Although the Affordable Care Act (ACA) addressed a range of issues in an effort to reform the financing and delivery of health care services, it focused on expanding access to health insurance and experimenting with new acute care payment and delivery models. Nonetheless, the ACA did include provisions addressing long-term care. With the aging of the population, demand for long-term services and supports (LTSS) is expected to increase dramatically in the coming decades. The Congressional Budget Office projects the portion of the U.S. population age 85 or older will be 10 times greater in 2050 than it was in 1950. For this age cohort, approximately two thirds report functional limitations. Importantly, AARP reports that 90% of individuals would prefer to stay in their homes and communities as they age. Occupational therapy practitioners are well-positioned to address the long-term-care needs of the elderly, as well as people with disabilities, particularly in enabling them to remain out of institutional care settings.

**CLASS Act:** The most ambitious program in the ACA that addressed the expected growth in demand for LTSS was the Community Living Assistance Services and Supports Act, or CLASS Act, which created a voluntary long-term-care insurance program. Through payroll deductions, workers would vest after 5 years of contributions and be eligible to receive a cash benefit to pay for LTSS. After a long period of evaluation, the U.S. Department of Health & Human Services (HHS) determined it was unlikely that the CLASS Act could be implemented in an actuarially sound manner. In other words, there seemed to be no way to make premiums affordable while ensuring the program was self-sustaining, as was intended. As a result, HHS decided against implementing the CLASS Act, and ultimately Congress repealed the program.

**Medicaid Demonstration Projects:** Medicaid currently provides more than half of the financing for all LTSS. The ACA provided funding to states to increase the availability of LTSS for Medicaid beneficiaries outside of institutional settings. The Money Follows the Person program was extended through 2016 and has enabled tens of thousands of individuals with disabilities to transition back to their communities. The Balancing Incentive Program provides grants to states to incentivize increased use of home- and community-based services. In an effort to reduce costs, acknowledge the preferences of most individuals, and comply with the *Olmstead* case (a U.S. Supreme Court decision that requires priority be given to community placement for individuals with disabilities), it is reasonable to expect that these demonstration projects will lead to permanent Medicaid policy reforms that increase the use of non-institutional LTSS.

**Commission on Long-Term Care:** Recognizing the importance of long-term care issues, Congress created the Commission on Long-Term Care at the same time that it repealed the CLASS Act. The commission was instructed to "develop a plan for the establishment, implementation, and financing of a comprehensive, coordinated, and high-quality system that ensures the availability of long-term services and supports for individuals in need of such services and supports, including elderly individuals, individuals with substantial cognitive or functional limitations, [and] other individuals who require assistance to perform activities of daily living." The commission included 15 members appointed by President Obama and a bipartisan group of congressional leaders. It was directed to produce a report within 6 months of appointment, and its recommendations were released in September 2013.

The commission’s recommendations received bipartisan, albeit not unanimous, support. Many of the recommendations were not controversial, such as promoting care in the least restrictive setting, integrating LTSS with acute care; and using technology to better utilize resources and enhance communications between providers, family caregivers, and patients. One recommendation does require particular attention. The commission’s report stated, "Revise scope of practice to broaden opportunities for professional and direct care workers with demonstrated competency." The report elaborated by asserting that "expanding roles of trained direct care workers may help compensate for the shortage in the professional workforce." It is important to remember that the commission’s recommendations are just that—recommendations; Congress and state legislatures are not required to act on them. However, AOTA will monitor any legislative developments closely. Regardless of whether Congress or state legislatures act on the commission’s recommendations, the inevitable growth in demand for LTSS creates opportunities for occupational therapy practitioners in the areas of fall prevention, home modifications, driving and community mobility, caregiver training, and others areas of practice.

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