

118TH CONGRESS
1ST SESSION

H. R. 1493

To amend title XIX of the Social Security Act to require coverage of, and expand access to, home and community-based services under the Medicaid program; to award grants for the creation, recruitment, training and education, retention, and advancement of the direct care workforce and to award grants to support family caregivers; and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MARCH 9, 2023

Mrs. DINGELL (for herself and Mr. BOWMAN) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Education and the Workforce, and Oversight and Accountability, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend title XIX of the Social Security Act to require coverage of, and expand access to, home and community-based services under the Medicaid program; to award grants for the creation, recruitment, training and education, retention, and advancement of the direct care workforce and to award grants to support family caregivers; and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

2 (a) SHORT TITLE.—This Act may be cited as the
3 “HCBS Access Act”.

4 (b) TABLE OF CONTENTS.—The table of contents of
5 this Act is as follows:

Sec. 1. Short title; table of contents.

Sec. 2. Definitions.

TITLE I—REQUIRING AND EXPANDING ACCESS TO HCBS
COVERAGE UNDER MEDICAID

Sec. 101. Purpose.

Sec. 102. Requiring coverage of home and community-based services under the
Medicaid program.

Sec. 103. Medicaid eligibility modifications.

Sec. 104. Home and community-based services implementation plan grant pro-
gram.

Sec. 105. Quality of services.

Sec. 106. Reports; technical assistance; other administrative requirements.

Sec. 107. Quality measurement and improvement.

Sec. 108. Making permanent the State option to extend protection under Med-
icaid for recipients of home and community-based services
against spousal impoverishment.

Sec. 109. Permanent extension of Money Follows the Person Rebalancing dem-
onstration.

TITLE II—RECOGNIZING THE ROLE OF DIRECT SUPPORT
PROFESSIONALS

Sec. 201. Findings.

Sec. 202. Definition of direct support professional.

Sec. 203. Revision of Standard Occupational Classification System.

TITLE III—SUPPORT FOR THE DIRECT CARE WORKFORCE

Sec. 301. Definitions.

Sec. 302. Authority to establish a technical assistance center for building the
direct care workforce.

Sec. 303. Authority to award grants.

Sec. 304. Project plans.

Sec. 305. Evaluations and reports; technical assistance.

Sec. 306. Authorization of appropriations.

TITLE IV—EVALUATION

Sec. 401. Evaluation of impact on access to HCBS.

6 **SEC. 2. DEFINITIONS.**

7 In this Act:

1 (1) DEMOGRAPHICS.—The term “demo-
2 graphics” means information relating to the races,
3 ethnicities, genders, sexual orientations, gender iden-
4 tities, geographic locations, incomes, primary lan-
5 guages, types of service setting, and disability types
6 represented within a particular group of individuals.

7 (2) PRIVATE DUTY NURSING.—The term “pri-
8 vate duty nursing” means nursing services that are
9 sufficient to meet the needs of an individual who re-
10 quires more individualized and continuous care than
11 is available from a visiting nurse or routinely pro-
12 vided by the nursing staff of a hospital or skilled
13 nursing facility, and includes services provided to an
14 individual in the individual’s own home by a reg-
15 istered nurse or licensed practical nurse under the
16 direction of a physician.

17 (3) SECRETARY.—Except as otherwise provided,
18 the term “Secretary” means the Secretary of Health
19 and Human Services.

20 **TITLE I—REQUIRING AND EX-**
21 **PANDING ACCESS TO HCBS**
22 **COVERAGE UNDER MEDICAID**

23 **SEC. 101. PURPOSE.**

24 It is the purpose of this title to require coverage of
25 home and community-based services (in this section re-

1 ferred to as “HCBS”) under a State plan (or waiver of
2 such plan) under title XIX of the Social Security Act (42
3 U.S.C. 1396 et seq.) for the following reasons:

4 (1) To eliminate waiting lists for HCBS, which
5 delay access to necessary services and civil rights for
6 people with disabilities and older adults.

7 (2) To build on decades of progress in serving
8 people with disabilities and older adults via HCBS.

9 (3) To fulfill the purposes of the Medicaid pro-
10 gram to provide medical assistance for those whose
11 income and resources are insufficient to meet the
12 costs of necessary medical services, and to provide
13 rehabilitation, long-term services and supports, and
14 other services to help such families and individuals
15 attain or retain capability for independence or self-
16 care.

17 (4) To ensure that people with all kinds of dis-
18 abilities and with multiple disabilities, including in-
19 tellectual disability, cognitive disabilities, develop-
20 mental disabilities, behavioral health disabilities,
21 physical disabilities, and substance use disorders,
22 and older adults, receive the services they need to
23 live in their communities.

1 (5) To streamline access to HCBS by elimi-
2 nating the need for States to repeatedly apply for
3 waivers.

4 (6) To continue to increase the capacity of com-
5 munity services to ensure people with disabilities and
6 older adults have safe and meaningful options in the
7 community and are not at risk of unnecessary insti-
8 tutionalization.

9 (7) To act on the decades of research and prac-
10 tice that show everyone, including people with the
11 most severe disabilities, can live in the community
12 with the right services and supports.

13 (8) To support over 53,000,000 unpaid family
14 caregivers who are often providing complex services
15 and supports to older adults and people with disabil-
16 ities because of a lack of affordable services, work-
17 force shortages, and other inefficiencies.

18 (9) To improve direct care quality and address
19 the decades long workforce barriers, which have been
20 exacerbated by the COVID–19 pandemic, for nearly
21 2,600,000 direct care professionals providing sup-
22 port to people with disabilities and older adults in
23 their homes and communities.

24 (10) To eliminate the race, gender, sexual ori-
25 entation, and gender identity disparities that exist in

1 accessing information and HCBS and to prevent the
2 unnecessary impoverishment and institutionalization
3 of black and brown individuals with disabilities and
4 older adults.

5 **SEC. 102. REQUIRING COVERAGE OF HOME AND COMMU-**
6 **NITY-BASED SERVICES UNDER THE MED-**
7 **ICAID PROGRAM.**

8 (a) DEFINITION OF HOME AND COMMUNITY-BASED
9 SERVICES.—

10 (1) IN GENERAL.—Section 1905 of the Social
11 Security Act (42 U.S.C. 1396d) is amended by add-
12 ing at the end the following new subsection:

13 “(jj) HOME AND COMMUNITY-BASED SERVICES.—

14 “(1) IN GENERAL.—For purposes of this title,
15 the term ‘home and community-based services’
16 means those services specified in paragraph (2) fur-
17 nished to an eligible individual (as defined in para-
18 graph (3)), based on an individualized assessment
19 (as described in paragraph (4)) of such individual,
20 in a setting that—

21 “(A) meets the qualities specified in para-
22 graph (1) of section 441.710(a) of title 42,
23 Code of Federal Regulations (or a successor
24 regulation);

1 “(B) is not described in paragraph (2) of
2 such section (or successor regulation); and

3 “(C) meets such other qualities as the Sec-
4 retary determines appropriate.

5 “(2) SERVICES SPECIFIED.—

6 “(A) IN GENERAL.—For purposes of para-
7 graph (1), the services specified in this para-
8 graph are services described in any of para-
9 graphs (7), (8), (13)(C), (19), (20), (24), and
10 (29) (as applied without regard to the reference
11 to ‘September 30, 2025’) of subsection (a) or in
12 any of subsections (c)(4)(B), (c)(5), (k)(1)(A),
13 (k)(1)(B), or (k)(1)(D) of section 1915, includ-
14 ing the following:

15 “(i) Supported employment and inte-
16 grated day services.

17 “(ii) Personal assistance, including
18 personal care attendants, direct support
19 professionals, home health aides, private
20 duty nursing, homemakers and chore as-
21 sistance, and companionship services.

22 “(iii) Services that enhance independ-
23 ence, inclusion, and full participation in
24 the broader community.

1 “(iv) Non-emergency, non-medical
2 transportation services to facilitate commu-
3 nity integration.

4 “(v) Respite services provided in the
5 individual’s home or broader community.

6 “(vi) Caregiver and family support
7 services.

8 “(vii) Case management, including in-
9 tensive case management, fiscal inter-
10 mediary, and support brokerage services.

11 “(viii) Services which support person-
12 centered planning and self-direction.

13 “(ix) Direct support services during
14 acute hospitalizations.

15 “(x) Necessary medical and nursing
16 services not otherwise covered which are
17 necessary in order for the individual to re-
18 main in their home and community, includ-
19 ing hospice services.

20 “(xi) Home and community-based in-
21 tensive behavioral health and crisis inter-
22 vention services.

23 “(xii) Peer support services.

24 “(xiii) Housing support, including
25 transitional housing or transitional support

1 services for individuals who are unhoused,
2 and wrap-around services.

3 “(xiv) Necessary home modifications
4 and assistive technology, including those
5 which substitute for human assistance.

6 “(xv) Transition services to support
7 an individual who is transitioning from an
8 institutional setting to the community, in-
9 cluding appropriate services for individuals
10 who are unhoused or at risk of becoming
11 unhoused, and including such transition
12 services provided while the individual re-
13 sides in an institution.

14 “(xvi) Any other service recommended
15 by the panel convened pursuant to sub-
16 paragraph (B).

17 “(B) SPECIFICATION OF RECOMMENDED
18 SERVICES.—

19 “(i) IN GENERAL.—Not later than 6
20 months after the date of the enactment of
21 this subparagraph, and not less frequently
22 than once every 5 years thereafter, the
23 Secretary shall convene an advisory panel
24 (in this subparagraph referred to as the
25 ‘panel’) for purposes of recommending ad-

1 ditional services which shall be included as
2 home and community-based services under
3 this paragraph.

4 “(ii) COMPOSITION.—

5 “(I) SELECTION.—The panel
6 shall be composed of at least one rep-
7 resentative (to be selected by the Sec-
8 retary) from each of the following:

9 “(aa) Individuals with dis-
10 abilities receiving home and com-
11 munity-based services under this
12 title and individuals with disabil-
13 ities in need of such services, in-
14 cluding those with physical dis-
15 abilities, behavioral health dis-
16 abilities, or intellectual or devel-
17 opmental disabilities, and includ-
18 ing older adults.

