

118TH CONGRESS
1ST SESSION

S. _____

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 SENATE OF THE UNITED STATES

_____ introduced the following bill; which was read twice
and referred to the Committee on _____

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,*

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

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

1 (b) TABLE OF CONTENTS.—The table of contents of
 2 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.

3 **SEC. 2. DEFINITIONS.**

4 In this Act:

- 5 (1) **DEMOGRAPHICS.**—The term “demo-
 6 graphics” means information relating to the races,
 7 ethnicities, genders, sexual orientations, gender iden-

1 tities, geographic locations, incomes, primary lan-
2 guages, types of service setting, and disability types
3 represented within a particular group of individuals.

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

14 (3) SECRETARY.—Except as otherwise provided,
15 the term “Secretary” means the Secretary of Health
16 and Human Services.

17 **TITLE I—REQUIRING AND EX-**
18 **PANDING ACCESS TO HCBS**
19 **COVERAGE UNDER MEDICAID**

20 **SEC. 101. PURPOSE.**

21 It is the purpose of this title to require coverage of
22 home and community-based services (in this section re-
23 ferred to as “HCBS”) under a State plan (or waiver of
24 such plan) under title XIX of the Social Security Act (42
25 U.S.C. 1396 et seq.) for the following reasons:

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

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

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

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

21 (5) To streamline access to HCBS by elimi-
22 nating the need for States to repeatedly apply for
23 waivers.

24 (6) To continue to increase the capacity of com-
25 munity services to ensure people with disabilities and

1 older adults have safe and meaningful options in the
2 community are not at risk of unnecessary institu-
3 tionalization.

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

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

13 (9) To improve direct care quality and address
14 the decades long workforce barriers, which have been
15 exacerbated by the COVID-19 pandemic, for nearly
16 2,600,000 direct care professionals providing sup-
17 port to people with disabilities and older adults in
18 their homes and communities.

19 (10) To eliminate the race, gender, sexual ori-
20 entation, and gender identity disparities that exist in
21 accessing information and HCBS and to prevent the
22 unnecessary impoverishment and institutionalization
23 of black and brown individuals with disabilities and
24 older adults.

1 **SEC. 102. REQUIRING COVERAGE OF HOME AND COMMU-**
2 **NITY-BASED SERVICES UNDER THE MED-**
3 **ICAID PROGRAM.**

4 (a) DEFINITION OF HOME AND COMMUNITY-BASED
5 SERVICES.—

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

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

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

17 “(A) meets the qualities specified in para-
18 graph (1) of section 441.710(a) of title 42,
19 Code of Federal Regulations (or a successor
20 regulation);

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

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

25 “(2) SERVICES SPECIFIED.—

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

10 “(i) Supported employment and inte-
11 grated day services.

12 “(ii) Personal assistance, including
13 personal care attendants, direct support
14 professionals, home health aides, private
15 duty nursing, homemakers and chore as-
16 sistance, and companionship services.

17 “(iii) Services that enhance independ-
18 ence, inclusion, and full participation in
19 the broader community.

20 “(iv) Non-emergency, non-medical
21 transportation services to facilitate commu-
22 nity integration.

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

1 “(vi) Caregiver and family support
2 services.

3 “(vii) Case management, including in-
4 tensive case management, fiscal inter-
5 mediary, and support brokerage services.

6 “(viii) Services which support person-
7 centered planning and self-direction.

8 “(ix) Direct support services during
9 acute hospitalizations.

10 “(x) Necessary medical and nursing
11 services not otherwise covered which are
12 necessary in order for the individual to re-
13 main in their home and community, includ-
14 ing hospice services.

15 “(xi) Home and community-based in-
16 tensive behavioral health and crisis inter-
17 vention services.

18 “(xii) Peer support services.

19 “(xiii) Housing support, including
20 transitional housing or transitional support
21 services for individuals who are unhoused,
22 and wrap-around services.

23 “(xiv) Necessary home modifications
24 and assistive technology, including those
25 which substitute for human assistance.

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

9 “(xvi) Any other service recommended
10 by the panel convened pursuant to sub-
11 paragraph (B).

12 “(B) SPECIFICATION OF RECOMMENDED
13 SERVICES.—

14 “(i) IN GENERAL.—Not later than 6
15 months after the date of the enactment of
16 this subparagraph, and not less frequently
17 than once every 5 years thereafter, the
18 Secretary shall convene an advisory panel
19 (in this subparagraph referred to as the
20 ‘panel’) for purposes of recommending ad-
21 ditional services which shall be included as
22 home and community-based services under
23 this paragraph.

24 “(ii) COMPOSITION.—

1 “(I) SELECTION.—The panel
2 shall be composed of at least one rep-
3 resentative (to be selected by the Sec-
4 retary) from each of the following:

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

15 “(bb) Beneficiary-led dis-
16 ability rights organizations.

17 “(cc) Disability-led organiza-
18 tions.

19 “(dd) Disabled veterans or-
20 ganizations.

21 “(ee) Disability organiza-
22 tions representing families.

23 “(ff) Community-based pro-
24 vider organizations.

1 “(gg) Organizations serving
2 older adults.

3 “(hh) The Protection and
4 Advocacy system, the Centers for
5 Independent Living.

6 “(ii) Health care providers.

7 “(jj) The National Associa-
8 tion of Medicaid Directors.

9 “(kk) The National Associa-
10 tion of State Directors of Devel-
11 opmental Disabilities Services.

12 “(ll) The National Associa-
13 tion of State Mental Health Pro-
14 gram Directors.

15 “(mm) ADvancing States.

16 “(nn) The Centers for Medi-
17 care & Medicaid Services.

18 “(oo) The Administration
19 for Community Living of the De-
20 partment of Health and Human
21 Services.,

22 “(pp) Other relevant local,
23 State, and Federal home and
24 community-based service systems,
25 as determined by the Secretary.

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

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

19 “(iv) IMPLEMENTATION OF REC-
20 COMMENDED SERVICES.—

21 “(I) IN GENERAL.—Services rec-
22 ommended by the panel in a report
23 submitted under clause (iii) shall be
24 treated as services described in sub-
25 paragraph (A)(xvi) for calendar quar-

1 ters beginning on or after the date
2 that is 1 year after the date of such
3 submission.

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

15 “(3) ELIGIBLE INDIVIDUAL.—

16 “(A) IN GENERAL.—For purposes of para-
17 graph (1), the term ‘eligible individual’
18 means—

19 “(i) an individual who is determined,
20 on an annual basis or on a longer basis
21 specified by the State, by a health care
22 provider approved by the State under a
23 process described in subparagraph (C) to
24 have a functional impairment (as defined
25 in subparagraph (B)) (not taking into ac-

1 count any items or services, or any other
2 ameliorative measures, furnished to such
3 individual to mitigate such impairment)
4 that is expected to last at least 90 days;

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

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

22 “(B) FUNCTIONAL IMPAIRMENT.—For
23 purposes of subparagraph (A), the term ‘func-
24 tional impairment’ means, with respect to an

1 individual the inability of such individual to
2 perform, without assistance—

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

6 “(ii) 2 or more instrumental activities
7 of daily living (as defined for purposes of
8 section 1915(k)(1)(A)); or

9 “(iii) 1 activity of daily living (as so
10 described) and 1 instrumental activity of
11 daily living (as so defined).

