. More about Lewis-Burke can be found here at www.Lewis-Burke.com.

Chapter 1

The Health Care Workforce

This chapter outlines the provisions that aim to enhance the Federal Government's understanding of the status of the health care workforce, including needs for future investment. It also summarizes programs that would enhance the health care workforce through initiatives such as loan repayment, specialized training support, and promotion of diversity.

Innovations in the Health Care Workforce

National Health Care Workforce Commission (Sec. 5101)

The law establishes a ***National Health Care Workforce Commission*** responsible for regularly evaluating the needs of the health care workforce. Specifically, the Commission will review topics such as: the current health care workforce supply and distribution, education and training capacity, education loan and grant programs available to health professionals, implications of new and existing policies affecting the health care workforce, and the workforce needs of special populations (such as minorities, rural populations, individual with disabilities, etc.), among other topics. It will make recommendations to Congress and the President on national workforce priorities, goals and policies, and submit annual reports to Congress and the President with recommendations related policies for addressing workforce needs and/or deficiencies.

The Commission will be populated by 15 members who have expertise in health care labor market analysis, health care finance and economics, health care facility management, health care plans and integrated delivery systems, health care workforce education and training, and health care philanthropy. It will also include health care providers. The first round of commissioner appointments was announced in September 2010.

More information on the National Health Care Workforce Commission: http://www.gao.gov/about/hcac/nat_hcwc.html.

National Center for Health Care Workforce Analysis (Sec. 5103)

The law creates a ***National Center for Health Care Workforce Analysis*** within the Health Resources and Services Administration (HRSA). The Center, working in collaboration with the National Health Care Workforce Commission (*Sec. 5101*) as appropriate, will be responsible for the development of data describing and analyzing the health care workforce, annually evaluating health professions programs (such as HRSA's Title VII and VIII programs), developing performance measures and benchmarks for these programs, and maintaining an online registry of each HRSA health professions grant that has been awarded. The Center is authorized to work with health professional and educational organizations in the data collection, analysis and reporting.

More information on the National Center for Health Care Workforce Analysis: http://bhpr.hrsa.gov/healthworkforce/.

Increasing the Supply of the Health Care Workforce

Health Care Workforce Loan Repayment Programs—Pediatric (Sec. 5203)	The law authorizes a new ***Pediatric Specialty Loan Repayment Program***, which includes loan repayment for child and adolescent mental and behavioral health professionals. This includes State licensed social workers and school social workers who have received specialty training or clinical experience in child and adolescent mental health. In exchange for the repayment of educational loans, the health professional would agree to work in a designated Health Professional Shortage Area or Medically Underserved Area. The law authorizes $20 million each year for fiscal years 2010 through 2013 for this program. This program is reliant on annual appropriations from Congress.
Public Health Workforce Recruitment and Retention (Sec. 5204)	The law authorizes a new ***Public Health Workforce Loan Repayment Program***, which would repay up to $35,000 in qualifying educational loans each year in exchange for full-time service in a Federal, State, local or tribal public health agency. The law authorizes $195 million for the program for fiscal year 2010 and such sums as may be necessary for 2011 through 2013. This program is reliant on annual appropriations from Congress. Note that social workers are not eligible for this funding directly; however, recognizing that there are dual social work/public health programs at universities across the country, social workers with a dual public health degree would qualify.
National Health Service Corps (Sec. 5207/5508)	The law expands the ***National Health Service Corps*** (NHSC) program to allow for more flexibility and to encourage additional health professionals into service. The NHSC Loan Repayment Program now allows for half-time participation, in addition to the original full-time option. In exchange for half-time service (a minimum of 20 hours per week) in selected Health Professional Shortage Areas, which includes urban and rural locales, the program will pay on the educational loans of licensed clinical social workers at an amount up to $60,000 for a four-year commitment or $30,000 for a two-year commitment. In addition, the current law allows for teaching activities by a member of the Corps to be counted toward his or her full-time service obligations. More information on the National Health Service Corps: http://nhsc.hrsa.gov/.