19 “(bb) Beneficiary-led dis-
20 ability rights organizations.

21 “(cc) Disability-led organiza-
22 tions.

23 “(dd) Disabled veterans or-
24 ganizations.

1 “(ee) Disability organiza-
2 tions representing families.

3 “(ff) Community-based pro-
4 vider organizations.

5 “(gg) Organizations serving
6 older adults.

7 “(hh) The Protection and
8 Advocacy system, the Centers for
9 Independent Living.

10 “(ii) Health care providers.

11 “(jj) The National Associa-
12 tion of Medicaid Directors.

13 “(kk) The National Associa-
14 tion of State Directors of Devel-
15 opmental Disabilities Services.

16 “(ll) The National Associa-
17 tion of State Mental Health Pro-
18 gram Directors.

19 “(mm) ADvancing States.

20 “(nn) The Centers for Medi-
21 care & Medicaid Services.

22 “(oo) The Administration
23 for Community Living of the De-
24 partment of Health and Human
25 Services.

1 “(pp) Other relevant local,
2 State, and Federal home and
3 community-based service systems,
4 as determined by the Secretary.

5 “(II) REQUIREMENT FOR EQUAL
6 REPRESENTATION.—The Secretary
7 shall select an equal number of rep-
8 resentatives from each category de-
9 scribed in items (aa) through (oo) of
10 subclause (I) in convening the panel.

11 “(iii) DUTIES.—Not later than 6
12 months after a panel is convened under
13 clause (i), the panel shall submit to the
14 Secretary and to Congress a report recom-
15 mending additional services which shall be
16 included as home and community-based
17 services under this paragraph. Such rec-
18 ommended services shall be so specified
19 with the goal of increasing community in-
20 tegration and self-determination for indi-
21 viduals with disabilities receiving such
22 services.

23 “(iv) IMPLEMENTATION OF REC-
24 COMMENDED SERVICES.—

1 “(I) IN GENERAL.—Services rec-
2 ommended by the panel in a report
3 submitted under clause (iii) shall be
4 treated as services described in sub-
5 paragraph (A)(xvi) for calendar quar-
6 ters beginning on or after the date
7 that is 1 year after the date of such
8 submission.

9 “(II) NOTIFICATION.—Not later
10 than 1 year after the first report is
11 submitted under clause (iii), and not
12 later than 1 year after the submission
13 of each subsequent such report, the
14 Secretary shall notify States of any
15 additions or removals of home and
16 community-based services based on
17 services recommended under such re-
18 port through State Medicaid Director
19 letters.

20 “(3) ELIGIBLE INDIVIDUAL.—

21 “(A) IN GENERAL.—For purposes of para-
22 graph (1), the term ‘eligible individual’
23 means—

24 “(i) an individual who is determined,
25 on an annual basis or on a longer basis

1 specified by the State, by a health care
2 provider approved by the State under a
3 process described in subparagraph (C) to
4 have a functional impairment (as defined
5 in subparagraph (B)) (not taking into ac-
6 count any items or services, or any other
7 ameliorative measures, furnished to such
8 individual to mitigate such impairment)
9 that is expected to last at least 90 days;

10 “(ii) during the period that ends on
11 the day before the first day of the first cal-
12 endar quarter beginning on or after the
13 date that is 5 years after the date of the
14 enactment of this subsection, an individual
15 who, as of such date of enactment, is re-
16 ceiving or has been determined to be eligi-
17 ble for, home and community-based serv-
18 ices under this title under a waiver or
19 State plan option in effect under section
20 1915 or 1115, provided that the individual
21 continues to meet any level of care require-
22 ment applicable under such waiver or plan
23 option; or

1 “(iii) an individual who is eligible
2 under the State plan or waiver and is
3 under the age of 21.

4 “(B) FUNCTIONAL IMPAIRMENT.—For
5 purposes of subparagraph (A), the term ‘func-
6 tional impairment’ means, with respect to an
7 individual the inability of such individual to
8 perform, without assistance—

9 “(i) 2 or more activities of daily living
10 (as described in section 7702B(c)(2)(B) of
11 the Internal Revenue Code of 1986);

12 “(ii) 2 or more instrumental activities
13 of daily living (as defined for purposes of
14 section 1915(k)(1)(A)); or

15 “(iii) 1 activity of daily living (as so
16 described) and 1 instrumental activity of
17 daily living (as so defined).

18 “(C) HEALTH CARE PROVIDER STATE AP-
19 PROVAL.—For purposes of subparagraph (A)(i),
20 a process described in this subparagraph is a
21 process established by the State to approve
22 health care providers to make determinations
23 described in such subparagraph that meets such
24 standards as the Secretary may prescribe.

25 “(4) INDIVIDUALIZED ASSESSMENT.—

1 “(A) IN GENERAL.—For purposes of para-
2 graph (1), an individualized assessment de-
3 scribed in this paragraph is an independent as-
4 sessment, with respect to an eligible indi-
5 vidual—

6 “(i) to determine a necessary level of
7 services and supports to be provided, con-
8 sistent with an individual’s functional im-
9 pairments, to facilitate an individual’s
10 community integration, self-determination,
11 and well-being;

12 “(ii) to prevent the provision of un-
13 necessary or inappropriate care;

14 “(iii) to establish a person-centered
15 care plan (as described in subparagraph
16 (C)) for the individual;

17 “(iv) that includes each of the ele-
18 ments described in clauses (ii) through (v)
19 of section 1915(i)(1)(F); and

20 “(v) that occurs not later than 30
21 days after such individual is determined to
22 be an eligible individual.

23 “(B) PRESUMPTION.—The assessment de-
24 scribed in subparagraph (A) shall be conducted
25 with the presumption—

1 “(i) that each eligible individual, re-
2 gardless of type or level of disability or
3 service need, can be served in the individ-
4 ual’s own home and community; and

5 “(ii) at the option of the individual,
6 that services may be self-directed (as de-
7 fined in section 1915(i)(1)(G)(iii)(II)).

8 “(C) PERSON-CENTERED CARE PLAN.—
9 For purposes of subparagraph (A)(iii), a per-
10 son-centered care plan described in this sub-
11 paragraph is a written plan with respect to an
12 individual that meets the requirements of sec-
13 tion 1915(i)(1)(G)(ii).

14 “(D) STANDARDS.—An individualized as-
15 sessment described in subparagraph (A) shall
16 be conducted in accordance with standards
17 specified by the Secretary, in consultation with
18 the Administration for Community Living,
19 that—

20 “(i) safeguard against conflicts of in-
21 terest;

22 “(ii) specify qualifications for who
23 may perform such assessments;

24 “(iii) ensure transparency in the fur-
25 nishing of such assessments, including en-

1 suring the provision of the results of such
2 assessments that includes information in
3 plain language necessary to interpret the
4 methodology and results of such assess-
5 ments;

6 “(iv) ensure that the methodologies
7 used in such assessments are sound and
8 evidence-based; and

9 “(v) require such methodologies to be
10 made available on the public website of the
11 State and tested for reliability and validity
12 by an independent evaluator.”.

13 (2) INCLUSION AS MEDICAL ASSISTANCE.—Sec-
14 tion 1905(a) of the Social Security Act (42 U.S.C.
15 1396d(a)) is amended—

16 (A) in paragraph (30), by striking “; and”
17 and inserting a semicolon;

18 (B) by redesignating paragraph (31) as
19 paragraph (32); and

20 (C) by inserting after paragraph (30) the
21 following new paragraph:

22 “(31) home and community-based services (as
23 defined in subsection (jj)); and”.

24 (b) MANDATORY BENEFIT.—

1 (1) IN GENERAL.—Section 1902(a)(10)(A) of
2 the Social Security Act (42 U.S.C. 1396a(a)(10)(A))
3 is amended by striking “and (30)” and inserting
4 “(30), and (31)”.

5 (2) EFFECTIVE DATE.—The amendment made
6 by this subsection shall take effect on the first day
7 of the first calendar quarter that begins on or after
8 the date that is 5 years after the date of enactment
9 of this Act.

10 (c) ENSURING COVERAGE OF HCBS FOR ALL MED-
11 ICAID-ELIGIBLE INDIVIDUALS.—Section 1902(a)(10)(D)
12 of the Social Security Act (42 U.S.C. 1396a(a)(10)(A))
13 is amended—

14 (1) by inserting “(i)” after “(D)”;

15 (2) by adding “and” after the semicolon; and

16 (3) by adding at the end the following new
17 clause:

18 “(ii) beginning on the first day of the first cal-
19 endar quarter that begins on or after the date that
20 is 5 years after the date of enactment of this clause
21 (or at such earlier date as the State may elect) for
22 the inclusion of home and community-based services
23 (as defined in section 1905(jj)) for any individual
24 who—

1 “(I) is eligible for medical assistance under
2 the State plan (or waiver of such plan);

3 “(II) is an eligible individual (as defined in
4 such section); and

5 “(III) elects to receive such services.”.

6 (d) FEDERAL MEDICAL ASSISTANCE PERCENTAGE
7 FOR HOME AND COMMUNITY-BASED SERVICES.—Section
8 1905 of the Social Security Act (42 U.S.C. 1396d), as
9 amended by subsection (a), is further amended—

10 (1) in subsection (b), by striking “and (ii)” and
11 inserting “(ii), and (kk)”; and

12 (2) by adding at the end the following new sub-
13 section:

14 “(kk) SPECIFIED FMAP FOR HOME AND COMMU-
15 NITY-BASED SERVICES.—

16 “(1) IN GENERAL.—Notwithstanding any other
17 provision of law and except as provided in paragraph
18 (3), the Federal medical assistance percentage for
19 amounts expended for medical assistance for home
20 and community-based services (as defined in sub-
21 section (jj)), including any such services furnished
22 under a waiver in effect under section 1915, on or
23 after the date of the enactment of this subsection
24 shall be equal to 100 percent.