12 “(C) HEALTH CARE PROVIDER STATE AP-
13 PROVAL.—For purposes of subparagraph (A)(i),
14 a process described in this subparagraph is a
15 process established by the State to approve
16 health care providers to make determinations
17 described in such subparagraph that meets such
18 standards as the Secretary may prescribe.

19 “(4) INDIVIDUALIZED ASSESSMENT.—

20 “(A) IN GENERAL.—For purposes of para-
21 graph (1), an individualized assessment de-
22 scribed in this paragraph is an independent as-
23 sessment, with respect to an eligible indi-
24 vidual—

1 “(i) to determine a necessary level of
2 services and supports to be provided, con-
3 sistent with an individual’s functional im-
4 pairments, to facilitate an individual’s
5 community integration, self-determination,
6 and well-being;

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

9 “(iii) to establish a person-centered
10 care plan (as described in subparagraph
11 (C)) for the individual;

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

15 “(v) that occurs not later than 30
16 days after such individual is determined to
17 be an eligible individual.

18 “(B) PRESUMPTION.—The assessment de-
19 scribed in subparagraph (A) shall be conducted
20 with the presumption—

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

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

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

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

16 “(i) safeguard against conflicts of in-
17 terest;

18 “(ii) specify qualifications for who
19 may perform such assessments;

20 “(iii) ensure transparency in the fur-
21 nishing of such assessments, including en-
22 suring the provision of the results of such
23 assessments that includes information in
24 plain language necessary to interpret the

1 methodology and results of such assess-
2 ments;

3 “(iv) ensure that the methodologies
4 used in such assessments are sound and
5 evidence-based; and

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

10 (2) INCLUSION AS MEDICAL ASSISTANCE.—Sec-
11 tion 1905(a) of the Social Security Act (42 U.S.C.
12 1396d(a)) is amended—

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

15 (B) by redesignating paragraph (31) as
16 paragraph (32); and

17 (C) by inserting after paragraph (30) the
18 following new paragraph:

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

21 (b) MANDATORY BENEFIT.—

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

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

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

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

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

12 (3) by adding at the end the following new
13 clause:

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

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

23 “(II) is an eligible individual (as defined in
24 such section); and

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

2 **【SLC: Confirm bracketed effective date policy.**
3 *Not required until 5 years after DOE but op-*
4 *tional before then.】*

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

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

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

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

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

24 “(2) ACCESS TO ESSENTIAL HCBS.—As a condi-
25 tion of receiving the Federal medical assistance per-

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

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

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

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

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

25 (f) CONFORMING AMENDMENTS.—

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

3 (A) in section 1905(a)(xvii), by striking
4 “pursuant to a State plan amendment under
5 such subsection” and inserting “(as defined in
6 section 1905(jj))”; and **【SLC: This clause re-**
7 *lates to eligibility under 1915(i) waivers--since*
8 *waivers are being sunset I think we can go ahead*
9 *and strike 1905(a)(xvii) entirely effective w/ the*
10 *sunset date (we can include language that would*
11 *take into account the possibility that the Sec-*
12 *retary has granted a State an exception under*
13 *1915(m)(2).】*

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

22 (2) EFFECTIVE DATE.—The amendments made
23 by this subsection shall take effect on the first day
24 of the first calendar quarter that begins on or after

1 the date that is 5 years after the date of enactment
2 of this Act.

3 **SEC. 103. MEDICAID ELIGIBILITY MODIFICATIONS.**

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

6 (1) in subparagraph (A)(i)—

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

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

11 (C) by inserting after subclause (IX) the
12 following new subclause:

13 “(X) beginning with the first cal-
14 endar quarter that begins on or after
15 the date that is 5 years after the date
16 of enactment of this subclause (or
17 such earlier date as the State may
18 elect), who are eligible individuals de-
19 scribed in subsection (jj)(3)(A) and
20 are not described in a previous sub-
21 clause of this clause and whose in-
22 come does not exceed the greater of—

23 “(aa) 150 percent of the
24 poverty line (as defined in section

1 2110(c)(5)) applicable to a family
2 of the size involved; and

3 “(bb) 300 percent of the
4 supplemental security income
5 benefit rate established by section
6 1611(b)(1);”; and

7 (2) in subparagraph (A)(ii)—

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

10 (B) in subclause (XXIII), by striking the
11 semicolon at the end and inserting “; or”; and
12 ; and

13 (C) by adding at the end the following new
14 subclause:

15 “(XXIV) who are eligible individ-
16 uals who would be described in clause
17 (i)(X) but for the fact that their in-
18 come exceeds the income levels estab-
19 lished under such clause but is less
20 than such income level as the State
21 may establish for purposes of this
22 subclause;”.

1 **SEC. 104. HOME AND COMMUNITY-BASED SERVICES IMPLE-**
2 **MENTATION PLAN GRANT PROGRAM.**

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

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

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

16 (1) An explanation of how the State will
17 operationalize the definition of an eligible individual
18 under section 1905(jj) of the Social Security Act, in-
19 cluding the process for determinations specified in
20 paragraph (3)(A)(i) of such section.

21 (2) A description of the State's plan to ensure
22 a stable and high quality workforce and how the
23 State plans to ensure a living wage for individuals
24 furnishing home and community-based services and
25 identify and address any additional workforce issues.

1 (3) A list of any home and community-based
2 services provided under the State Medicaid plan (in-
3 cluding any waiver of such plan) as of the date of
4 enactment of this Act, including a breakdown of use
5 of such services by demographics (as defined in sec-
6 tion 2), compared to such services that are required
7 under the amendments made by section 102, and a
8 description of numerical goals to increase access to
9 such services that have barriers to access for popu-
10 lations in need of such services.

11 (4) A description of how the State will incor-
12 porate existing State disability agencies into the new
13 unified provision of home and community-based
14 services and how such State will ensure that such
15 services address all functional impairments.

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

18 (6) A plan for carrying out outreach and edu-
19 cation activities with respect to the availability of
20 such services through Aging and Disability Resource
21 Centers and other similar entities (such as entities
22 receiving funds from the Administration for Commu-
23 nity Living or the Substance Abuse and Mental
24 Health Services Administration), including a pro-
25 gram that ensures that an individual is not denied

1 such services based on the fact that the individual
2 contacts the wrong entity (commonly referred to as
3 a “No Wrong Door Program”).

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

8 (8) A description of how the State will build ca-
9 pacity prior to the implementation of the require-
10 ment described in subsection (a) to ensure that such
11 services are available to every eligible individual
12 under the Medicaid program and how the State will
13 ensure that such services are provided in a setting
14 that meets the requirements specified in paragraph
15 (1) of section 1905(jj) of the Social Security Act, as
16 added by section 102.

17 (9) In the case of a State that utilizes an alter-
18 native benefit plan, a description of how the State
19 will ensure that all individuals who are eligible indi-
20 viduals (as defined in such section) are appropriately
21 identified as medically frail and exempted from such
22 plan.

