

119TH CONGRESS
2D SESSION

S. 5321

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

AUGUST 6, 2026

Mr. LUJÁN (for himself, Mr. KAINE, Ms. BALDWIN, Ms. DUCKWORTH, Mrs. GILLIBRAND, Ms. HASSAN, Mr. BLUMENTHAL, Mr. MERKLEY, Mr. SANDERS, Ms. WARREN, Mr. REED, Mr. MARKEY, Mrs. SHAHEEN, Mr. FETTERMAN, Mr. KIM, and Mrs. MURRAY) introduced the following bill; which was read twice and referred to the Committee on Finance

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.

Sec. 105. Quality of services.

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

Sec. 107. Quality measurement and improvement.

Sec. 108. Making permanent the extended protection under medicaid for recipi-
ents of home and community-based services against spousal im-
poverishment.

Sec. 109. Permanent extension of money follows the person rebalancing dem-
onstration.

Sec. 110. Liens, adjustments, and recoveries for medical assistance.

Sec. 111. HCBS provider tax.

Sec. 112. Medicare amendment.

**TITLE II—RECOGNIZING THE ROLE OF DIRECT SUPPORT
PROFESSIONALS**

Sec. 201. Findings.

Sec. 202. 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) SECRETARY.—Except as otherwise provided,
 8 the term “Secretary” means the Secretary of Health
 9 and Human Services.

10 **TITLE I—REQUIRING AND EX-**
 11 **PANDING ACCESS TO HCBS**
 12 **COVERAGE UNDER MEDICAID**

13 **SEC. 101. PURPOSE.**

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

19 (1) To eliminate waiting lists for HCBS, which
 20 delay access to necessary services and deny access to
 21 the promise of community inclusion guaranteed
 22 under the Americans with Disabilities Act of 1990
 23 (42 U.S.C. 12101 et seq.) for individuals with dis-
 24 abilities and older adults.

1 (2) To build on decades of progress in serving
2 individuals with disabilities and older adults through
3 access to HCBS.

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

11 (4) To ensure that individuals with all kinds of
12 disabilities and with multiple disabilities, including
13 intellectual disabilities, cognitive disabilities, develop-
14 mental disabilities, behavioral health disabilities,
15 physical disabilities, and substance use disorders,
16 and older adults, receive the services they need to
17 live in their communities.

18 (5) To streamline access to HCBS by elimi-
19 nating the need for States to repeatedly apply for
20 waivers of their respective State plans for medical
21 assistance.

22 (6) To continue to increase the capacity of com-
23 munity services to ensure individuals with disabilities
24 and older adults have high-quality, safe, and mean-

1 ingful options to receive care in their community and
2 are not at risk of unnecessary institutionalization.

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

7 (8) To eliminate the race, gender, sexual ori-
8 entation, and gender identity disparities that exist in
9 accessing information and HCBS and to prevent the
10 unnecessary impoverishment and institutionalization
11 of black and brown individuals with disabilities and
12 older adults.

13 (9) To support over 63,000,000 unpaid family
14 caregivers, who are disproportionately women and
15 often providing complex services and supports to
16 older adults and individuals with disabilities because
17 of a lack of affordable services, workforce shortages,
18 and other inefficiencies.

19 (10) To improve direct care quality and ensure
20 access to services by improving workforce standards
21 for the nearly 3,200,000 direct care workers, who
22 are primarily women, people of color, and immi-
23 grants facing heightened risks of discrimination in
24 employment, providing support to individuals with

1 disabilities and older adults in their homes and com-
 2 munities.

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

6 (a) DEFINITION OF HOME AND COMMUNITY-BASED
 7 SERVICES.—

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

11 (A) in paragraph (31), by striking “and”
 12 at the end;

13 (B) by redesignating paragraph (32) as
 14 paragraph (33); and

15 (C) by inserting after paragraph (31) the
 16 following new paragraph:

17 “(32) home and community-based services (as
 18 defined in subsection (ll)); and”.