1 “(2) ACCESS TO ESSENTIAL HCBS.—As a condi-
2 tion of receiving the Federal medical assistance per-
3 centage described in paragraph (1), a State shall en-
4 hance, expand, or strengthen the level of home and
5 community-based services offered under the State
6 plan under this title (or a waiver of such a plan) as
7 of the date of enactment of this subsection by doing
8 all of the following:

9 “(A) Addressing access barriers and dis-
10 parities in access or utilization identified in the
11 State HCBS implementation plan.

12 “(B) Using ‘no wrong door’ programs, pro-
13 viding presumptive eligibility for home and com-
14 munity-based services, and improving home and
15 community-based services counseling and edu-
16 cation programs.

17 “(C) Providing supports to family care-
18 givers, which shall include providing respite
19 care, and may include providing such services
20 as caregiver assessments, peer supports, access
21 to assistive technology, or paid family
22 caregiving.

23 “(D) Adopting processes to ensure that
24 payments for home and community-based serv-

1 ices are sufficient to ensure that such services
2 are available to eligible beneficiaries.

3 “(3) EXCEPTION.—The Federal medical assist-
4 ance percentage applicable to medical assistance for
5 home and community-based services furnished to an
6 individual who is only eligible for medical assistance
7 under a State plan or waiver on the basis of section
8 1902(a)(10)(A)(ii)(XXIV) shall be determined with-
9 out regard to this subsection.”.

10 (e) SUNSET OF HCBS WAIVERS.—Section 1915 of
11 the Social Security Act (42 U.S.C. 1396n) is amended by
12 adding at the end the following new subsection:

13 “(m) SUNSET OF PROVISIONS RELATING TO HOME
14 AND COMMUNITY-BASED SERVICES.—

15 “(1) IN GENERAL.—Except as provided in para-
16 graph (2), the preceding provisions of this section,
17 insofar as such provisions relate to a waiver for
18 home and community-based services, shall not apply
19 beginning with the first calendar quarter beginning
20 on or after the date that is 5 years after the date
21 of the enactment of this subsection.

22 “(2) EXCEPTION.—The Secretary may waive
23 the application of paragraph (1) for a calendar quar-
24 ter and a State if the State requests such a waiver

1 and the Secretary determines that such a waiver is
2 appropriate.”.

3 (f) CONFORMING AMENDMENTS.—

4 (1) IN GENERAL.—Title XIX of the Social Se-
5 curity Act (42 U.S.C. 1396 et seq.) is amended—

6 (A) in section 1905(a), in the matter pre-
7 ceding the first numbered paragraph—

8 (i) in clause (xv), by striking the
9 comma at the end and inserting “, or”;

10 (ii) in clause (xvi)—

11 (I) by moving the left margin 2
12 ems to the left; and

13 (II) by striking “, or” and insert-
14 ing a comma; and

15 (iii) by striking clause (xvii); and

16 (B) in section 1943(b)(5), by striking “the
17 State” and all that follows through the period
18 at the end and inserting “a determination be
19 conducted on an annual basis (or on such
20 longer basis as specified by the State) in ac-
21 cordance with section 1905(jj) for purposes of
22 providing home and community-based services
23 under the State plan (or waiver of such plan).”.

24 (2) EFFECTIVE DATE.—

1 (A) IN GENERAL.—Except as provided in
2 subparagraph (B), the amendments made by
3 this subsection shall take effect on the first day
4 of the first calendar quarter that begins on or
5 after the date that is 5 years after the date of
6 enactment of this Act.

7 (B) EXCEPTION FOR STATES AUTHORIZED
8 TO CONTINUE OPERATING HCBS WAIVERS.—In
9 the case of a State for which the Secretary has
10 waived the application of paragraph (1) of sub-
11 section (m) of section 1915 of the Social Secu-
12 rity Act (42 U.S.C. 1396n), as added by sub-
13 section (e), in accordance with paragraph (2) of
14 such subsection (m), clause (xvii) of section
15 1905(a) of the Social Security Act shall con-
16 tinue to have effect with respect to such State
17 for so long as paragraph (1) of such subsection
18 (m) does not apply to such State.

19 **SEC. 103. MEDICAID ELIGIBILITY MODIFICATIONS.**

20 Section 1902(a)(10) of the Social Security Act (42
21 U.S.C. 1396a(a)(10)) is amended—

22 (1) in subparagraph (A)(i)—

23 (A) in subclause (VIII), by striking “; or”
24 and inserting a semicolon;

1 (B) in subclause (IX)(dd), by striking the
2 semicolon at the end and inserting “; or”;

3 (C) by inserting after subclause (IX) the
4 following new subclause:

5 “(X) beginning with the first cal-
6 endar quarter that begins on or after
7 the date that is 5 years after the date
8 of enactment of this subclause (or
9 such earlier date as the State may
10 elect), who are eligible individuals de-
11 scribed in subsection (jj)(3)(A) and
12 are not described in a previous sub-
13 clause of this clause and whose in-
14 come does not exceed the greater of—

15 “(aa) 150 percent of the
16 poverty line (as defined in section
17 2110(c)(5)) applicable to a family
18 of the size involved; and

19 “(bb) 300 percent of the
20 supplemental security income
21 benefit rate established by section
22 1611(b)(1);”;

23 (2) in subparagraph (A)(ii)—

24 (A) in subclause (XXII), by striking “; or”
25 and inserting a semicolon;

1 (B) in subclause (XXIII), by striking the
2 semicolon at the end and inserting “; or”; and

3 (C) by adding at the end the following new
4 subclause:

5 “(XXIV) who are eligible individ-
6 uals who would be described in clause
7 (i)(X) but for the fact that their in-
8 come exceeds the income levels estab-
9 lished under such clause but is less
10 than such income level as the State
11 may establish for purposes of this
12 subclause;”.

13 **SEC. 104. HOME AND COMMUNITY-BASED SERVICES IMPLE-**
14 **MENTATION PLAN GRANT PROGRAM.**

15 (a) IN GENERAL.—Not later than 1 year after the
16 date of the enactment of this Act, the Secretary shall
17 award to each State a grant for purposes of enabling such
18 State to implement the requirement to provide home and
19 community-based services under title XIX of the Social
20 Security Act (42 U.S.C. 1396 et seq.).

21 (b) USE OF FUNDS.—A grant awarded under sub-
22 section (a) shall be used by a State to develop an imple-
23 mentation plan described in subsection (c) to be submitted
24 to the Secretary for approval.

1 (c) IMPLEMENTATION PLAN.—An implementation
2 plan described in this subsection is a plan developed by
3 a State that includes the following:

4 (1) An explanation of how the State will
5 operationalize the definition of an eligible individual
6 under section 1905(jj) of the Social Security Act, in-
7 cluding the process for determinations specified in
8 paragraph (3)(A)(i) of such section.

9 (2) A description of the State’s plan to ensure
10 a stable and high quality workforce and how the
11 State plans to ensure a living wage for individuals
12 furnishing home and community-based services and
13 identify and address any additional workforce issues.

14 (3) A list of any home and community-based
15 services provided under the State Medicaid plan (in-
16 cluding any waiver of such plan) as of the date of
17 enactment of this Act, including a breakdown of use
18 of such services by demographics (as defined in sec-
19 tion 2), compared to such services that are required
20 under the amendments made by section 102, and a
21 description of numerical goals to increase access to
22 such services that have barriers to access for popu-
23 lations in need of such services.

24 (4) A description of how the State will incor-
25 porate existing State disability agencies into the new

1 unified provision of home and community-based
2 services and how such State will ensure that such
3 services address all functional impairments.

4 (5) An explanation of how the State will ensure
5 access to such services.

6 (6) A plan for carrying out outreach and edu-
7 cation activities with respect to the availability of
8 such services through Aging and Disability Resource
9 Centers and other similar entities (such as entities
10 receiving funds from the Administration for Commu-
11 nity Living or the Substance Abuse and Mental
12 Health Services Administration), including a pro-
13 gram that ensures that an individual is not denied
14 such services based on the fact that the individual
15 contacts the wrong entity (commonly referred to as
16 a “No Wrong Door Program”).

17 (7) A plan for how such services will be coordi-
18 nated with other relevant State agencies, such as
19 housing, transportation, child welfare, food and in-
20 come security, and employment agencies.

21 (8) A description of how the State will build ca-
22 pacity prior to the implementation of the require-
23 ment described in subsection (a) to ensure that such
24 services are available to every eligible individual
25 under the Medicaid program and how the State will

1 ensure that such services are provided in a setting
2 that meets the requirements specified in paragraph
3 (1) of section 1905(jj) of the Social Security Act, as
4 added by section 102.

5 (9) In the case of a State that utilizes an alter-
6 native benefit plan, a description of how the State
7 will ensure that all individuals who are eligible indi-
8 viduals (as defined in such section) are appropriately
9 identified as medically frail and exempted from such
10 plan.

11 (10) How the State will coordinate eligibility for
12 such services with other disability eligibility pro-
13 grams, such as disability buy-in programs.

14 (11) Data and milestone requirements to ensure
15 community integration, including such requirements
16 with respect to utilization of such services by demo-
17 graphics (as defined in section 2).

18 (d) STATE PLAN REQUIREMENT.—Section 1902(a)
19 of the Social Security Act (42 U.S.C. 1396a(a)) is amend-
20 ed—

21 (1) in paragraph (86), by striking “and” at the
22 end;

23 (2) in paragraph (87), by striking the period at
24 the end and inserting “; and”; and

1 (3) by adding at the end the following new
2 paragraph:

3 “(88) provide for the submission to the Sec-
4 retary of an implementation plan described in sec-
5 tion 104(c) of the HCBS Access Act for approval by
6 the Secretary prior to the beginning of the first cal-
7 endar quarter beginning on or after the date that is
8 5 years after the date of the enactment of this para-
9 graph.”.

10 (e) **AUTHORIZATION OF APPROPRIATIONS.**—There is
11 authorized to be appropriated to the Secretary such sums
12 as are necessary to carry out this section.

13 (f) **DEFINITIONS.**—In subsections (a) through (c):

14 (1) **HOME AND COMMUNITY-BASED SERV-**
15 **ICES.**—The term “home and community-based serv-
16 ices” has the meaning given such term in subsection
17 (jj) of section 1905 of the Social Security Act (42
18 U.S.C. 1396d), as added by section 102.