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

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

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

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

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

12 (3) by adding at the end the following new
13 paragraph:

14 “(88) provide for the submission to the Sec-
15 retary of an implementation plan described in sec-
16 tion 104(c) of the HCBS Access Act for approval by
17 the Secretary prior to the beginning of the first cal-
18 endar quarter beginning on or after the date that is
19 5 years after the date of the enactment of this para-
20 graph.”.

21 (e) AUTHORIZATION OF APPROPRIATIONS.—There is
22 authorized to be appropriated to the Secretary such sums
23 as are necessary to carry out this section.

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

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

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

10 **SEC. 105. QUALITY OF SERVICES.**

11 (a) IN GENERAL.—

12 (1) DEVELOPMENT OF METRICS.—Not later
13 than 1 year after the date of enactment of this Act,
14 the Director of the Agency for Healthcare Research
15 and Quality, in consultation with State Medicaid Di-
16 rectors, shall develop standardized, State-level
17 metrics of access to, and satisfaction with, providers,
18 including primary care and specialist providers, with
19 respect to individuals who are enrolled in State Med-
20 icaid plans under title XIX of the Social Security
21 Act, broken down by demographics (as defined in
22 section 2) and any other category determined by the
23 Secretary. Such metrics shall include metrics on the
24 total number of individuals enrolled in the State
25 plan or under a waiver of the plan during a fiscal

1 year that required the level of care provided in a
2 nursing facility, intermediate care facility for indi-
3 viduals with intellectual disability, institution for
4 mental disease, or other similarly restrictive or insti-
5 tutional setting.

6 (2) PROCESS.—The Director of the Agency for
7 Healthcare Research and Quality shall develop the
8 metrics described in paragraph (1) through a public
9 process, which shall provide opportunities for stake-
10 holders to participate.

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

17 (c) STATE IMPLEMENTATION FUNDING.—The Direc-
18 tor of the Agency for Healthcare Research and Quality
19 may award funds, from the amount appropriated under
20 subsection (d), to States for the purpose of implementing
21 the metrics developed under this section.

22 (d) APPROPRIATION.—There is appropriated to the
23 Director of the Agency for Healthcare Research and Qual-
24 ity, out of any funds in the Treasury not otherwise appro-
25 priated, \$200,000,000 for fiscal year 2024, to remain

1 available until expended, for the purpose of carrying out
2 this section.

3 **SEC. 106. REPORTS; TECHNICAL ASSISTANCE; OTHER AD-**
4 **MINISTRATIVE REQUIREMENTS.**

5 (a) REPORTS.—The Secretary shall submit to the
6 Committee on Energy and Commerce of the House of
7 Representatives, the Committee on Education and Labor
8 of the House of Representatives, the Committee on Fi-
9 nance of the Senate, the Committee on Health, Education,
10 Labor and Pensions of the Senate, and the Special Com-
11 mittee on Aging of the Senate the following reports relat-
12 ing to the HCBS implementation plan grant program es-
13 tablished under section 104:

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

17 (A) State efforts to develop their HCBS
18 implementation plans; and

19 (B) the funds awarded to States.

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

23 (A) A description of the HCBS implemen-
24 tation plans approved by the Secretary under
25 section 104.

1 (B) A description of the national landscape
2 with respect to gaps in coverage of home and
3 community-based services, disparities in access
4 to, and utilization of, such services, and bar-
5 riers to accessing such services.

6 (C) A description of the national landscape
7 with respect to the direct care workforce that
8 provides home and community-based services,
9 including with respect to compensation, bene-
10 fits, and challenges to the availability of such
11 workers.

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

16 (A) The number of HCBS program im-
17 provement States and the funds awarded to
18 States to develop their plans.

19 (B) A summary of the progress being
20 made by such States with respect to strength-
21 ening and expanding access to home and com-
22 munity-based services and the direct care work-
23 force that provides such services and meeting
24 the benchmarks for demonstrating improve-

1 ments required under section 1905(jj)(5) of the
2 Social Security Act (as added by section 102).

3 (C) A summary of outcomes related to
4 home and community-based services core qual-
5 ity measures and beneficiary and family care-
6 giver surveys.

7 (D) A summary of the challenges and best
8 practices reported by States in expanding ac-
9 cess to home and community-based services and
10 supporting and expanding the direct care work-
11 force that provides such services.

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

24 (c) RECOMMENDATIONS TO GUIDE HCBS IMPLE-
25 MENTATION.—

1 (1) IN GENERAL.—Not later than 18 months
2 after the date of enactment of this Act, the Sec-
3 retary shall coordinate with the Secretary of Labor
4 and the Administrator of the Centers for Medicare
5 & Medicaid Services for purposes of issuing rec-
6 ommendations for the Federal Government and for
7 States to strengthen the direct care workforce that
8 provides home and community-based services, in-
9 cluding with respect to how the Federal Government
10 should classify the direct care workforce, how such
11 Administrator and State Medicaid programs can en-
12 force and support the provision of competitive wages
13 and benefits across the direct care workforce, includ-
14 ing for workers with particular skills or expertise,
15 and how State Medicaid programs can support
16 training opportunities and other related efforts that
17 support the provision of quality home and commu-
18 nity-based services care.

19 (2) STAKEHOLDER CONSULTATION.—

20 (A) IN GENERAL.—In developing the rec-
21 ommendations required under paragraph (1),
22 the Secretary shall ensure that such rec-
23 ommendations are informed by consultation
24 with recipients of home and community-based
25 services, family caregivers of such recipients,

1 providers, health plans, direct care workers,
2 chosen representatives of direct care workers,
3 and aging, disability, and workforce advocates.

4 (B) CONSULTATION WITH CURRENT AND
5 POTENTIAL HCBS BENEFICIARIES AND FAMILY
6 CAREGIVERS.—As part of the process of devel-
7 oping recommendations under subparagraph
8 (A), the Secretary shall—

9 (i) hold at least 1 meeting for the
10 purpose of developing such recommenda-
11 tions that is solely with current and poten-
12 tial recipients of home and community-
13 based services and family caregivers of
14 such recipients; and

15 (ii) seek to achieve parity in terms of
16 the level of participation in the develop-
17 ment of such recommendations between—

18 (I) current and potential recipi-
19 ents of home and community-based
20 services and family caregivers of such
21 recipients; and

22 (II) other categories of stake-
23 holder described in subparagraph (A)

24 .

1 (d) FUNDING.—Out of any funds in the Treasury not
2 otherwise appropriated, there is appropriated to the Sec-
3 retary for purposes of carrying out this section,
4 \$10,000,000 for fiscal year 2024, to remain available until
5 expended.

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

7 (a) DEVELOPMENT AND PUBLICATION OF CORE AND
8 SUPPLEMENTAL SETS OF HCBS QUALITY MEASURES.—

9 (1) IN GENERAL.—The Secretary shall identify
10 and publish a core set and supplemental set of home
11 and community-based services quality measures for
12 use by State Medicaid programs, health plans and
13 managed care entities that enter into contracts with
14 such programs, and providers of items and services
15 under such programs.