Enhancing Health Care Workforce Education and Training

Training Opportunities for Direct Care Workers (Sec. 5302)	The law authorizes a new ***Direct Care Worker Training Grants Program***, which would provide new training opportunities to direct care workers employed in long-term care settings, such as nursing homes, assisted living facilities, intermediate care facilities, and home and community-based settings. Funding would be provided to institutions of higher education that have a public-private educational partnership with such a facility to provide training. In exchange for the grant assistance, the direct care worker would agree to work in the field of geriatrics, disability services, long-term services and supports, or chronic care management for at least two years. The law authorizes $10 million for this program for fiscal years 2011 through 2013. This program is reliant on annual appropriations from Congress.

Geriatric Education and Training (Sec. 5305)

The law creates new and expands existing geriatrics education and training programs at the Health Resources and Services Administration (HRSA). The ***Geriatric Education Centers*** (GEC) program, for which schools of social work can participate as an interdisciplinary partner, is expanded to allow currently funded GECs to offer "fellowships" that focus on geriatrics, chronic care management, and long-term care for current faculty in schools of social work and other health professions who are looking to enhance their knowledge and skills with respect to caring for older adults. In addition, the GECs are authorized under the law to allow currently funded GECs to either: (1) develop and offer training courses to family caregivers and direct care workers, or (2) incorporate mental health and dementia best practices training into course work. The law authorizes $10.8 million for fiscal years 2011 through 2014 to expand the GEC program. This program is reliant on annual appropriations from Congress.

The law creates a new ***Geriatric Career Incentive Awards*** program, which is intended to foster greater interest among health professionals in the field of geriatrics, long-term care, and chronic care management. Clinical social workers are eligible for the program. In exchange for the award, an individual must agree to teach or practice in the field of geriatrics, long-term care, or chronic care management for a minimum of five years. The law authorizes $10 million for the program for fiscal years 2011 through 2013. This program is reliant on annual appropriations from Congress.

Lastly, the law expands the eligibility of the ***Geriatric Academic Career Awards*** (GACA) program to a variety of new disciplines, including social work. The law also alters the program so that awards are made to the institution of higher education rather than the health professional.

More information on HRSA's Geriatrics Programs:
http://bhpr.hrsa.gov/grants/geriatrics.htm.

Mental and Behavioral Health Education and Training Grants (Sec. 5306)

The law authorizes a new ***Mental and Behavioral Health Education and Training Grants Program***, which would award grants to institutions of higher education to support the recruitment of students into baccalaureate, master's, and doctoral degree programs of social work, as well as the development of faculty in social work. In addition, grants would be made to institutions of higher education or accredited professional training programs that are establishing or expanding internships or other field placement programs in child and adolescent mental health in social work, school social work, substance abuse prevention and treatment, and other fields. With respect to the grants to social work programs, the law states that priority shall be given to programs that "are accredited by the Council on Social Work Education." The program includes a special carve-out for universities with large minority populations to promote diversity in the social work workforce. At least four of the grants must be awarded to Historically Black Colleges and Universities (HBCUs) or Minority Serving Institutions (MSIs). The law authorizes up to $8 million for fiscal years 2010 through 2013 specifically for the grants to social work programs and $10 million for programs dealing with child and adolescent mental health. This program is reliant on annual appropriations from Congress.

Cultural Competency, Prevention, and Public Health and Individuals with Disabilities Training (Sec. 5307)	This provision would provide for the development, dissemination, and evaluation of research, demonstration projects, and model curricula relating to cultural competency, prevention, public health, and training for those working with individuals with disabilities. To carry out these activities, the Department of Health and Human Services is authorized to collaborate with health professional societies, licensing and accrediting entities, health professions schools, and cultural competency and minority health experts in the coordination of curricula and demonstrations.
Grants to Promote the Community Health Workforce (Sec. 5313)	The law authorizes the Centers for Disease Control and Prevention (CDC) to award grants to community health workers to promote positive health behaviors and outcomes for populations in medically underserved communities. Specifically, funds can be used for education and outreach in community settings regarding health problems relevant to that community, education and guidance on effective strategies to promote positive health behaviors and discourage risky health behaviors, and training regarding enrollment in health insurance programs. Under the law, a "community health worker" is defined as an individual who serves as a liaison between communities and health care agencies, provides guidance and social assistance to communities, enhances individuals' ability to communicate with health care providers, provides culturally and linguistically competent health and nutrition education, and advocates for communities.