19 (2) **STATE.**—The term “State” has the mean-
20 ing given that term in section 1101(1) of the Social
21 Security Act (42 U.S.C. 1301(1)) for purposes of
22 title XIX of such Act (42 U.S.C. 1396 et seq.).

23 **SEC. 105. QUALITY OF SERVICES.**

24 (a) **IN GENERAL.**—

1 (1) DEVELOPMENT OF METRICS.—Not later
2 than 1 year after the date of enactment of this Act,
3 the Director of the Agency for Healthcare Research
4 and Quality, in consultation with State Medicaid Di-
5 rectors, shall develop standardized, State-level
6 metrics of access to, and satisfaction with, providers,
7 including primary care and specialist providers, with
8 respect to individuals who are enrolled in State Med-
9 icaid plans under title XIX of the Social Security
10 Act, broken down by demographics (as defined in
11 section 2) and any other category determined by the
12 Secretary. Such metrics shall include metrics on the
13 total number of individuals enrolled in the State
14 plan or under a waiver of the plan during a fiscal
15 year that required the level of care provided in a
16 nursing facility, intermediate care facility for indi-
17 viduals with intellectual disability, institution for
18 mental disease, or other similarly restrictive or insti-
19 tutional setting.

20 (2) PROCESS.—The Director of the Agency for
21 Healthcare Research and Quality shall develop the
22 metrics described in paragraph (1) through a public
23 process, which shall provide opportunities for stake-
24 holders to participate.

1 (b) UPDATING METRICS.—The Director of the Agen-
2 cy for Healthcare Research and Quality, in consultation
3 with the Deputy Administrator for the Center for Med-
4 icaid and CHIP Services and State Medicaid Directors,
5 shall update the metrics developed under subsection (a)
6 not less than once every 3 years.

7 (c) STATE IMPLEMENTATION FUNDING.—The Direc-
8 tor of the Agency for Healthcare Research and Quality
9 may award funds, from the amount appropriated under
10 subsection (d), to States for the purpose of implementing
11 the metrics developed under this section.

12 (d) APPROPRIATION.—There is appropriated to the
13 Director of the Agency for Healthcare Research and Qual-
14 ity, out of any funds in the Treasury not otherwise appro-
15 priated, \$200,000,000 for fiscal year 2024, to remain
16 available until expended, for the purpose of carrying out
17 this section.

18 **SEC. 106. REPORTS; TECHNICAL ASSISTANCE; OTHER AD-**
19 **MINISTRATIVE REQUIREMENTS.**

20 (a) REPORTS.—The Secretary shall submit to the
21 Committee on Energy and Commerce of the House of
22 Representatives, the Committee on Education and Labor
23 of the House of Representatives, the Committee on Fi-
24 nance of the Senate, the Committee on Health, Education,
25 Labor and Pensions of the Senate, and the Special Com-

1 mittee on Aging of the Senate the following reports relat-
2 ing to the HCBS implementation plan grant program es-
3 tablished under section 104:

4 (1) INTERIM REPORT.—Not later than 2 years
5 after the date of enactment of this Act, a report that
6 describes—

7 (A) State efforts to develop their HCBS
8 implementation plans; and

9 (B) the funds awarded to States.

10 (2) FIRST IMPLEMENTATION REPORT.—Not
11 later than 4 years after the date of enactment of
12 this Act, a report that includes the following:

13 (A) A description of the HCBS implemen-
14 tation plans approved by the Secretary under
15 section 104.

16 (B) A description of the national landscape
17 with respect to gaps in coverage of home and
18 community-based services, disparities in access
19 to, and utilization of, such services, and bar-
20 riers to accessing such services.

21 (C) A description of the national landscape
22 with respect to the direct care workforce that
23 provides home and community-based services,
24 including with respect to compensation, bene-

1 fits, and challenges to the availability of such
2 workers.

3 (3) SUBSEQUENT REPORTS.—Not later than 7
4 years after the date of enactment of this Act, and
5 every 3 years thereafter, a report that includes the
6 following:

7 (A) The number of HCBS program im-
8 provement States and the funds awarded to
9 States to develop their plans.

10 (B) A summary of the progress being
11 made by such States with respect to strength-
12 ening and expanding access to home and com-
13 munity-based services and the direct care work-
14 force that provides such services and meeting
15 the benchmarks for demonstrating improve-
16 ments required under section 1905(jj)(5) of the
17 Social Security Act (as added by section 102).

18 (C) A summary of outcomes related to
19 home and community-based services core qual-
20 ity measures and beneficiary and family care-
21 giver surveys.

22 (D) A summary of the challenges and best
23 practices reported by States in expanding ac-
24 cess to home and community-based services and

1 supporting and expanding the direct care work-
2 force that provides such services.

3 (b) TECHNICAL ASSISTANCE; GUIDANCE; REGULA-
4 TIONS.—The Secretary shall provide HCBS program im-
5 provement States with technical assistance related to car-
6 rying out the HCBS implementation plans approved by
7 the Secretary under section 104 and meeting the require-
8 ments and benchmarks for demonstrating improvements
9 required under section 1905(jj) of the Social Security Act
10 (as added by section 102) and shall issue such guidance
11 or regulations as necessary to carry out this title and the
12 amendments made by this title, including guidance speci-
13 fying how States shall assess and track the availability of
14 home and community-based services over time.

15 (c) RECOMMENDATIONS TO GUIDE HCBS IMPLE-
16 MENTATION.—

17 (1) IN GENERAL.—Not later than 18 months
18 after the date of enactment of this Act, the Sec-
19 retary shall coordinate with the Secretary of Labor
20 and the Administrator of the Centers for Medicare
21 & Medicaid Services for purposes of issuing rec-
22 ommendations for the Federal Government and for
23 States to strengthen the direct care workforce that
24 provides home and community-based services, in-
25 cluding with respect to how the Federal Government

1 should classify the direct care workforce, how such
2 Administrator and State Medicaid programs can en-
3 force and support the provision of competitive wages
4 and benefits across the direct care workforce, includ-
5 ing for workers with particular skills or expertise,
6 and how State Medicaid programs can support
7 training opportunities and other related efforts that
8 support the provision of quality home and commu-
9 nity-based services care.

10 (2) STAKEHOLDER CONSULTATION.—

11 (A) IN GENERAL.—In developing the rec-
12 ommendations required under paragraph (1),
13 the Secretary shall ensure that such rec-
14 ommendations are informed by consultation
15 with recipients of home and community-based
16 services, family caregivers of such recipients,
17 providers, health plans, direct care workers,
18 chosen representatives of direct care workers,
19 and aging, disability, and workforce advocates.

20 (B) CONSULTATION WITH CURRENT AND
21 POTENTIAL HCBS BENEFICIARIES AND FAMILY
22 CAREGIVERS.—As part of the process of devel-
23 oping recommendations under subparagraph
24 (A), the Secretary shall—

1 (i) hold at least 1 meeting for the
2 purpose of developing such recommenda-
3 tions that is solely with current and poten-
4 tial recipients of home and community-
5 based services and family caregivers of
6 such recipients; and

7 (ii) seek to achieve parity in terms of
8 the level of participation in the develop-
9 ment of such recommendations between—

10 (I) current and potential recipi-
11 ents of home and community-based
12 services and family caregivers of such
13 recipients; and

14 (II) other categories of stake-
15 holder described in subparagraph (A).

16 (d) FUNDING.—Out of any funds in the Treasury not
17 otherwise appropriated, there is appropriated to the Sec-
18 retary for purposes of carrying out this section,
19 \$10,000,000 for fiscal year 2024, to remain available until
20 expended.

21 **SEC. 107. QUALITY MEASUREMENT AND IMPROVEMENT.**

22 (a) DEVELOPMENT AND PUBLICATION OF CORE AND
23 SUPPLEMENTAL SETS OF HCBS QUALITY MEASURES.—

24 (1) IN GENERAL.—The Secretary shall identify
25 and publish a core set and supplemental set of home

1 and community-based services quality measures for
2 use by State Medicaid programs, health plans and
3 managed care entities that enter into contracts with
4 such programs, and providers of items and services
5 under such programs.

6 (2) REGULAR REVIEWS AND UPDATES.—The
7 Secretary shall review and update the core set and
8 supplemental set of home and community-based
9 services quality measures published under paragraph
10 (1) not less frequently than once every year.

11 (3) REQUIREMENTS.—

12 (A) INTERAGENCY COLLABORATION;
13 STAKEHOLDER INPUT.—In developing the core
14 set and supplemental set of home and commu-
15 nity-based services quality measures under
16 paragraph (1), and subsequently reviewing and
17 updating such core and supplemental sets, the
18 Secretary shall—

19 (i) collaborate with the Administrator
20 of the Centers for Medicare & Medicaid
21 Services, the Administrator of the Admin-
22 istration for Community Living, the Direc-
23 tor of the Agency for Healthcare Research
24 and Quality, and the Administrator of the

1 Substance Abuse and Mental Health Serv-
2 ices Administration; and

3 (ii) ensure that such core and supple-
4 mental sets are informed by input from
5 stakeholders, including recipients of home
6 and community-based services, family care-
7 givers of such recipients, providers, health
8 plans, direct care workers, chosen rep-
9 resentatives of direct care workers, and
10 aging, disability, and workforce advocates,
11 with the goal that at least half of such
12 input is from current and potential recipi-
13 ents of home and community-based serv-
14 ices and family caregivers.

15 (B) REFLECTIVE OF FULL ARRAY OF
16 SERVICES.—Such core set and supplemental set
17 of home and community-based services quality
18 measures shall—

19 (i) reflect the full array of home and
20 community-based services and recipients of
21 such services, including adults and chil-
22 dren; and

23 (ii) include—

24 (I) outcomes-based measures;

1 (II) measures of availability of
2 services;

3 (III) measures of provider capac-
4 ity and availability;

5 (IV) measures related to person-
6 centered care;

7 (V) measures specific to self-di-
8 rected care;

9 (VI) measures related to transi-
10 tions to and from institutional care;
11 and

12 (VII) beneficiary and family care-
13 giver surveys.