16 (2) REGULAR REVIEWS AND UPDATES.—The
17 Secretary shall review and update the core set and
18 supplemental set of home and community-based
19 services quality measures published under paragraph
20 (1) not less frequently than once every year.

21 (3) REQUIREMENTS.—

22 (A) INTERAGENCY COLLABORATION;
23 STAKEHOLDER INPUT.—In developing the core
24 set and supplemental set of home and commu-
25 nity-based services quality measures under

1 paragraph (1), and subsequently reviewing and
2 updating such core and supplemental sets, the
3 Secretary shall—

4 (i) collaborate with the Administrator
5 of the Centers for Medicare & Medicaid
6 Services, the Administrator of the Admin-
7 istration for Community Living, the Direc-
8 tor of the Agency for Healthcare Research
9 and Quality, and the Administrator of the
10 Substance Abuse and Mental Health Serv-
11 ices Administration; and

12 (ii) ensure that such core and supple-
13 mental sets are informed by input from
14 stakeholders, including recipients of home
15 and community-based services, family care-
16 givers of such recipients, providers, health
17 plans, direct care workers, chosen rep-
18 resentatives of direct care workers, and
19 aging, disability, and workforce advocates,
20 with the goal that at least half of such
21 input is from current and potential recipi-
22 ents of home and community-based serv-
23 ices and family caregivers.

24 (B) REFLECTIVE OF FULL ARRAY OF
25 SERVICES.—Such core set and supplemental set

1 of home and community-based services quality
2 measures shall—

3 (i) reflect the full array of home and
4 community-based services and recipients of
5 such services, including adults and chil-
6 dren; and

7 (ii) include—

8 (I) outcomes-based measures;

9 (II) measures of availability of
10 services;

11 (III) measures of provider capac-
12 ity and availability;

13 (IV) measures related to person-
14 centered care;

15 (V) measures specific to self-di-
16 rected care;

17 (VI) measures related to transi-
18 tions to and from institutional care;

19 and

20 (VII) beneficiary and family care-
21 giver surveys.

22 (C) DEMOGRAPHICS.—Such core set and
23 supplemental set of home and community-based
24 services quality measures shall allow for the col-
25 lection of data that is disaggregated by demo-

1 graphics (as defined in section 2 but including
2 any additional category determined by the Sec-
3 retary).

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

9 (b) STATE ADOPTION AND REPORTS.—

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

20 (2) PROCESS.—The information required under
21 paragraph (1) shall be reported using a standardized
22 format and procedures established by the Secretary.
23 Such procedures shall allow a State Medicaid pro-
24 gram to report such information separately or as
25 part of the annual reports required under sections

1 1139A(c) and 1139B(d) of the Social Security Act
2 (42 U.S.C. 1320b–9a, 1320b–9b).

3 (3) PUBLICATION OF QUALITY MEASURES.—
4 Each State Medicaid program shall annually make
5 the information reported to the Secretary under
6 paragraph (1) available to the public.

7 (4) INCREASED FEDERAL MATCHING RATE FOR
8 ADOPTION AND REPORTING.—Section 1903(a)(3) of
9 the Social Security Act (42 U.S.C. 1396b(a)(3)) is
10 amended—

11 (A) in subparagraph (F)(ii), by striking
12 “plus” after the semicolon and inserting “and”;
13 and

14 (B) by inserting after subparagraph (F),
15 the following:

16 “(G) 80 percent of so much of the sums
17 expended during such quarter as are attrib-
18 utable to the reporting of information regarding
19 the quality of home and community-based serv-
20 ices in accordance with section 107(b) of the
21 HCBS Access Act; and”.

1 **SEC. 108. MAKING PERMANENT THE STATE OPTION TO EX-**
2 **TEND PROTECTION UNDER MEDICAID FOR**
3 **RECIPIENTS OF HOME AND COMMUNITY-**
4 **BASED SERVICES AGAINST SPOUSAL IMPOV-**
5 **ERISHMENT.**

6 (a) IN GENERAL.—Section 1924(h)(1)(A) of the So-
7 cial Security Act (42 U.S.C. 1396r–5(h)(1)(A)) is amend-
8 ed by striking “is described in section
9 1902(a)(10)(A)(ii)(VI)” and inserting the following: “is
10 an eligible individual (as defined in section 1905(jj)(3))”.

11 (b) CONFORMING AMENDMENT.—Section 2404 of the
12 Patient Protection and Affordable Care Act (42 U.S.C.
13 1396r–5 note) is amended by striking “September 30,
14 2027” and inserting “the date of enactment of the HCBS
15 Access Act”.

16 **SEC. 109. PERMANENT EXTENSION OF MONEY FOLLOWS**
17 **THE PERSON REBALANCING DEMONSTRA-**
18 **TION.**

19 Subparagraph (L) of section 6071(h)(1) of the Def-
20 icit Reduction Act of 2005 (42 U.S.C. 1396a note) is
21 amended by striking “each of fiscal years 2024 through
22 2027” and inserting “each fiscal year after 2023”.

1 **TITLE II—RECOGNIZING THE**
2 **ROLE OF DIRECT SUPPORT**
3 **PROFESSIONALS**

4 **SEC. 201. FINDINGS.**

5 Congress finds the following:

6 (1) Direct support professionals play a critical
7 role in the care provided to children and adults indi-
8 viduals with intellectual and developmental disabil-
9 ities.

10 (2) Providers of home and community-based
11 services are experiencing difficulty hiring and retain-
12 ing direct support professionals, with a national
13 turnover rate of 45 percent as identified in a 2016
14 study by the National Core Indicators.

15 (3) High turnover rates can lead to instability
16 for individuals receiving services, and this may result
17 in individuals not receiving enough personalized care
18 to help them reach their goals for independent liv-
19 ing.

20 (4) A discrete occupational category for direct
21 support professionals will help States and the Fed-
22 eral Government—

23 (A) better interpret the shortage in the
24 labor market of direct support professionals;
25 and

1 (B) collect data on the high turnover rate
2 of direct support professionals.

3 (5) The Standard Occupational Classification
4 system is designed and maintained solely for statis-
5 tical purposes, and is used by Federal statistical
6 agencies to classify workers and jobs into occupa-
7 tional categories for the purpose of collecting, calcu-
8 lating, analyzing, or disseminating data.

9 (6) Occupations in the Standard Occupational
10 Classification system are classified based on work
11 performed and, in some cases, on the skills, edu-
12 cation, or training needed to perform the work.

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

15 (A) correct an inaccurate representation in
16 the Standard Occupational Classification sys-
17 tem;

18 (B) recognize these professionals for the
19 critical and often times overlooked work that
20 they perform for the disabled community, which
21 work is different than the work of a home
22 health aide or a personal care aide; and

23 (C) better align the Standard Occupational
24 Classification system with related classification
25 systems.