Supporting the Existing Health Care Workforce

Centers of Excellence (Sec. 5401)	The law reauthorizes the ***Centers of Excellence*** program, which is administered by the Health Resources and Services Administration. The purpose of this program is to assist health professions schools, including schools of social work and other public and nonprofit health facilities, with developing a diverse grant applicant pool within the health professions, enhance academic performance among individuals from underrepresented minority backgrounds, and improve the capacity of schools to train, recruit, and retrain underrepresented minority faculty. More information on the Centers of Excellence program: http://www.bhpr.hrsa.gov/grants/diversity.htm.
Health Care Professionals Training for Diversity (Sec. 5402)	The law reauthorizes the suite of diversity health professions programs managed by the Health Resources and Services Administration. This includes the ***Scholarships for Disadvantaged Students*** program, which provides funds to individuals from disadvantaged backgrounds to ensure their education and graduation, and improve diversity in the health professions. More information on Diversity Programs: http://www.bhpr.hrsa.gov/grants/diversity.htm.

Chapter 2

Health Equity and Minority Health

This chapter highlights some of the provisions included in the health care law that enhance the Federal Government's data collection activities to ensure that Federally supported programs are obtaining data on race, ethnicity, sex, primary language, and disability for all participants in these programs. This section also describes some of the new programs and structures that were created for the specific purpose of addressing health disparities.

Ensuring Race and Ethnicity in Data Collection

Understanding Health Disparities—Data Collection and Analysis (Sec. 4302)

The law improves data collection on health care disparities in the U.S. by directing all federally supported health programs and activities to collect and report data, to the extent practicable, on race, ethnicity, sex, primary language, and disability status for all applicants, recipients, or participants in each program or activity. While the federal government already collects information to learn more about health disparities, this is the first government-wide mandate to collect specific information from every participant or beneficiary of a federally supported health program.

The law also improves data analysis to help guide recommendations for health care policy as well as improvements to the health care delivery system by directing the Department of Health and Human Services to monitor trends in the data and report them to lawmakers, federal health agencies, and the public. The law authorizes the increased reporting requirements through fiscal year 2014 without specified funding levels.

Elevation of Minority Health across HHS

Office of Minority Health (Sec. 10334)

The Office of Minority Health (OMH) has been transferred from a sub-entity of the Office of Public Health and Science within the Department of Health and Human Services (HHS) to directly within the Office of the HHS Secretary. The head of OMH has been elevated to the level of Deputy Assistant Secretary for Minority Health and will report directly to the Secretary.

More information on the Office of Minority Health: http://minorityhealth.hhs.gov/.

Re-designating the National Center on Minority Health and Health Disparities (Sec. 10334)

The current National Center on Minority Health and Health Disparities within the National Institutes of Health (NIH) has been re-designated from a "center" to an "institute." The institute director will coordinate all minority health related activities within NIH.

More information on the National Institute on Minority Health and Health Disparities: http://www.nimhd.nih.gov/.

Individual Offices of Minority Health within HHS (Sec. 10334)

Under the law, individual offices of minority health will be established in the following agencies, and the heads of the offices will report directly to the head of the agency in which it resides: Centers for Disease Control and Prevention, Health Resources and Services Administration, Substance Abuse and Mental Health Services Administration, Agency for Healthcare Research and Quality, Food and Drug Administration, and the Centers for Medicare and Medicaid Services.

Offices of Women's Health

Improving Women's Health (Sec. 3509)

The law establishes offices of women's health throughout the Department of Health and Human Services, including at the Health Resources and Services Administration, the Food and Drug Administration, and the Agency for Healthcare Research and Quality.