14 (C) DEMOGRAPHICS.—Such core set and
15 supplemental set of home and community-based
16 services quality measures shall allow for the col-
17 lection of data that is disaggregated by demo-
18 graphics (as defined in section 2 but including
19 any additional category determined by the Sec-
20 retary).

21 (4) FUNDING.—Out of any funds in the Treas-
22 ury not otherwise appropriated, there is appro-
23 priated to the Secretary for purposes of carrying out
24 this subsection, \$10,000,000 for fiscal year 2024, to
25 remain available until expended.

1 (b) STATE ADOPTION AND REPORTS.—

2 (1) IN GENERAL.—Not later than 2 years after
3 the date on which the Secretary publishes the core
4 set and supplemental set of home and community-
5 based services quality measures under subsection
6 (a)(1), and annually thereafter, each State Medicaid
7 program shall use such core and supplemental sets
8 (or an alternative set of quality measures approved
9 by the Secretary) to report information to the Sec-
10 retary regarding the quality of home and commu-
11 nity-based services provided under such program.

12 (2) PROCESS.—The information required under
13 paragraph (1) shall be reported using a standardized
14 format and procedures established by the Secretary.
15 Such procedures shall allow a State Medicaid pro-
16 gram to report such information separately or as
17 part of the annual reports required under sections
18 1139A(c) and 1139B(d) of the Social Security Act
19 (42 U.S.C. 1320b–9a, 1320b–9b).

20 (3) PUBLICATION OF QUALITY MEASURES.—
21 Each State Medicaid program shall annually make
22 the information reported to the Secretary under
23 paragraph (1) available to the public.

24 (4) INCREASED FEDERAL MATCHING RATE FOR
25 ADOPTION AND REPORTING.—Section 1903(a)(3) of

1 the Social Security Act (42 U.S.C. 1396b(a)(3)) is
2 amended—

3 (A) in subparagraph (F)(ii), by striking
4 “plus” after the semicolon and inserting “and”;
5 and

6 (B) by inserting after subparagraph (F),
7 the following:

8 “(G) 80 percent of so much of the sums
9 expended during such quarter as are attrib-
10 utable to the reporting of information regarding
11 the quality of home and community-based serv-
12 ices in accordance with section 107(b) of the
13 HCBS Access Act; and”.

14 **SEC. 108. MAKING PERMANENT THE STATE OPTION TO EX-**
15 **TEND PROTECTION UNDER MEDICAID FOR**
16 **RECIPIENTS OF HOME AND COMMUNITY-**
17 **BASED SERVICES AGAINST SPOUSAL IMPOV-**
18 **ERISHMENT.**

19 (a) IN GENERAL.—Section 1924(h)(1)(A) of the So-
20 cial Security Act (42 U.S.C. 1396r-5(h)(1)(A)) is amend-
21 ed by striking “is described in section
22 1902(a)(10)(A)(ii)(VI)” and inserting the following: “is
23 an eligible individual (as defined in section 1905(jj)(3))”.

24 (b) CONFORMING AMENDMENT.—Section 2404 of the
25 Patient Protection and Affordable Care Act (42 U.S.C.

1 1396r–5 note) is amended by striking “September 30,
2 2027” and inserting “the date of enactment of the HCBS
3 Access Act”.

4 **SEC. 109. PERMANENT EXTENSION OF MONEY FOLLOWS**
5 **THE PERSON REBALANCING DEMONSTRATION.**
6

7 Subparagraph (L) of section 6071(h)(1) of the Def-
8 icit Reduction Act of 2005 (42 U.S.C. 1396a note) is
9 amended by striking “each of fiscal years 2024 through
10 2027” and inserting “each fiscal year after 2023”.

11 **TITLE II—RECOGNIZING THE**
12 **ROLE OF DIRECT SUPPORT**
13 **PROFESSIONALS**

14 **SEC. 201. FINDINGS.**

15 Congress finds the following:

16 (1) Direct support professionals play a critical
17 role in the care provided to children and adults indi-
18 viduals with intellectual and developmental disabili-
19 ties.

20 (2) Providers of home and community-based
21 services are experiencing difficulty hiring and retain-
22 ing direct support professionals, with a national
23 turnover rate of 45 percent as identified in a 2016
24 study by the National Core Indicators.

1 (3) High turnover rates can lead to instability
2 for individuals receiving services, and this may result
3 in individuals not receiving enough personalized care
4 to help them reach their goals for independent liv-
5 ing.

6 (4) A discrete occupational category for direct
7 support professionals will help States and the Fed-
8 eral Government—

9 (A) better interpret the shortage in the
10 labor market of direct support professionals;
11 and

12 (B) collect data on the high turnover rate
13 of direct support professionals.

14 (5) The Standard Occupational Classification
15 system is designed and maintained solely for statis-
16 tical purposes, and is used by Federal statistical
17 agencies to classify workers and jobs into occupa-
18 tional categories for the purpose of collecting, calcu-
19 lating, analyzing, or disseminating data.

20 (6) Occupations in the Standard Occupational
21 Classification system are classified based on work
22 performed and, in some cases, on the skills, edu-
23 cation, or training needed to perform the work.

24 (7) Establishing a discrete occupational cat-
25 egory for direct support professionals will—

1 (A) correct an inaccurate representation in
2 the Standard Occupational Classification sys-
3 tem;

4 (B) recognize these professionals for the
5 critical and often times overlooked work that
6 they perform for the disabled community, which
7 work is different than the work of a home
8 health aide or a personal care aide; and

9 (C) better align the Standard Occupational
10 Classification system with related classification
11 systems.

12 **SEC. 202. DEFINITION OF DIRECT SUPPORT PROFES-**
13 **SIONAL.**

14 In this title, the term “direct support professional”
15 means an individual who, in exchange for compensation,
16 provides services to an individual with a disability (as de-
17 fined in section 3 of the Americans with Disabilities Act
18 of 1990 (42 U.S.C. 12102)), including—

19 (1) services that enhance independence and
20 community inclusion for such individual, including
21 traveling with such individual, attending and assist-
22 ing such individual while visiting friends and family,
23 shopping, or socializing;

24 (2) services such as coaching and supporting
25 such individual in communicating needs, achieving

1 self-expression, pursuing personal goals, living inde-
 2 pendently, and participating actively in employment
 3 or voluntary roles in the community;

4 (3) services such as providing assistance with
 5 activities of daily living (such as feeding, bathing,
 6 toileting, and ambulation) and with tasks such as
 7 meal preparation, shopping, light housekeeping, and
 8 laundry; or

9 (4) services that support such individual at
 10 home, work, school, or any other community setting.

11 **SEC. 203. REVISION OF STANDARD OCCUPATIONAL CLASSI-**
 12 **FICATION SYSTEM.**

13 The Director of the Office of Management and Budg-
 14 et shall, not later than 30 days after the date of enactment
 15 of this Act, revise the Standard Occupational Classifica-
 16 tion system to establish a separate code (31–1123) for di-
 17 rect support professionals as a healthcare support occupa-
 18 tion. Such code shall be a subset of 31–1120, which in-
 19 cludes home health aides and personal care aides.

20 **TITLE III—SUPPORT FOR THE**
 21 **DIRECT CARE WORKFORCE**

22 **SEC. 301. DEFINITIONS.**

23 In this title:

24 (1) APPRENTICESHIP PROGRAM.—The term
 25 “apprenticeship program” means an apprenticeship

1 program registered under the Act of August 16,
2 1937 (commonly known as the “National Appren-
3 ticeship Act”; 50 Stat. 664, chapter 663; 29 U.S.C.
4 50 et seq.), including any requirement, standard, or
5 rule promulgated under such Act.

6 (2) COMMUNITY COLLEGE.—The term “commu-
7 nity college” means a public institution of higher
8 education at which the highest degree that is pre-
9 dominantly awarded to students is an associate’s de-
10 gree, including Tribal Colleges or Universities receiv-
11 ing grants under section 316 of the Higher Edu-
12 cation Act of 1965 (20 U.S.C. 1059e) that offer a
13 2-year program for completion of such degree and
14 State public institutions of higher education that
15 offer such a 2-year program.

16 (3) DIRECT CARE PROFESSIONAL.—The term
17 “direct care professional”—

18 (A) means an individual who, in exchange
19 for compensation, provides services to a person
20 with a disability or an older adult that promotes
21 the independence of such person or individual,
22 including—

23 (i) services that enhance the inde-
24 pendence and community inclusion for
25 such person or individual, including trav-

1 eling with such person or individual or at-
2 tending and assisting such person or indi-
3 vidual while visiting friends and family,
4 shopping, or socializing;

5 (ii) services such as coaching and sup-
6 porting such person or individual in com-
7 municating needs, achieving self-expres-
8 sion, pursuing personal goals, living inde-
9 pendently, and participating actively in em-
10 ployment or voluntary roles in the commu-
11 nity;

12 (iii) services such as providing assist-
13 ance with activities of daily living (such as
14 feeding, bathing, toileting, and ambulation)
15 and with tasks such as meal preparation,
16 shopping, light housekeeping, and laundry;

17 (iv) services that support such person
18 or individual at home, work, school, or in
19 any other community setting; or

20 (v) services that promote health and
21 wellness, including scheduling and taking
22 such person or individual to health care
23 appointments, communicating with health
24 and allied health professionals admin-
25 istering medications, implementing health

1 and behavioral health interventions and
2 treatment plans, monitoring and recording
3 health status and progress; and

4 (B) may include—

5 (i) a service provider supporting peo-
6 ple with intellectual disability and develop-
7 mental disabilities, and other disabilities;

8 (ii) a home and community-based
9 services manager or direct support profes-
10 sional manager;

11 (iii) a self-directed care worker;

12 (iv) a personal care service worker;

13 (v) a direct care worker, as defined in
14 section 799B of the Public Health Service
15 Act (42 U.S.C. 295p); or

16 (vi) any other position or job related
17 to the home care or direct care workforce,
18 such as positions or jobs in respite care,
19 palliative care, community support, or peer
20 support, as determined by the Secretary, in
21 consultation with the Centers for Medicare
22 & Medicaid Services and the Secretary of
23 Labor.