1 **SEC. 202. DEFINITION OF DIRECT SUPPORT PROFES-**
2 **SIONAL.**

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

8 (1) services that enhance independence and
9 community inclusion for such individual, including
10 traveling with such individual, attending and assist-
11 ing such individual while visiting friends and family,
12 shopping, or socializing;

13 (2) services such as coaching and supporting
14 such individual in communicating needs, achieving
15 self-expression, pursuing personal goals, living inde-
16 pendently, and participating actively in employment
17 or voluntary roles in the community;

18 (3) services such as providing assistance with
19 activities of daily living (such as feeding, bathing,
20 toileting, and ambulation) and with tasks such as
21 meal preparation, shopping, light housekeeping, and
22 laundry; or

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

1 **SEC. 203. REVISION OF STANDARD OCCUPATIONAL CLASSI-**
2 **FICATION SYSTEM.**

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

10 **TITLE III—SUPPORT FOR THE**
11 **DIRECT CARE WORKFORCE**

12 **SEC. 301. DEFINITIONS.**

13 In this title:

14 (1) APPRENTICESHIP PROGRAM.—The term
15 “apprenticeship program” means an apprenticeship
16 program registered under the Act of August 16,
17 1937 (commonly known as the “National Appren-
18 ticeship Act”; 50 Stat. 664, chapter 663; 29 U.S.C.
19 50 et seq.), including any requirement, standard, or
20 rule promulgated under such Act.

21 (2) COMMUNITY COLLEGE.—The term “commu-
22 nity college” means a public institution of higher
23 education at which the highest degree that is pre-
24 dominantly awarded to students is an associate’s de-
25 gree, including Tribal Colleges or Universities receiv-
26 ing grants under section 316 of the Higher Edu-

1 cation Act of 1965 (20 U.S.C. 1059c) that offer a
2 2-year program for completion of such degree and
3 State public institutions of higher education that
4 offer such a 2-year program.

5 (3) DIRECT CARE PROFESSIONAL.—The term
6 “direct care professional”—

7 (A) means an individual who, in exchange
8 for compensation, provides services to a person
9 with a disability or an older adult that promotes
10 the independence of such person or individual,
11 including—

12 (i) services that enhance the inde-
13 pendence and community inclusion for
14 such person or individual, including trav-
15 eling with such person or individual or at-
16 tending and assisting such person or indi-
17 vidual while visiting friends and family,
18 shopping, or socializing;

19 (ii) services such as coaching and sup-
20 porting such person or individual in com-
21 municating needs, achieving self-expres-
22 sion, pursuing personal goals, living inde-
23 pendently, and participating actively in em-
24 ployment or voluntary roles in the commu-
25 nity;

1 (iii) services such as providing assist-
2 ance with activities of daily living (such as
3 feeding, bathing, toileting, and ambulation)
4 and with tasks such as meal preparation,
5 shopping, light housekeeping, and laundry;

6 (iv) services that support such person
7 or individual at home, work, school, or in
8 any other community setting; or

9 (v) services that promote health and
10 wellness, including scheduling and taking
11 such person or individual to health care
12 appointments, communicating with health
13 and allied health professionals admin-
14 istering medications, implementing health
15 and behavioral health interventions and
16 treatment plans, monitoring and recording
17 health status and progress; and

18 (B) may include—

19 (i) a service provider supporting peo-
20 ple with intellectual disability and develop-
21 mental disabilities, **【and other disabil-**
22 **ities】**;

23 (ii) a home and community-based
24 services manager or direct support profes-
25 sional manager;

- 1 (iii) a self-directed care worker;
- 2 (iv) a personal care service worker;
- 3 (v) a direct care worker, as defined in
- 4 section 799B of the Public Health Service
- 5 Act (42 U.S.C. 295p); or
- 6 (vi) any other position or job related
- 7 to the home care or direct care workforce,
- 8 such as positions or jobs in respite care,
- 9 palliative care, community support, or peer
- 10 support, as determined by the Secretary, in
- 11 consultation with the Centers for Medicare
- 12 & Medicaid Services and the Secretary of
- 13 Labor.

14 (4) DIRECT CARE WORKFORCE.—The term “di-

15 rect care workforce” means the broad workforce of

16 direct care professionals.

17 (5) FAMILY CAREGIVER.—The term “family

18 caregiver” has the meaning given such term in sec-

19 tion 2 of the RAISE Family Caregivers Act (42

20 U.S.C. 3030s note; Public Law 115–119) and in-

21 cludes paid and unpaid family caregivers.

22 (6) ELIGIBLE ENTITY.—The term “eligible enti-

23 ty” means an entity—

24 (A) that is—

25 (i) a State;

1 (ii) a labor organization, joint labor-
2 management organization, or employer of
3 direct care professionals;

4 (iii) a nonprofit entity with experience
5 in aging, disability, or supporting the
6 rights and interests of, training of, or edu-
7 cating direct care professionals or family
8 caregivers;

9 (iv) an Indian Tribe, Tribal organiza-
10 tion, or Urban Indian organization;

11 (v) a community college or other insti-
12 tution of higher education; or

13 (vi) a consortium of entities listed in
14 any of clauses (i) through (v);

15 (B) that agrees to include, as applicable
16 with respect to the type of grant the entity is
17 seeking under this title and the activities sup-
18 ported through such grant, older adults, people
19 with disabilities, direct care professionals, and
20 family caregivers, as advisors and trainers in
21 such activities; and

22 (C) that agrees to consult with the State
23 Medicaid agency of the State (or each State)
24 served by the grant on the grant activities, to

1 the extent that such agency (or each such agen-
2 cy) is not the eligible entity.

3 (7) EMPLOYER.—The terms “employ” and
4 “employer” have the meanings given the terms in
5 section 3 of the Fair Labor Standards Act of 1938
6 (29 U.S.C. 203).

7 (8) INDIAN TRIBE; TRIBAL ORGANIZATION.—
8 The terms “Indian Tribe” and “Tribal organiza-
9 tion” have the meanings given such terms in section
10 4 of the Indian Self-Determination and Education
11 Assistance Act (25 U.S.C. 5304).

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

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

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

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

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

1 (12) PROJECT PARTICIPANT.—The term
2 “project participant” means an individual partici-
3 pating in a project or activity assisted with a grant
4 under this title, including (as applicable for the cat-
5 egory of the grant) a direct care professional, or an
6 individual training to be such a professional, or a
7 family caregiver.

8 (13) SECRETARY.—The term “Secretary”
9 means the Secretary of Health and Human Services,
10 acting through the Administrator for Community
11 Living.

12 (14) SELF-DIRECTED CARE PROFESSIONAL.—
13 The term “self-directed care professional” means a
14 direct care professional who is employed by an indi-
15 vidual who is an older adult, a person with a dis-
16 ability, or a representative of such older adult or
17 person with a disability, and such older adult or per-
18 son with a disability has the decision-making author-
19 ity over certain supports and services provided by
20 the direct care professional and takes direct respon-
21 sibility to manage those supports and services.

22 (15) SUPPORTIVE SERVICES.—The term “sup-
23 portive services” means services that are necessary
24 to enable an individual to participate in activities as-
25 sisted with a grant under this title, such as trans-

1 portation, child care, dependent care, housing, work-
2 place accommodations, employee benefits such as
3 paid sick leave and child care, workplace health and
4 safety protections, wages and overtime pay, and
5 needs-related payments.