Indian Health Care Improvement Act

Indian Health Care Improvement (Sec. 10221)

The *Indian Health Care Improvement Act* was included as a subpart of the health care law. This section of the law permanently reauthorizes all current Indian health care programs and includes provisions that authorize programs designed to increase the recruitment and retention of health care professionals; increase long-term care, including home health care, assisted living, and community based care; establish mental and behavioral health programs beyond alcohol and substance abuse, such as fetal alcohol spectrum disorders and domestic violence prevention programs; and require that the budget of the Indian Health Service (IHS) account for medical inflation rates and population growth, in order to combat the dramatic underfunding of the Indian health system.

More information on the Indian Health Service: http://www.ihs.gov/.

Chapter 3

Improving Health Care Quality and Efficiency

This chapter looks at how the law seeks to enhance some of the Medicare and Medicaid operations and services, as well as programs that establish community health teams and encourage patient involvement in decisions about their care.

Improved Healthcare Coordination

Center for Medicare and Medicaid Innovation (Sec. 3021)

The law establishes a Center for Medicare and Medicaid Innovation within the Centers for Medicare and Medicaid Services (CMS), which will test innovative payment and service delivery models to reduce costs while preserving or enhancing the quality of care to beneficiaries. This program focuses on addressing the fragmented system in which providers are reimbursed for individual services and will examine ways to better coordinate care though such models as patient-centered medical homes to achieve better care and lower costs.

More information on the Center for Medicare and Medicaid Innovation: http://innovations.cms.gov/.

Medicare Shared Savings (Sec. 3022)

The law creates a Medicare Shared Savings program, which would encourage coordination between Medicare Part A (in-patient care) and Medicare Part B (out-patient care) through Accountable Care Organizations (ACOs). An ACO is a group of providers that works together and is accountable for the quality, cost and care of Medicare beneficiaries. Under the law, ACOs will be able to share in the savings achieved though coordinated care once a certain level of savings, which is determined by the Secretary of Health and Human Services, is obtained.

Establishing Community Health Teams to Support the Patient-Centered Medical Home (Sec. 3502)

The law establishes a program that would provide grants to interdisciplinary community health teams to support primary care practices and patient-centered medical homes. Providers that will be included in a health team will be determined by the Secretary of Health and Human Services and may include social workers and behavioral and mental health providers.

Program to Facilitate Shared Decision-making (Sec. 3506)

The law establishes a program to help coordinate the patient decision-making process concerning “trade-offs” with respect to patient treatment options, and facilitate the incorporation of patient preferences and values into the medical plan. This coordination is done through collaboration between patients, caregivers, or authorized representatives and clinicians. Also under this provision, contracts will be awarded to entities to establish standards for patient decision aides, referring to the education tools used to help communicate a patient’s beliefs and preferences related to their treatment options, for sensitive care.

Chapter 4

Prevention and Wellness

This chapter outlines how the law seeks to provide health care services in a more cost effective way by promoting early disease prevention and encouraging healthy behaviors.

Disease Prevention in Public Health Systems

Prevention and Public Health Fund (Sec. 4002)

The law establishes a ***Prevention and Public Health Fund***, which invests in prevention and public health programs aimed at improving health and restraining health care costs. The Secretary of Health and Human Services (HHS) has discretion to direct funding in this program to meet prevention and public health goals. Funding in the Prevention and Public Health Fund crosses a couple of HHS agencies—Centers for Disease Control and Prevention and the Health Resources and Services Administration—and is distributed to states and communities. In 2010, the Secretary of HHS provided $500 million in funding for programs that included HIV prevention and testing, tobacco prevention and control, and addressing obesity. For FY 2012, the law authorizes $1 billion for the Prevention and Public Health Fund.

More information on the Prevention and Public Health Fund:
http://www.healthcare.gov/news/factsheets/prevention02092011b.html

Education and Outreach Regarding Preventive Benefits (Sec. 4004)

The law requires the Secretary of Health and Human Services to carry out a prevention and health promotion outreach and education campaign through a public-private partnership. This campaign will include seven specific activities, including encouraging health behaviors linked to the prevention of chronic disease.