1 (4) DIRECT CARE WORKFORCE.—The term “di-
2 rect care workforce” means the broad workforce of
3 direct care professionals.

4 (5) FAMILY CAREGIVER.—The term “family
5 caregiver” has the meaning given such term in sec-
6 tion 2 of the RAISE Family Caregivers Act (42
7 U.S.C. 3030s note; Public Law 115–119) and in-
8 cludes paid and unpaid family caregivers.

9 (6) ELIGIBLE ENTITY.—The term “eligible enti-
10 ty” means an entity—

11 (A) that is—

12 (i) a State;

13 (ii) a labor organization, joint labor-
14 management organization, or employer of
15 direct care professionals;

16 (iii) a nonprofit entity with experience
17 in aging, disability, or supporting the
18 rights and interests of, training of, or edu-
19 cating direct care professionals or family
20 caregivers;

21 (iv) an Indian Tribe, Tribal organiza-
22 tion, or Urban Indian organization;

23 (v) a community college or other insti-
24 tution of higher education; or

1 (vi) a consortium of entities listed in
2 any of clauses (i) through (v);

3 (B) that agrees to include, as applicable
4 with respect to the type of grant the entity is
5 seeking under this title and the activities sup-
6 ported through such grant, older adults, people
7 with disabilities, direct care professionals, and
8 family caregivers, as advisors and trainers in
9 such activities; and

10 (C) that agrees to consult with the State
11 Medicaid agency of the State (or each State)
12 served by the grant on the grant activities, to
13 the extent that such agency (or each such agen-
14 cy) is not the eligible entity.

15 (7) EMPLOYER.—The terms “employ” and
16 “employer” have the meanings given the terms in
17 section 3 of the Fair Labor Standards Act of 1938
18 (29 U.S.C. 203).

19 (8) INDIAN TRIBE; TRIBAL ORGANIZATION.—
20 The terms “Indian Tribe” and “Tribal organiza-
21 tion” have the meanings given such terms in section
22 4 of the Indian Self-Determination and Education
23 Assistance Act (25 U.S.C. 5304).

24 (9) INSTITUTION OF HIGHER EDUCATION.—The
25 term “institution of higher education” means—

1 (A) an institution of higher education de-
2 fined in section 101 of the Higher Education
3 Act of 1965 (20 U.S.C. 1001); or

4 (B) an institution of higher education de-
5 fined in section 102(a)(1)(B) of such Act (20
6 U.S.C. 1002(a)(1)(B)).

7 (10) OLDER ADULT.—The term “older adult”
8 means an individual who is 60 years of age or older.

9 (11) PERSON WITH A DISABILITY.—The term
10 “person with disability” means an individual with a
11 disability, as defined in section 3 of the Americans
12 with Disabilities Act of 1990 (42 U.S.C. 12102).

13 (12) PROJECT PARTICIPANT.—The term
14 “project participant” means an individual partici-
15 pating in a project or activity assisted with a grant
16 under this title, including (as applicable for the cat-
17 egory of the grant) a direct care professional, or an
18 individual training to be such a professional, or a
19 family caregiver.

20 (13) SECRETARY.—The term “Secretary”
21 means the Secretary of Health and Human Services,
22 acting through the Administrator for Community
23 Living.

24 (14) SELF-DIRECTED CARE PROFESSIONAL.—
25 The term “self-directed care professional” means a

1 direct care professional who is employed by an indi-
2 vidual who is an older adult, a person with a dis-
3 ability, or a representative of such older adult or
4 person with a disability, and such older adult or per-
5 son with a disability has the decision-making author-
6 ity over certain supports and services provided by
7 the direct care professional and takes direct respon-
8 sibility to manage those supports and services.

9 (15) SUPPORTIVE SERVICES.—The term “sup-
10 portive services” means services that are necessary
11 to enable an individual to participate in activities as-
12 sisted with a grant under this title, such as trans-
13 portation, child care, dependent care, housing, work-
14 place accommodations, employee benefits such as
15 paid sick leave and child care, workplace health and
16 safety protections, wages and overtime pay, and
17 needs-related payments.

18 (16) URBAN INDIAN ORGANIZATION.—The term
19 “urban Indian organization” has the meaning given
20 the term in section 4 of the Indian Health Care Im-
21 provement Act (25 U.S.C. 1603).

22 (17) WORKFORCE INNOVATION AND OPPOR-
23 TUNITY ACT TERMS.—The terms “career pathway”,
24 “career planning”, “in-demand industry sector or
25 occupation”, “individual with a barrier to employ-

1 ment”, “local board”, “on-the-job training”, “recog-
2 nized postsecondary credential”, “region”, and
3 “State board” have the meanings given such terms
4 in section 3 of the Workforce Innovation and Oppor-
5 tunity Act (29 U.S.C. 3102).

6 (18) WORK-BASED LEARNING.—The term
7 “work-based learning” has the meaning given the
8 term in section 3 of the Carl D. Perkins Career and
9 Technical Education Act of 2006 (20 U.S.C. 2302).

10 **SEC. 302. AUTHORITY TO ESTABLISH A TECHNICAL ASSIST-**
11 **ANCE CENTER FOR BUILDING THE DIRECT**
12 **CARE WORKFORCE.**

13 (a) PROGRAM AUTHORIZED.—The Secretary shall es-
14 tablish a national technical assistance center (referred to
15 in this section as the “Center”) for, in consultation with
16 the Secretary of Labor, the Secretary of Education, the
17 Administrator of the Centers for Medicare & Medicaid
18 Services, and the heads of other entities as necessary—

19 (1) supporting direct care workforce creation,
20 training and education, recruitment, retention, and
21 advancement; and

22 (2) supporting family caregivers and activities
23 of family caregivers as a critical part of the support
24 team for older adults or people with disabilities.

1 (b) ADVISORY COUNCIL.—The Secretary shall con-
2 vene an advisory council to provide recommendations to
3 the Center with respect to the duties of the Center under
4 this section and may engage individuals and entities de-
5 scribed in paragraphs (3)(B), and (12), of section 304(b)
6 (without regard to a specific project described in such
7 paragraphs) for service on the advisory council.

8 (c) ACTIVITIES.—The Center may—

9 (1) develop recommendations for training and
10 education curricula for direct care professionals,
11 which such recommendations may include rec-
12 ommendations for curricula for higher education,
13 postsecondary credentials, and programs with com-
14 munity colleges;

15 (2) develop learning and dissemination strate-
16 gies to—

17 (A) engage States and other entities in ac-
18 tivities supported under this title and best prac-
19 tices; and

20 (B) distribute findings from activities sup-
21 ported by grants under this title;

22 (3) develop recommendations for training and
23 education curricula and other strategies for sup-
24 porting family caregivers;

1 (4) explore the national data gaps, workforce
2 shortage areas, and data collection strategies for di-
3 rect care professionals and make recommendations
4 to the Director of the Office of Management and
5 Budget for an occupation category in the Standard
6 Occupational Classification system for direct support
7 professionals as a healthcare support occupation;

8 (5) recommend career development and ad-
9 vancement opportunities for direct care profes-
10 sionals, which may include occupational frameworks,
11 national standards, recruitment campaigns, pre-ap-
12 prenticeship and on-the-job training opportunities,
13 apprenticeship programs, career ladders or path-
14 ways, specializations or certifications, or other activi-
15 ties; and

16 (6) develop strategies for assisting with report-
17 ing and evaluation of grant activities under section
18 305.

19 **SEC. 303. AUTHORITY TO AWARD GRANTS.**

20 (a) GRANTS.—

21 (1) IN GENERAL.—Not later than 12 months
22 after the date of enactment of this title, the Sec-
23 retary, in consultation with the Centers for Medicare
24 & Medicaid Services, the Secretary of Labor, and the
25 Secretary of Education, shall award grants described

1 in paragraph (2) to eligible entities. A grant award-
2 ed under this section may be in more than 1 cat-
3 egory described in such paragraph.

4 (2) CATEGORIES OF GRANTS.—The categories
5 of grants described in this paragraph are each of the
6 following:

7 (A) DIRECT CARE PROFESSIONAL
8 GRANTS.—Grants to eligible entities to create
9 and carry out projects for the purposes of re-
10 cruiting, retaining, or providing advancement
11 opportunities for direct care professionals who
12 are not described in subparagraph (B) or (C),
13 including through education or training pro-
14 grams for such professionals or individuals
15 seeking to become such professionals.

16 (B) DIRECT CARE PROFESSIONAL MAN-
17 AGERS GRANTS.—Grants to eligible entities to
18 create and carry out projects for the purposes
19 of recruiting, retaining, or providing advance-
20 ment opportunities for direct care professionals
21 who are managers or supervisory staff that
22 have coaching, training, managerial, super-
23 visory, or other oversight responsibilities, in-
24 cluding through education or training programs

1 for such professionals or individuals seeking to
2 become such professionals.

3 (C) SELF-DIRECTED CARE PROFESSIONALS
4 GRANTS.—Grants to eligible entities to create
5 and carry out projects for the purposes of re-
6 cruiting, retaining, or providing advancement
7 opportunities for self-directed care profes-
8 sionals, including through education or training
9 programs for such professionals or individuals
10 seeking to become such professionals.

11 (D) FAMILY CAREGIVER GRANTS.—Grants
12 to eligible entities to create and carry out
13 projects for providing support to paid or unpaid
14 family caregivers through educational, training,
15 or other resources, including resources for care-
16 giver self-care or educational or training re-
17 sources for individuals newly in a caregiving
18 role or seeking additional support in the role of
19 a family caregiver.

20 (3) PROJECTS FOR ADVANCEMENT OPPORTUNI-
21 TIES.—Not less than 30 percent of projects assisted
22 with grants under this title shall be projects to pro-
23 vide career pathways that offer opportunities for
24 professional development and advancement opportu-
25 nities to direct care professionals.