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

10 (17) WORKFORCE INNOVATION AND OPPOR-
11 TUNITY ACT TERMS.—The terms “career pathway”,
12 “career planning”, “in-demand industry sector or
13 occupation”, “individual with a barrier to employ-
14 ment”, “local board”, “on-the-job training”, “recog-
15 nized postsecondary credential”, “region”, and
16 “State board” have the meanings given such terms
17 in section 3 of the Workforce Innovation and Oppor-
18 tunity Act (29 U.S.C. 3102).

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

1 **SEC. 302. AUTHORITY TO ESTABLISH A TECHNICAL ASSIST-**
2 **ANCE CENTER FOR BUILDING THE DIRECT**
3 **CARE WORKFORCE.**

4 (a) PROGRAM AUTHORIZED.—The Secretary shall es-
5 tablish a national technical assistance center (referred to
6 in this section as the “Center”) for, in consultation with
7 the Secretary of Labor, the Secretary of Education, the
8 Administrator of the Centers for Medicare & Medicaid
9 Services, and the heads of other entities as necessary—

10 (1) supporting direct care workforce creation,
11 training and education, recruitment, retention, and
12 advancement; and

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

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

23 (c) ACTIVITIES.—The Center may—

24 (1) develop recommendations for training and
25 education curricula for direct care professionals,
26 which such recommendations may include rec-

1 ommendations for curricula for higher education,
2 postsecondary credentials, and programs with com-
3 munity colleges;

4 (2) develop learning and dissemination strate-
5 gies to—

6 (A) engage States and other entities in ac-
7 tivities supported under this title and best prac-
8 tices; and

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

11 (3) develop recommendations for training and
12 education curricula and other strategies for sup-
13 porting family caregivers;

14 (4) explore the national data gaps, workforce
15 shortage areas, and data collection strategies for di-
16 rect care professionals and make recommendations
17 to the Director of the Office of Management and
18 Budget for an occupation category in the Standard
19 Occupational Classification system for direct support
20 professionals as a healthcare support occupation;

21 (5) recommend career development and ad-
22 vancement opportunities for direct care profes-
23 sionals, which may include occupational frameworks,
24 national standards, recruitment campaigns, pre-ap-
25 prenticeship and on-the-job training opportunities,

1 apprenticeship programs, career ladders or path-
2 ways, specializations or certifications, or other activi-
3 ties; and

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

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

8 (a) GRANTS.—

9 (1) IN GENERAL.—Not later than 12 months
10 after the date of enactment of this title, the Sec-
11 retary, in consultation with the Centers for Medicare
12 & Medicaid Services, the Secretary of Labor, and the
13 Secretary of Education, shall award grants described
14 in paragraph (2) to eligible entities. A grant award-
15 ed under this section may be in more than 1 cat-
16 egory described in such paragraph.

17 (2) CATEGORIES OF GRANTS.—The categories
18 of grants described in this paragraph are each of the
19 following:

20 (A) DIRECT CARE PROFESSIONAL
21 GRANTS.—Grants to eligible entities to create
22 and carry out projects for the purposes of re-
23 cruiting, retaining, or providing advancement
24 opportunities for direct care professionals who
25 are not described in subparagraph (B) or (C),

1 including through education or training pro-
2 grams for such professionals or individuals
3 seeking to become such professionals.

4 (B) DIRECT CARE PROFESSIONAL MAN-
5 AGERS GRANTS.—Grants to eligible entities to
6 create and carry out projects for the purposes
7 of recruiting, retaining, or providing advance-
8 ment opportunities for direct care professionals
9 who are managers or supervisory staff that
10 have coaching, training, managerial, super-
11 visory, or other oversight responsibilities, in-
12 cluding through education or training programs
13 for such professionals or individuals seeking to
14 become such professionals.

15 (C) SELF-DIRECTED CARE PROFESSIONALS
16 GRANTS.—Grants to eligible entities to create
17 and carry out projects for the purposes of re-
18 cruiting, retaining, or providing advancement
19 opportunities for self-directed care profes-
20 sionals, including through education or training
21 programs for such professionals or individuals
22 seeking to become such professionals.

23 (D) FAMILY CAREGIVER GRANTS.—Grants
24 to eligible entities to create and carry out
25 projects for providing support to paid or unpaid

1 family caregivers through educational, training,
2 or other resources, including resources for care-
3 giver self-care or educational or training re-
4 sources for individuals newly in a caregiving
5 role or seeking additional support in the role of
6 a family caregiver.

7 (3) PROJECTS FOR ADVANCEMENT OPPORTUNI-
8 TIES.—Not less than 30 percent of projects assisted
9 with grants under this title shall be projects to pro-
10 vide career pathways that offer opportunities for
11 professional development and advancement opportu-
12 nities to direct care professionals.

13 (b) TREATMENT OF CONTINUATION ACTIVITIES.—
14 An eligible entity that carries out activities described in
15 subsection (a)(2) prior to receipt of a grant under this
16 title may use such grant to continue carrying out such
17 activities, and, in using such grant to continue such activi-
18 ties, shall be treated as an eligible entity carrying out a
19 project through a grant under this title.

20 **SEC. 304. PROJECT PLANS.**

21 (a) IN GENERAL.—An eligible entity seeking a grant
22 under this title shall submit to the Secretary a project plan
23 for each project to be developed and carried out (or for
24 activities to be continued as described in section 303(b))

1 with the grant at such time, in such manner, and con-
2 taining such information as the Secretary may require.

3 (b) CONTENTS.—A project plan submitted by an eli-
4 gible entity under subsection (a) shall include a descrip-
5 tion of information determined relevant by the Secretary
6 for purposes of the category of the grant and the activities
7 to be carried out through the grant. Such information may
8 include (as applicable) the following:

9 (1) The demographics (as defined in section 2)
10 of the population in the State or relevant geographic
11 area, including a description of the populations likely
12 to need long-term care services, such as people with
13 disabilities and older adults.

14 (2) Projections of unmet need for services pro-
15 vided by direct care professionals based on enroll-
16 ment waiting lists under home and community-based
17 waivers under section 1115 of the Social Security
18 Act (42 U.S.C. 1315) or section 1915 of such Act
19 (42 U.S.C. 1396n) and other relevant data to the
20 extent practicable and feasible, such as direct care
21 workforce vacancy rates, crude separation rates, and
22 the number of direct care professionals, including
23 such professionals who are managers or supervisors,
24 in the region.

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

4 (A) may be comprised of entities listed in
5 paragraph (12); and

6 (B) shall include—

7 (i) older adults or persons with a dis-
8 ability;

9 (ii) organizations representing the
10 rights and interests of people receiving
11 services by the direct care professionals or
12 family caregivers targeted by the project;

13 (iii) individuals who are direct care
14 professionals or family caregivers targeted
15 by the project and organizations rep-
16 resenting the rights and interests of direct
17 care professionals or family caregivers;

18 (iv) as applicable, employers of indi-
19 viduals described in clause (iii) and labor
20 organizations representing such individ-
21 uals;

22 (v) representatives of the State Med-
23 icaid agency, the State agency defined in
24 section 102 of the Older Americans Act of
25 1965 (42 U.S.C. 3002), the State develop-

1 mental disabilities office, and the State be-
2 havioral health agency, in the State (or
3 each State) to be served by the project;
4 and

5 (vi) representatives reflecting diverse
6 racial, cultural, ethnic, geographic, socio-
7 economic, and gender identity and sexual
8 orientation perspectives.