Access to Preventive Services

School-based Health Centers (Sec. 4101)

The law requires the Secretary of Health and Human Services to provide grants for the operation of school-based health centers, which provide comprehensive primary health services. Comprehensive primary health services include mental health and substance use disorder assessments, counseling treatment, and crisis intervention. Preference for grants under the law would be given to centers that serve a large percentage of Medicaid eligible children. The law authorizes mandatory funding for construction of school-based health centers.

Prevention and Wellness for Seniors (Sec. 4103/4104)

The law increases access to prevention and wellness for Medicare beneficiaries. It requires that Medicare cover an annual wellness visit for Medicare beneficiaries, which would include a personal prevention plan that encompasses a health risk assessment. The law would not require a coinsurance payment for prevention services that have a grade A or B by the United States Preventive Services Task Force (USPSTF).

Information on the United States Preventive Services Task Force: http://www.uspreventiveservicestaskforce.org/.

Incentives for Prevention of Chronic Diseases in Medicaid (Sec. 4108)

The Secretary of Health and Human Services would award grants to states to provide incentives for Medicaid beneficiaries to participate in evidence-based prevention programs to prevent chronic diseases. Programs will help beneficiaries meet such goals as stopping the use of tobacco products, controlling weight, lowering blood pressure, and helping avoid the onset of diabetes.

Healthier Communities

Community Transformation Grants (Sec. 4201)

The law would provide competitive grants to eligible entities, including state and local non-profit organizations, for the implementation, evaluation, and dissemination of evidence-based community preventative activities to reduce chronic disease rates, address health disparities, develop a stronger evidence-base of effective prevention programming and prevent the development of secondary conditions. This grant program would be administered through the Centers for Disease Control and Prevention.

Community-based Prevention and Wellness Programs for Medicare Beneficiaries (Sec. 4202)

The law establishes a grant program that would be awarded to states or local health departments for pilot programs to provide public health, community interventions, screenings, and where necessary, clinical referrals to people between the ages of 55 and 64. Included in intervention activities are improving nutrition, increasing physical activity, decreasing tobacco use and substance abuse, and improving mental health.

Prevention and Public Health Innovation

Childhood Obesity Research Demonstration (Sec. 4306)

The *Children's Health Insurance Program Reauthorization Act* (CHIP) authorized the ***Childhood Obesity Research Demonstration*** program, but it had not been funded. In January 2011, the Centers for Disease Control and Prevention released a Funding Opportunity Announcement (FOA) to begin implementation of the program with funding provided by the health care law. The purpose of this FOA was to determine whether an integrated model of primary care and public health approaches can improve underserved children's risk factors for obesity.

Chapter 5

Community and Family Health

This chapter describes some the investments made in the law to improve community health programs and promote maternal and parental health, child health and development, and school readiness for children.

Community Health Centers

Community Health Centers and the National Health Service Corps Fund (Sec. 10503)

The law creates a ***Community Health Centers Trust Fund***, with a total of $11 billion in mandatory funding for the ***Community Health Centers*** (CHC) program over five years. Of this total, $9.5 billion is directed to expand CHC's capacity to serve nearly 20 million new patients and enhance medical, oral, and behavioral health services. The remaining $1.5 billion is directed to address capital needs, by expanding and improving existing facilities and constructing new sites. The Trust Fund is in addition to existing discretionary funding, which was $2.19 billion in fiscal year 2010.

The law also creates a ***National Health Service Corps Trust Fund***, which includes $1.5 billion in mandatory funding over five years for the ***National Health Service Corps*** to place an estimated 15,000 primary care providers in communities with a shortage of providers. The National Health Service Corps Trust Fund is in addition to existing discretionary funding, which was $142 million in fiscal year 2010.

Maternal and Child Health

Maternal, Infant, and Early Childhood Home Visitation Programs (Sec. 2951)

The law establishes a program to provide grants to states to implement evidence-based models of home visitation to deliver services that promote maternal and parental health, child health and development, and school readiness. States will have to establish benchmarks which will measure criteria specified in the law, such as improvement in school readiness and achievement and reducing domestic violence, and use one or more home visitation service delivery models to meet those specified benchmarks. Service delivery models will also have to meet criteria outlined in the law to assure that the program is evidenced based. Such criteria includes home visitation models that have been in existence for three years and are research based, and are associated with a national organization or institution of higher education. Models that are promising and conform to a promising new approach to achieving the specified benchmarks may also be considered.