19 (2) HOME AND COMMUNITY-BASED SERVICES
 20 DEFINED.—Section 1905 of the Social Security Act
 21 (42 U.S.C. 1396d) is amended by adding at the end
 22 the following new subsection:

23 “(ll) HOME AND COMMUNITY-BASED SERVICES.—

24 “(1) IN GENERAL.—For purposes of this title,
 25 the term ‘home and community-based services’

means those services specified in paragraph (2) furnished to an eligible individual (as defined in paragraph (3)), based on an individualized assessment (as described in paragraph (4)) and person-centered service plan (as described in paragraph (4)(D)) for such individual, in a setting that—

“(A) meets the qualities specified in paragraph (1) of section 441.710(a) of title 42, Code of Federal Regulations (or a successor regulation);

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

“(C) meets such other qualities as the Secretary determines appropriate in line with recommendations for additional services made by the advisory panel described in paragraph (2)(B) of this subsection.

“(2) SERVICES SPECIFIED.—

“(A) IN GENERAL.—For purposes of paragraph (1), the services specified in this paragraph are services described in any of paragraphs (7), (8), (13)(C), (19), (20), (22), (24), (29), and (33) of subsection (a) of this section or in any of subsections (c)(4)(B), (c)(5),

(k)(1)(A), (k)(1)(B), or (k)(1)(D) of section 1915, including the following:

“(i) Supported employment and integrated day services.

“(ii) Personal assistance, including personal care attendants, direct support professionals, home health aides, private duty nursing, homemakers and chore assistance, and companionship services.

“(iii) Services that enhance independence, inclusion, and full participation in the broader community.

“(iv) Non-emergency, non-medical transportation services to facilitate community integration.

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

“(vi) Caregiver and family support services.

“(vii) Case management, including intensive case management, fiscal intermediary, and support brokerage services.

“(viii) Services that support person-centered planning and self-direction.

1 “(ix) Direct support services during
2 acute hospitalizations.

3 “(x) Necessary medical and nursing
4 services not otherwise covered that are nec-
5 essary in order for the individual to remain
6 in their home and community, including
7 hospice services.

8 “(xi) Home and community-based in-
9 tensive behavioral health and crisis inter-
10 vention services.

11 “(xii) Peer support services.

12 “(xiii) Housing support, including
13 transitional housing or transitional support
14 services for individuals who are unhoused,
15 and wrap-around services.

16 “(xiv) Necessary home modifications
17 and assistive technology, including those
18 that substitute for human assistance.

19 “(xv) Transition services to support
20 an individual who is transitioning from an
21 institutional setting to the community, in-
22 cluding appropriate services for individuals
23 who are unhoused or at risk of becoming
24 unhoused, and including such transition

1 services provided while the individual re-
 2 sides in an institution.

3 “(xvi) Nutrition services.

4 “(xvii) Assisted living services.

5 “(xviii) Any other service approved by
 6 the Secretary, pursuant to the rec-
 7 ommendation of the advisory panel con-
 8 vened under subparagraph (B).

9 “(B) SPECIFICATION OF RECOMMENDED
 10 SERVICES.—

11 “(i) IN GENERAL.—Not later than 6
 12 months after the date of the enactment of
 13 this subparagraph, and not less frequently
 14 than once every 5 years thereafter, the
 15 Secretary shall appoint an advisory panel
 16 for purposes of recommending additional
 17 services which may be included as home
 18 and community-based services under this
 19 paragraph.

20 “(ii) COMPOSITION.—

21 “(I) SELECTION.—The advisory
 22 panel shall be comprised of not less
 23 than 50 members and include rep-
 24 resentatives of the following cat-
 25 egories, with the majority of all mem-

1 bers being selected from the cat-
2 egories described in items (aa), (bb),
3 and (cc):

4 “(aa) Individuals with dis-
5 abilities receiving home and com-
6 munity-based services under this
7 title and individuals with disabil-
8 ities in need of such services, in-
9 cluding those with physical dis-
10 abilities, behavioral health dis-
11 abilities, or intellectual or devel-
12 opmental disabilities, and includ-
13 ing older adults, that are rep-
14 resentative of multiple States,
15 geographical locations, races,
16 ethnicities, and other demo-
17 graphic factors.

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

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

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

24 “(ee) Disability organiza-
25 tions representing families.

1 “(ff) Organizations serving
2 individuals with disabilities, in-
3 cluding intellectual or develop-
4 mental disabilities.

5 “(gg) Organizations serving
6 older adults.

7 “(hh) Direct care workers
8 and the labor organizations that
9 represent such workers.

10 “(ii) The Protection and Ad-
11 vocacy System.

12 “(jj) The Centers for Inde-
13 pendent Living.