9 (4) Current or projected job openings for, or
10 relevant labor market information related to, the di-
11 rect care professionals targeted by the project in the
12 State or region to be served by the project, and the
13 geographic scope of the workforce to be served by
14 the project.

15 (5) Specific efforts and strategies that the
16 project will undertake to reduce barriers to recruit-
17 ment, retention, or advancement of the direct care
18 professionals targeted by the project, including an
19 assurance that such efforts will include—

20 (A) an assessment of the wages or other
21 compensation or benefits necessary to recruit
22 and retain the direct care professionals targeted
23 by the project;

24 (B) a description of the project's projected
25 compensation or benefits for the direct care

1 professionals targeted by the project at the
2 State or local level, including a comparison of
3 such projected compensation or benefits to re-
4 gional and national compensation or benefits
5 and a description of how wages and benefits re-
6 ceived by project participants will be impacted
7 by the participation in and completion of the
8 project; and

9 (C) a description of the projected impact of
10 workplace safety issues on the recruitment and
11 retention of direct care professionals targeted
12 by the project, including the availability of per-
13 sonal protective equipment.

14 (6) In the case of a project offering an edu-
15 cation or training program for direct care profes-
16 sionals, a description of such program (including
17 how the core competencies identified by the Centers
18 for Medicare & Medicaid Services will be incor-
19 porated, curricula, models, and standards used
20 under the program, and any associated recognized
21 postsecondary credentials for which the program
22 provides preparation, as applicable), which shall in-
23 clude an assurance that such program will provide to
24 each project participant in such program—

1 (A) relevant training regarding the rights
2 of recipients of home and community based
3 services, including their rights to—

4 (i) receive services in integrated set-
5 tings that provide access to the broader
6 community;

7 (ii) exercise self-determination;

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

10 (iv) person-centered planning and
11 practices, including participation in plan-
12 ning activities;

13 (B) relevant training to ensure that each
14 project participant has the necessary skills to
15 recognize abuse and understand their obliga-
16 tions with regard to reporting and responding
17 to abuse appropriately in accordance with rel-
18 evant Federal and State law;

19 (C) relevant training regarding the provi-
20 sion of culturally competent and disability com-
21 petent supports to recipients of services pro-
22 vided by the direct care professionals targeted
23 by the project;

1 (D) an apprenticeship program, work-
2 based learning, or on-the-job training opportu-
3 nities;

4 (E) supervision or mentoring; and

5 (F) for any on-the-job training portion of
6 the program, a progressively increasing, clearly
7 defined schedule of wages to be paid to each
8 such participant that—

9 (i) is consistent with skill gains or at-
10 tainment of a recognized postsecondary
11 credential received as a result of partici-
12 pation in or completion of such program; and

13 (ii) ensures the entry wage is not less
14 than the greater of—

15 (I) the minimum wage required
16 under section 6(a) of the Fair Labor
17 Standards Act of 1938 (29 U.S.C.
18 206(a)); or

19 (II) the applicable wage required
20 by other applicable Federal or State
21 law, or a collective bargaining agree-
22 ment.

23 (7) Any other innovative models or processes
24 the eligible entity will implement to support the re-

1 geted by the project and recipients of serv-
2 ices provided by such professionals;

3 (ii) incorporate remote training and
4 education opportunities or technology-sup-
5 ported opportunities;

6 (iii) for training and education cur-
7 ricula, incorporate evidenced-supported
8 practices for adult learners and universal
9 design for learning and ensure recipients
10 of services provided by the direct care pro-
11 fessionals or family caregivers targeted by
12 the project participate in the development
13 and implementation of such training and
14 education curricula;

15 (iv) use outreach, recruitment, and re-
16 tention strategies designed to reach and re-
17 tain a diverse workforce;

18 (v) incorporate methods to monitor
19 satisfaction with project activities for
20 project participants and individuals receiv-
21 ing services from such participants;

22 (vi) incorporate evidence-supported
23 practices for family caregiver engagement;
24 and

1 (vii) incorporate core competencies
2 identified by the Centers for Medicare &
3 Medicaid Services; and

4 (B) may incorporate continuing education
5 programs and specialty training, with a specific
6 focus on—

7 (i) trauma-informed care;

8 (ii) behavioral health, including co-oc-
9 ccurring behavioral health conditions and
10 intellectual or developmental disabilities;

11 (iii) Alzheimer’s and dementia care;

12 (iv) chronic disease management; and

13 (v) the use of supportive or assistive
14 technology.

15 (12) How the eligible entity will consult on the
16 implementation of the project, or coordinate the
17 project with, each of the following entities, to the ex-
18 tent that each such entity is not the eligible entity:

19 (A) The State Medicaid agency, State
20 agency defined in section 102 of the Older
21 Americans Act of 1965 (42 U.S.C. 3002), and
22 the State developmental disabilities office for
23 the State (or each State) to be served by the
24 project.

1 (B) The local board and State board for
2 each region, or State, to be served by the
3 project.

4 (C) In the case of a project that carries
5 out an education or training program, a non-
6 profit organization with demonstrated experi-
7 ence in the development or delivery of curricula
8 or coursework.

9 (D) A nonprofit organization, including a
10 labor organization, that fosters the professional
11 development and collective engagement of the
12 direct care professionals targeted by the project.

13 (E) Area agencies on aging, as defined in
14 section 102 of the Older Americans Act of 1965
15 (42 U.S.C. 3002).

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

19 (G) The State Council on Developmental
20 Disabilities (as such term is used in subtitle B
21 of title I of the Developmental Disabilities As-
22 sistance and Bill of Rights Act of 2000 (42
23 U.S.C. 15021 et seq.)) for the State (or each
24 State) to be served by the project.

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

4 (I) A nonprofit State provider association
5 that represents providers who employ the direct
6 care professionals targeted by the project,
7 where such associations exist.

8 (J) An entity that employs the direct care
9 professionals targeted by the project.

10 (K) University Centers for Excellence in
11 Developmental Disabilities Education, Re-
12 search, and Services supported under subtitle D
13 of title I of the Developmental Disabilities As-
14 sistance and Bill of Rights Act of 2000 (42
15 U.S.C. 15061 et seq.).

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

20 (M) Direct care professionals or direct care
21 workforce organizations representing under-
22 served communities, including communities of
23 color.

24 (13) How the eligible entity will consult
25 throughout the project with—

1 (A) individuals employed or working as the
2 direct care professionals or family caregivers
3 targeted by the project;

4 (B) representatives of such professionals or
5 caregivers;

6 (C) individuals assisted by such profes-
7 sionals or caregivers;

8 (D) the families of such professionals or
9 caregivers; and

10 (E) individuals receiving education or
11 training to become such professionals or care-
12 givers.