More information on home visitation through the Administration for Children and Families: http://nccic.acf.hhs.gov/resource/home-visitation-initiatives.

Chapter 6

Health Care Research and Translation

The health care law creates new programs and initiatives aimed at helping to improve the understanding of the effectiveness of drugs and interventions, as well research to advance scientific discovery from the lab to the clinic. This section describes two specific provisions in the law.

Comparative Clinical Effectiveness Research

Patient-Centered Outcomes Research (Sec. 6301)

The law establishes the ***Patient-Centered Outcomes Research Institute*** (PCORI) as a nonprofit organization responsible for developing and directing a comparative clinical effectiveness research agenda. This institute is funded through a trust fund created in the health care reform law and will not rely solely on annual appropriations from Congress. PCORI will identify research priorities and will conduct research to assist patients, clinicians, purchasers, and policy-makers in making informed health decisions by carrying out a comparative clinical research agenda, which focuses on quality, relevant evidence on how diseases, disorders, and other health conditions can effectively and appropriately be prevented, diagnosed, treated, monitored, and managed with an emphasis on chronic conditions. PCORI is overseen by a Board of Governors, which includes members from the National Institutes of Health and the Agency for Healthcare Research and Quality.

More information on PCORI: http://pcori.org/.

Cures Acceleration Network

Cures Acceleration Network Act of 2009 (Sec. 10409)

The law creates the ***Cures Acceleration Network*** (CAN) within the National Institutes of Health (NIH). The functions of CAN include conducting and supporting "revolutionary advances in basic research, translating scientific discovery from bench to bedside," awarding grants and contracts to eligible entities to support such research, and providing additional resources necessary to participating entities to support development of high-need cures. The law authorizes $500 million for CAN in fiscal year 2010 and such sums as may be necessary for future years.

CAN seeks to cut the time between discovery and the development of drugs and therapies through new grant-making mechanisms at NIH, including a requirement that grantees provide matching funds in the amount of $1 for every $3 awarded to partially offset development costs and new flexible research authority for the NIH Director to fund projects that cannot adequately be carried out through a contract, grant, or cooperative agreement. The Food and Drug Administration would be included in the work that CAN will undertake, providing a vital link between NIH and the drug approval process.

Chapter 7

Other Authorizations

The law incorporates a number of pieces of legislation that at one point were considered as separate bills. This section describes two bills that were folded into the final law, one addressing crimes against older adults and the other creating a voluntary insurance program for long-term care nonmedical services.

Elder Justice Act of 2009

Elder Justice Act (Sec. 6701)	This provision creates an ***Elder Justice Coordinating Council*** within the Office of the Secretary of Health and Human Services, which will include high-level federal agency participation and be responsible for making recommendations to the Secretary regarding the coordination of activities of the Department of Health and Human Services, Department of Justice, and other agencies at Federal, State, and local levels relating to elder abuse, neglect, and exploitation. In addition, law creates an ***Advisory Board on Elder Abuse, Neglect, and Exploitation***, which will consist of members of the general public with experience in this area, including social workers, and will be responsible for creating short- and long-term strategic plans for the development of the field of elder justice and to make recommendations to the Coordinating Council described above. The law also directs the Department of Health and Human Services and the Department of Labor to work together in the development of grants and incentive programs to encourage more individuals to seek employment providing direct care services in long-term care settings, such as nursing homes.

Community Living Assistance Services and Supports Act (CLASS Act)

CLASS Act (Sec. 8001)	This provision establishes a voluntary insurance program for purchasing community living assistance services. Under the program, individuals through a voluntary payroll deduction can invest for a five year period after which the program will provide individuals with functional limitations a cash benefit to purchase nonmedical services and supports necessary to maintain community residence. CLASS took effect on January 1, 2011. The Secretary of Health and Human Services is responsible for defining the CLASS benefit, and enrollment in the program will begin thereafter. The amount of the cash benefit will depend on the level of impairment or disability but will average no less than $50 per day.

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