14 “(kk) Health care providers.

15 “(ll) The National Associa-
16 tion of Medicaid Directors.

17 “(mm) The National Asso-
18 ciation of State Directors of De-
19 velopmental Disabilities Services.

20 “(nn) The National Associa-
21 tion of State Mental Health Pro-
22 gram Directors.

23 “(oo) Advancing States.

24 “(pp) The Centers for Medi-
25 care & Medicaid Services.

1 “(qq) The Administration
2 for Community Living of the De-
3 partment of Health and Human
4 Services.

5 “(rr) Members of federally
6 recognized tribes and tribally led
7 organizations.

8 “(ss) Other relevant Fed-
9 eral, State, and local home and
10 community-based service systems,
11 as determined by the Secretary.

12 “(II) REQUIREMENT FOR PRO-
13 PORTIONATE REPRESENTATION.—The
14 Secretary shall seek to ensure propor-
15 tionate representation among each
16 category described in items (dd)
17 through (ss) of subclause (I) in con-
18 vening the advisory panel.

19 “(iii) DUTIES.—

20 “(I) IN GENERAL.—Not later
21 than 2 years after an advisory panel
22 is convened under clause (i), the advi-
23 sory panel shall submit to the Sec-
24 retary and to Congress a report rec-
25 ommending additional services which

1 may be included as home and commu-
2 nity-based services under this para-
3 graph with the goal of increasing com-
4 munity integration and self-deter-
5 mination for individuals with disabil-
6 ities receiving such services.

7 “(II) CONSIDERATIONS.—In de-
8 veloping recommendations, the advi-
9 sory panel shall consider—

10 “(aa) available data on cov-
11 erage gaps of needed home and
12 community-based services, includ-
13 ing compliance reporting required
14 by section 441.311(d) of title 42,
15 Code of Federal Regulations;

16 “(bb) new technology or in-
17 novations that could promote ac-
18 cess to home and community-
19 based services for individuals
20 with disabilities and older adults;

21 “(cc) relevant data based on
22 the latest Home and Community-
23 Based Services Quality Measure
24 Set established and updated by
25 the Secretary pursuant to section

1 441.312 of title 42, Code of Fed-
2 eral Regulations; and

3 “(dd) other relevant re-
4 search, data, or information that
5 will help inform the adoption of
6 home and community-based serv-
7 ices for individuals with disabil-
8 ities and older adults.

9 “(iv) IMPLEMENTATION OF REC-
10 OMMEDED ADDITIONAL SERVICES.—

11 “(I) IN GENERAL.—The Sec-
12 retary shall consider the recommenda-
13 tions made in a report submitted by
14 the advisory panel pursuant to clause
15 (iii)(I), and review any other relevant
16 information, to identify additional
17 services as home and community-
18 based services pursuant to subpara-
19 graph (A)(xviii).

20 “(II) CONSIDERATIONS.—In de-
21 termining which recommendations of
22 the advisory panel to implement, the
23 Secretary shall consider—

24 “(aa) available data on cov-
25 erage gaps of needed home and

1 community-based services, includ-
2 ing compliance reporting required
3 by section 411.311(d) of title 42,
4 Code of Federal Regulations;

5 “(bb) new technology or in-
6 novations that could promote ac-
7 cess to home and community-
8 based services for individuals
9 with disabilities;

10 “(cc) relevant data based on
11 the latest Home and Community-
12 Based Services Quality Measure
13 Set established and updated by
14 the Secretary pursuant to section
15 441.312 of title 42, Code of Fed-
16 eral Regulations;

17 “(dd) public comment about
18 additional home and community-
19 based services obtained through
20 the public notice and comment
21 process described in subclause
22 (III); and

23 “(ee) other relevant re-
24 search, data, or information that
25 will help inform the adoption of

1 home and community-based serv-
2 ices for individuals with disabil-
3 ities.

4 “(III) NOTICE AND COMMENT.—

5 Not later than 1 year after an advi-
6 sory panel is convened under clause
7 (i), the Secretary shall establish a
8 process for public notice and com-
9 ment, including public hearings, suffi-
10 cient to ensure a meaningful level of
11 public input.

12 “(IV) NOTIFICATION TO STATE

13 MEDICAID DIRECTORS.—Not later
14 than 1 year after the conclusion of the
15 notice and comment process estab-
16 lished by the Secretary pursuant to
17 subclause (III), the Secretary shall
18 issue a State Medicaid Director Letter
19 to notify States of any additional
20 home and community-based services
21 approved by the Secretary for pur-
22 poses of subparagraph (A)(xviii).