13 (14) Outreach efforts to individuals for partici-
14 pation in such project, including targeted outreach
15 efforts to—

16 (A) individuals who are recipients of assist-
17 ance under a State program funded under part
18 A of title IV of the Social Security Act (42
19 U.S.C. 601 et seq.) or individuals who are eligi-
20 ble for such assistance; and

21 (B) individuals with barriers to employ-
22 ment.

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

1 (1) equitable geographic diversity, including by
2 selecting recipients serving rural areas and selecting
3 recipients serving urban areas; and

4 (2) that selected eligible entities will serve areas
5 where the occupation of direct care professional, or
6 a related occupation, is an in-demand industry sec-
7 tor or occupation.

8 (d) USES OF FUNDS; SUPPLEMENT, NOT SUP-
9 PLANT.—

10 (1) USES OF FUNDS.—

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

15 (B) ADMINISTRATIVE COSTS.—Each eligi-
16 ble entity receiving a grant under this title shall
17 not use more than 5 percent of the funds of
18 such grant for costs associated with the admin-
19 istration of activities under this title.

20 (C) DIRECT SUPPORT.—Each eligible enti-
21 ty receiving a grant under this title shall use
22 not less than 5 percent of the funds of such
23 grant to provide direct financial benefits or sup-
24 portive services to direct care professionals and
25 paid or unpaid family caregivers to support the

1 financial needs of such participants during the
2 duration of the project activities.

3 (2) SUPPLEMENT, NOT SUPPLANT.—An eligible
4 entity receiving a grant under this title shall use
5 such grant only to supplement, and not supplant,
6 the amount of funds that, in the absence of such
7 grant, would be available to address the recruitment,
8 training and education, retention, and advancement
9 of direct care professionals or provide support for
10 family caregivers, in the State or region served by
11 the eligible entity.

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

17 **SEC. 305. EVALUATIONS AND REPORTS; TECHNICAL ASSIST-**
18 **ANCE.**

19 (a) REPORTING REQUIREMENTS BY GRANT RECIPI-
20 ENTS.—

21 (1) IN GENERAL.—An eligible entity receiving a
22 grant under this title shall cooperate with the Sec-
23 retary and annually provide a report to the Sec-
24 retary that includes any relevant data requested by

1 the Secretary in a manner specified by the Sec-
2 retary.

3 (2) CONTENTS.—The data requested by the
4 Secretary for an annual report may include any of
5 the following (as determined relevant by the Sec-
6 retary with respect to the category of the grant and
7 each project supported through the grant):

8 (A) The number of individuals and the de-
9 mographic categories (as defined in section 2)
10 served by each project supported by the grant,
11 including—

12 (i) the number of individuals recruited
13 through each such project to be employed
14 as a direct care professional;

15 (ii) the number of individuals who
16 through each such project attained employ-
17 ment as a direct care professional; and

18 (iii) the number of individuals who en-
19 rolled in each such project and withdrew or
20 were terminated from each such project
21 without completing training or attaining
22 employment as a direct care professional.

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

1 (C) The number of project participants
2 who through each such project participated in
3 and completed—

4 (i) work-based learning;

5 (ii) on-the-job training;

6 (iii) an apprenticeship program; or

7 (iv) a professional development or
8 mentoring program.

9 (D)(i) Other services, benefits, or supports
10 (other than the services, benefits, or supports
11 described in subparagraph (C)) provided
12 through each such project to assist in the re-
13 cruitment, retention, or advancement of direct
14 care professionals (including through education
15 or training for such professionals or individuals
16 seeking to become such professionals);

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

19 (iii) the impact of such services, benefits,
20 or supports.

21 (E) The crude separation and vacancy
22 rates of direct care professionals, and such
23 rates for those professionals who are managers
24 or supervisors, in the geographic region for a
25 number of years before the grant was awarded,

1 as determined by the Secretary, and annually
2 thereafter for the duration of the grant period.

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

5 (i) project participants assisted by the
6 project;

7 (ii) individuals receiving services deliv-
8 ered by project participants, including—

9 (I) any impact on the health or
10 health outcomes of such individuals;
11 and

12 (II) any impact on the ability of
13 individuals to transition to or remain
14 in the community in an environment
15 that meets the criteria established in
16 the section 441.301(c)(4) of title 42,
17 Code of Federal Regulations (or suc-
18 cessor regulations); and

19 (iii) employers of such project partici-
20 pants.

21 (G) The performance of the eligible entity
22 with respect to the indicators of performance on
23 unsubsidized employment, median earnings, cre-
24 dential attainment, measurable skill gains, and
25 employer satisfaction.

1 (H) Any other information with respect to
2 outcomes of the project as determined by the
3 Secretary.

4 (b) ANNUAL REPORT TO CONGRESS BY SEC-
5 RETARY.—Not later than 2 years after the date of enact-
6 ment of this title, and each year thereafter until all
7 projects supported through a grant under this title are
8 completed, the Secretary shall prepare and submit to Con-
9 gress an annual report on the progress of each project
10 supported through a grant under this title and the activi-
11 ties of the technical assistance center established under
12 section 302.

13 (c) GAO REPORT.—Not later than 1 year after the
14 date on which all projects supported through a grant
15 under this title are completed, the Comptroller General of
16 the United States shall conduct a study and submit to
17 Congress a report including—

18 (1) an assessment of how the technical assist-
19 ance center established under section 302 and the
20 projects supported through a grant under this title
21 assisted in the creation, recruitment, training and
22 education, retention, and advancement of the direct
23 care workforce or in providing support for family
24 caregivers; and

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

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

11 **SEC. 306. AUTHORIZATION OF APPROPRIATIONS.**

12 (a) IN GENERAL.—There are authorized to be appro-
13 priated—

14 (1) for the establishment and activities of the
15 technical assistance center under section 302,
16 \$2,000,000 for each of fiscal years 2024 through
17 2028; and

18 (2) for grants under section 303,
19 \$1,000,000,000 for fiscal year 2024.

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

22 **TITLE IV—EVALUATION**

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

24 (a) NATIONAL SURVEY ON EXPANDED HCBS AC-
25 CESS.—The Administrator of the Centers for Medicare &

1 Medicaid Services, in coordination with the National Acad-
2 emy of Medicine, shall, not later than 7 years after the
3 date of enactment of this Act, conduct or contract for a
4 national survey of States, direct care professionals, family
5 caregivers, and providers and recipients of home and com-
6 munity-based services, to determine the effects of the im-
7 plementation of this Act and the amendments made by
8 this Act on—

9 (1) the availability and access to home and
10 community-based services under the Medicaid pro-
11 gram nationally and in each State;

12 (2) the capacity of the direct service workforce
13 to provide home and community-based services and
14 information on the demographics (as defined in sec-
15 tion 2) of such workforce;

16 (3) the compensation and working conditions,
17 including scheduling and benefits, of direct care
18 workers;

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

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

25 (6) family caregivers; and

1 (7) recommendations for measures to further
2 expand and enhance access home and community-
3 based services.

4 (b) REPORT.—Not later than 9 years after the date
5 of enactment of this Act, the Administrator of the Centers
6 for Medicare & Medicaid Services shall publish a report
7 containing the results of the survey conducted under sub-
8 section (a).

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

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