1 (b) TREATMENT OF CONTINUATION ACTIVITIES.—
2 An eligible entity that carries out activities described in
3 subsection (a)(2) prior to receipt of a grant under this
4 title may use such grant to continue carrying out such
5 activities, and, in using such grant to continue such activi-
6 ties, shall be treated as an eligible entity carrying out a
7 project through a grant under this title.

8 **SEC. 304. PROJECT PLANS.**

9 (a) IN GENERAL.—An eligible entity seeking a grant
10 under this title shall submit to the Secretary a project plan
11 for each project to be developed and carried out (or for
12 activities to be continued as described in section 303(b))
13 with the grant at such time, in such manner, and con-
14 taining such information as the Secretary may require.

15 (b) CONTENTS.—A project plan submitted by an eli-
16 gible entity under subsection (a) shall include a descrip-
17 tion of information determined relevant by the Secretary
18 for purposes of the category of the grant and the activities
19 to be carried out through the grant. Such information may
20 include (as applicable) the following:

21 (1) The demographics (as defined in section 2)
22 of the population in the State or relevant geographic
23 area, including a description of the populations likely
24 to need long-term care services, such as people with
25 disabilities and older adults.

1 (2) Projections of unmet need for services pro-
2 vided by direct care professionals based on enroll-
3 ment waiting lists under home and community-based
4 waivers under section 1115 of the Social Security
5 Act (42 U.S.C. 1315) or section 1915 of such Act
6 (42 U.S.C. 1396n) and other relevant data to the
7 extent practicable and feasible, such as direct care
8 workforce vacancy rates, crude separation rates, and
9 the number of direct care professionals, including
10 such professionals who are managers or supervisors,
11 in the region.

12 (3) An advisory committee to advise the eligible
13 entity on activities to be carried out through the
14 grant. Such advisory committee—

15 (A) may be comprised of entities listed in
16 paragraph (12); and

17 (B) shall include—

18 (i) older adults or persons with a dis-
19 ability;

20 (ii) organizations representing the
21 rights and interests of people receiving
22 services by the direct care professionals or
23 family caregivers targeted by the project;

24 (iii) individuals who are direct care
25 professionals or family caregivers targeted

1 by the project and organizations rep-
2 resenting the rights and interests of direct
3 care professionals or family caregivers;

4 (iv) as applicable, employers of indi-
5 viduals described in clause (iii) and labor
6 organizations representing such individ-
7 uals;

8 (v) representatives of the State Med-
9 icaid agency, the State agency defined in
10 section 102 of the Older Americans Act of
11 1965 (42 U.S.C. 3002), the State develop-
12 mental disabilities office, and the State be-
13 havioral health agency, in the State (or
14 each State) to be served by the project;
15 and

16 (vi) representatives reflecting diverse
17 racial, cultural, ethnic, geographic, socio-
18 economic, and gender identity and sexual
19 orientation perspectives.

20 (4) Current or projected job openings for, or
21 relevant labor market information related to, the di-
22 rect care professionals targeted by the project in the
23 State or region to be served by the project, and the
24 geographic scope of the workforce to be served by
25 the project.

1 (5) Specific efforts and strategies that the
2 project will undertake to reduce barriers to recruit-
3 ment, retention, or advancement of the direct care
4 professionals targeted by the project, including an
5 assurance that such efforts will include—

6 (A) an assessment of the wages or other
7 compensation or benefits necessary to recruit
8 and retain the direct care professionals targeted
9 by the project;

10 (B) a description of the project’s projected
11 compensation or benefits for the direct care
12 professionals targeted by the project at the
13 State or local level, including a comparison of
14 such projected compensation or benefits to re-
15 gional and national compensation or benefits
16 and a description of how wages and benefits re-
17 ceived by project participants will be impacted
18 by the participation in and completion of the
19 project; and

20 (C) a description of the projected impact of
21 workplace safety issues on the recruitment and
22 retention of direct care professionals targeted
23 by the project, including the availability of per-
24 sonal protective equipment.

1 (6) In the case of a project offering an edu-
2 cation or training program for direct care profes-
3 sionals, a description of such program (including
4 how the core competencies identified by the Centers
5 for Medicare & Medicaid Services will be incor-
6 porated, curricula, models, and standards used
7 under the program, and any associated recognized
8 postsecondary credentials for which the program
9 provides preparation, as applicable), which shall in-
10 clude an assurance that such program will provide to
11 each project participant in such program—

12 (A) relevant training regarding the rights
13 of recipients of home and community-based
14 services, including their rights to—

15 (i) receive services in integrated set-
16 tings that provide access to the broader
17 community;

18 (ii) exercise self-determination;

19 (iii) be free from all forms of abuse,
20 neglect, or exploitation; and

21 (iv) person-centered planning and
22 practices, including participation in plan-
23 ning activities;

24 (B) relevant training to ensure that each
25 project participant has the necessary skills to

1 recognize abuse and understand their obliga-
2 tions with regard to reporting and responding
3 to abuse appropriately in accordance with rel-
4 evant Federal and State law;

5 (C) relevant training regarding the provi-
6 sion of culturally competent and disability com-
7 petent supports to recipients of services pro-
8 vided by the direct care professionals targeted
9 by the project;

10 (D) an apprenticeship program, work-
11 based learning, or on-the-job training opportu-
12 nities;

13 (E) supervision or mentoring; and

14 (F) for any on-the-job training portion of
15 the program, a progressively increasing, clearly
16 defined schedule of wages to be paid to each
17 such participant that—

18 (i) is consistent with skill gains or at-
19 tainment of a recognized postsecondary
20 credential received as a result of partici-
21 pation in or completion of such program; and

22 (ii) ensures the entry wage is not less
23 than the greater of—

24 (I) the minimum wage required
25 under section 6(a) of the Fair Labor

1 Standards Act of 1938 (29 U.S.C.
2 206(a)); or

3 (II) the applicable wage required
4 by other applicable Federal or State
5 law, or a collective bargaining agree-
6 ment.

7 (7) Any other innovative models or processes
8 the eligible entity will implement to support the re-
9 tention and career advancement of the direct care
10 professionals targeted by the project.

11 (8) The supportive services and benefits to be
12 provided to the project participants in order to sup-
13 port the employment, retention, or career advance-
14 ment of the direct care professionals targeted by the
15 project.

16 (9) How the eligible entity will make use of ca-
17 reer planning to support the identification of ad-
18 vancement opportunities and career pathways for
19 the direct care professionals in the State or region
20 to be served by the project.

21 (10) How the eligible entity will collect and sub-
22 mit to the Secretary workforce data and outcomes of
23 the project.

24 (11) How the project—

25 (A) will—

1 (i) provide adequate and safe equip-
2 ment and facilities for training and super-
3 vision, including a safe work environment
4 free from discrimination, which may in-
5 clude the provision of personal protective
6 equipment and other necessary equipment
7 to prevent the spread of infectious disease
8 among the direct care professionals tar-
9 geted by the project and recipients of serv-
10 ices provided by such professionals;

11 (ii) incorporate remote training and
12 education opportunities or technology-sup-
13 ported opportunities;

14 (iii) for training and education cur-
15 ricula, incorporate evidenced-supported
16 practices for adult learners and universal
17 design for learning and ensure recipients
18 of services provided by the direct care pro-
19 fessionals or family caregivers targeted by
20 the project participate in the development
21 and implementation of such training and
22 education curricula;

23 (iv) use outreach, recruitment, and re-
24 tention strategies designed to reach and re-
25 tain a diverse workforce;

1 (v) incorporate methods to monitor
2 satisfaction with project activities for
3 project participants and individuals receiv-
4 ing services from such participants;

5 (vi) incorporate evidence-supported
6 practices for family caregiver engagement;
7 and

8 (vii) incorporate core competencies
9 identified by the Centers for Medicare &
10 Medicaid Services; and

11 (B) may incorporate continuing education
12 programs and specialty training, with a specific
13 focus on—

14 (i) trauma-informed care;

15 (ii) behavioral health, including co-oc-
16 ccurring behavioral health conditions and
17 intellectual or developmental disabilities;

18 (iii) Alzheimer's and dementia care;

19 (iv) chronic disease management; and

20 (v) the use of supportive or assistive
21 technology.

22 (12) How the eligible entity will consult on the
23 implementation of the project, or coordinate the
24 project with, each of the following entities, to the ex-
25 tent that each such entity is not the eligible entity:

1 (A) The State Medicaid agency, State
2 agency defined in section 102 of the Older
3 Americans Act of 1965 (42 U.S.C. 3002), and
4 the State developmental disabilities office for
5 the State (or each State) to be served by the
6 project.

7 (B) The local board and State board for
8 each region, or State, to be served by the
9 project.

10 (C) In the case of a project that carries
11 out an education or training program, a non-
12 profit organization with demonstrated experi-
13 ence in the development or delivery of curricula
14 or coursework.

15 (D) A nonprofit organization, including a
16 labor organization, that fosters the professional
17 development and collective engagement of the
18 direct care professionals targeted by the project.

19 (E) Area agencies on aging, as defined in
20 section 102 of the Older Americans Act of 1965
21 (42 U.S.C. 3002).

22 (F) Centers for independent living, as de-
23 scribed in part C of title VII of the Rehabilita-
24 tion Act of 1973 (29 U.S.C. 796f et seq.).

1 (G) The State Council on Developmental
2 Disabilities (as such term is used in subtitle B
3 of title I of the Developmental Disabilities As-
4 sistance and Bill of Rights Act of 2000 (42
5 U.S.C. 15021 et seq.)) for the State (or each
6 State) to be served by the project.

7 (H) Aging and Disability Resource Centers
8 (as defined in section 102 of the Older Ameri-
9 cans Act of 1965 (42 U.S.C. 3002)).

10 (I) A nonprofit State provider association
11 that represents providers who employ the direct
12 care professionals targeted by the project,
13 where such associations exist.

14 (J) An entity that employs the direct care
15 professionals targeted by the project.

16 (K) University Centers for Excellence in
17 Developmental Disabilities Education, Re-
18 search, and Services supported under subtitle D
19 of title I of the Developmental Disabilities As-
20 sistance and Bill of Rights Act of 2000 (42
21 U.S.C. 15061 et seq.).

22 (L) The State protection and advocacy sys-
23 tem described in section 143 of such Act (42
24 U.S.C. 15043) of the State (or each State) to
25 be served by the project.

1 (M) Direct care professionals or direct care
2 workforce organizations representing under-
3 served communities, including communities of
4 color.

5 (13) How the eligible entity will consult
6 throughout the project with—

7 (A) individuals employed or working as the
8 direct care professionals or family caregivers
9 targeted by the project;

10 (B) representatives of such professionals or
11 caregivers;

12 (C) individuals assisted by such profes-
13 sionals or caregivers;

14 (D) the families of such professionals or
15 caregivers; and

16 (E) individuals receiving education or
17 training to become such professionals or care-
18 givers.

19 (14) Outreach efforts to individuals for partici-
20 pation in such project, including targeted outreach
21 efforts to—

22 (A) individuals who are recipients of assist-
23 ance under a State program funded under part
24 A of title IV of the Social Security Act (42

1 U.S.C. 601 et seq.) or individuals who are eligi-
2 ble for such assistance; and

3 (B) individuals with barriers to employ-
4 ment.

5 (c) CONSIDERATIONS.—In selecting eligible entities
6 to receive a grant under this title, the Secretary shall en-
7 sure—

8 (1) equitable geographic diversity, including by
9 selecting recipients serving rural areas and selecting
10 recipients serving urban areas; and

11 (2) that selected eligible entities will serve areas
12 where the occupation of direct care professional, or
13 a related occupation, is an in-demand industry sec-
14 tor or occupation.

15 (d) USES OF FUNDS; SUPPLEMENT, NOT SUP-
16 PLANT.—

17 (1) USES OF FUNDS.—

18 (A) IN GENERAL.—Each eligible entity re-
19 ceiving a grant under this title shall use the
20 funds of such grant to carry out at least 1
21 project described in section 303(a)(2).

22 (B) ADMINISTRATIVE COSTS.—Each eligi-
23 ble entity receiving a grant under this title shall
24 not use more than 5 percent of the funds of

1 such grant for costs associated with the admin-
2 istration of activities under this title.

3 (C) DIRECT SUPPORT.—Each eligible enti-
4 ty receiving a grant under this title shall use
5 not less than 5 percent of the funds of such
6 grant to provide direct financial benefits or sup-
7 portive services to direct care professionals and
8 paid or unpaid family caregivers to support the
9 financial needs of such participants during the
10 duration of the project activities.

11 (2) SUPPLEMENT, NOT SUPPLANT.—An eligible
12 entity receiving a grant under this title shall use
13 such grant only to supplement, and not supplant,
14 the amount of funds that, in the absence of such
15 grant, would be available to address the recruitment,
16 training and education, retention, and advancement
17 of direct care professionals or provide support for
18 family caregivers, in the State or region served by
19 the eligible entity.

20 (3) PROHIBITION.—No amounts made available
21 under this title may be used for any activity that is
22 subject to the reporting requirements set forth in
23 section 203(a) of the Labor-Management Reporting
24 and Disclosure Act of 1959 (29 U.S.C. 433(a)).

1 **SEC. 305. EVALUATIONS AND REPORTS; TECHNICAL ASSIST-**
2 **ANCE.**

3 (a) REPORTING REQUIREMENTS BY GRANT RECIPI-
4 ENTS.—

5 (1) IN GENERAL.—An eligible entity receiving a
6 grant under this title shall cooperate with the Sec-
7 retary and annually provide a report to the Sec-
8 retary that includes any relevant data requested by
9 the Secretary in a manner specified by the Sec-
10 retary.

11 (2) CONTENTS.—The data requested by the
12 Secretary for an annual report may include any of
13 the following (as determined relevant by the Sec-
14 retary with respect to the category of the grant and
15 each project supported through the grant):

16 (A) The number of individuals and the de-
17 mographic categories (as defined in section 2)
18 served by each project supported by the grant,
19 including—

20 (i) the number of individuals recruited
21 through each such project to be employed
22 as a direct care professional;

23 (ii) the number of individuals who
24 through each such project attained employ-
25 ment as a direct care professional; and

1 (iii) the number of individuals who en-
2 rolled in each such project and withdrew or
3 were terminated from each such project
4 without completing training or attaining
5 employment as a direct care professional.

6 (B) The number of family caregivers par-
7 ticipating in an education or training program
8 through each project supported by the grant.

9 (C) The number of project participants
10 who through each such project participated in
11 and completed—

12 (i) work-based learning;

13 (ii) on-the-job training;

14 (iii) an apprenticeship program; or

15 (iv) a professional development or
16 mentoring program.

17 (D)(i) Other services, benefits, or supports
18 (other than the services, benefits, or supports
19 described in subparagraph (C)) provided
20 through each such project to assist in the re-
21 cruitment, retention, or advancement of direct
22 care professionals (including through education
23 or training for such professionals or individuals
24 seeking to become such professionals);

1 (ii) the number of individuals who accessed
2 such services, benefits, or supports; and

3 (iii) the impact of such services, benefits,
4 or supports.

5 (E) The crude separation and vacancy
6 rates of direct care professionals, and such
7 rates for those professionals who are managers
8 or supervisors, in the geographic region for a
9 number of years before the grant was awarded,
10 as determined by the Secretary, and annually
11 thereafter for the duration of the grant period.

12 (F) How each project supported by the
13 grant assessed satisfaction with respect to—

14 (i) project participants assisted by the
15 project;

16 (ii) individuals receiving services deliv-
17 ered by project participants, including—

18 (I) any impact on the health or
19 health outcomes of such individuals;
20 and

21 (II) any impact on the ability of
22 individuals to transition to or remain
23 in the community in an environment
24 that meets the criteria established in
25 the section 441.301(c)(4) of title 42,

1 Code of Federal Regulations (or suc-
2 cessor regulations); and
3 (iii) employers of such project partici-
4 pants.

5 (G) The performance of the eligible entity
6 with respect to the indicators of performance on
7 unsubsidized employment, median earnings, cre-
8 dential attainment, measurable skill gains, and
9 employer satisfaction.

10 (H) Any other information with respect to
11 outcomes of the project as determined by the
12 Secretary.

13 (b) ANNUAL REPORT TO CONGRESS BY SEC-
14 RETARY.—Not later than 2 years after the date of enact-
15 ment of this title, and each year thereafter until all
16 projects supported through a grant under this title are
17 completed, the Secretary shall prepare and submit to Con-
18 gress an annual report on the progress of each project
19 supported through a grant under this title and the activi-
20 ties of the technical assistance center established under
21 section 302.

22 (c) GAO REPORT.—Not later than 1 year after the
23 date on which all projects supported through a grant
24 under this title are completed, the Comptroller General of

1 the United States shall conduct a study and submit to
2 Congress a report including—

3 (1) an assessment of how the technical assist-
4 ance center established under section 302 and the
5 projects supported through a grant under this title
6 assisted in the creation, recruitment, training and
7 education, retention, and advancement of the direct
8 care workforce or in providing support for family
9 caregivers; and

10 (2) recommendations for such legislative or ad-
11 ministrative actions needed for improving the assist-
12 ance described in paragraph (1), as the Comptroller
13 General determines appropriate.

14 (d) INDEPENDENT EVALUATIONS.—Not later than 6
15 months after the date of enactment of this title, the Sec-
16 retary shall enter into a contract with an independent enti-
17 ty to provide independent evaluations of activities sup-
18 ported by grants under this title and activities of the tech-
19 nical assistance center established under section 302.

20 **SEC. 306. AUTHORIZATION OF APPROPRIATIONS.**

21 (a) IN GENERAL.—There are authorized to be appro-
22 priated—

23 (1) for the establishment and activities of the
24 technical assistance center under section 302,

1 \$2,000,000 for each of fiscal years 2024 through
2 2028; and

3 (2) for grants under section 303,
4 \$1,000,000,000 for fiscal year 2024.

5 (b) AVAILABILITY.—Amounts made available under
6 this title shall remain available until September 30, 2033.

7 **TITLE IV—EVALUATION**

8 **SEC. 401. EVALUATION OF IMPACT ON ACCESS TO HCBS.**

9 (a) NATIONAL SURVEY ON EXPANDED HCBS AC-
10 CESS.—The Administrator of the Centers for Medicare &
11 Medicaid Services, in coordination with the National Acad-
12 emy of Medicine, shall, not later than 7 years after the
13 date of enactment of this Act, conduct or contract for a
14 national survey of States, direct care professionals, family
15 caregivers, and providers and recipients of home and com-
16 munity-based services, to determine the effects of the im-
17 plementation of this Act and the amendments made by
18 this Act on—

19 (1) the availability and access to home and
20 community-based services under the Medicaid pro-
21 gram nationally and in each State;

22 (2) the capacity of the direct service workforce
23 to provide home and community-based services and
24 information on the demographics (as defined in sec-
25 tion 2) of such workforce;

1 (3) the compensation and working conditions,
2 including scheduling and benefits, of direct care
3 workers;

4 (4) the economic effects on beneficiaries and on
5 families with a member receiving home and commu-
6 nity-based services through Medicaid;

7 (5) the availability of direct care workers and
8 services for people needing long-term services and
9 supports who are not Medicaid eligible;

10 (6) family caregivers; and

11 (7) recommendations for measures to further
12 expand and enhance access home and community-
13 based services.

14 (b) REPORT.—Not later than 9 years after the date
15 of enactment of this Act, the Administrator of the Centers
16 for Medicare & Medicaid Services shall publish a report
17 containing the results of the survey conducted under sub-
18 section (a).

19 (c) AMERICAN COMMUNITY SURVEY ADDITION.—The
20 Secretary of Commerce, acting through the Bureau of the
21 Census, shall add to the American Community Survey a
22 question designed to identify the need for long-term serv-
23 ices and supports by residents of the United States.

1 (d) AUTHORIZATION OF APPROPRIATIONS.—There
2 are authorized to be appropriated to the Secretary such
3 sums as are necessary to carry out this section.

○