23 “(C) PRIVATE DUTY NURSING DEFINED.—

24 For purposes of this paragraph, the term ‘pri-
25 vate duty nursing’ means nursing services that

are sufficient to meet the needs of an individual who requires more individualized and continuous care than is available from a visiting nurse or routinely provided by the nursing staff of a hospital or skilled nursing facility, and includes services provided to an individual in the individual's own home by a registered nurse or licensed practical nurse under the direction of a physician.

“(3) ELIGIBLE INDIVIDUAL.—

“(A) IN GENERAL.—For purposes of paragraph (1), the term ‘eligible individual’ means—

“(i) an individual who is determined, on an annual basis or on a longer basis specified by the State, by a health care provider approved by the State under a process described in subparagraph (C) to have a functional impairment (as defined in subparagraph (B)) (not taking into account any items or services, or any other ameliorative measures, furnished to such individual to mitigate such impairment) that is expected to last at least 90 days;

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

15 “(iii) an individual who is eligible
 16 under the State plan or a waiver of such
 17 plan and is under the age of 21.

18 “(B) FUNCTIONAL IMPAIRMENT.—For
 19 purposes of subparagraph (A)(i), the term
 20 ‘functional impairment’ means, with respect to
 21 an individual, the inability of such individual to
 22 perform, without assistance—

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

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

4 “(iii) 1 activity of daily living (as so
 5 described) and 1 instrumental activity of
 6 daily living (as so defined).

7 “(C) HEALTH CARE PROVIDER STATE AP-
 8 PROVAL.—For purposes of subparagraph (A)(i),
 9 a process described in this subparagraph is a
 10 process established by the State to approve a
 11 health care provider to make a determination of
 12 functional impairment in accordance with such
 13 standards as the Secretary may prescribe.

14 “(4) INDIVIDUALIZED ASSESSMENT.—

15 “(A) IN GENERAL.—For purposes of para-
 16 graph (1), an individualized assessment de-
 17 scribed in this paragraph is an independent as-
 18 sessment, with respect to an eligible indi-
 19 vidual—

20 “(i) to determine a necessary level of
 21 services and supports to be provided, con-
 22 sistent with the individual’s physical and
 23 health condition, including any functional
 24 impairments;

1 “(ii) to identify needed medical and
2 non-medical services and supports;

3 “(iii) to inform development of a per-
4 son-centered care plan (as described in
5 subparagraph (D)) for the individual;

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

9 “(v) that occurs not later than 30
10 days after such individual is determined to
11 be an eligible individual.

12 “(B) REASSESSMENTS.—An individualized
13 assessment shall be conducted at least once
14 every 12 months, and as needed when the indi-
15 vidual’s support needs or circumstances change
16 significantly, and an individual’s person-cen-
17 tered service plan shall be revised as necessary
18 to reflect the results of the most recent individ-
19 ualized assessment.

20 “(C) PRESUMPTION.—The individualized
21 assessment described in subparagraph (A) shall
22 be conducted with the presumption—

23 “(i) that each eligible individual, re-
24 gardless of type or level of disability or

1 service need, can be served in the individ-
 2 ual's own home and community; and

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

6 “(D) PERSON-CENTERED CARE PLAN.—
 7 For purposes of subparagraph (A)(iii), a per-
 8 son-centered care plan described in this sub-
 9 paragraph is a written plan with respect to an
 10 individual that is developed in accordance with,
 11 and meets the requirements of, paragraphs (1)
 12 through (3) of section 441.301(c) of title 42,
 13 Code of Federal Regulations.

14 “(E) STANDARDS.—An individualized as-
 15 sessment shall be conducted in accordance with
 16 standards specified by the Secretary to—

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

19 “(ii) specify qualifications for who
 20 may perform any such assessment;

21 “(iii) ensure transparency in the con-
 22 ducting of any such assessment, including
 23 ensuring the provision of the results of the
 24 assessment and, in plain language, any in-

1 formation necessary to interpret the meth-
2 odology and results of the assessment;

3 “(iv) ensure that the methodology
4 used in any such assessment is sound and
5 evidence-based;

6 “(v) require such methodology 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 “(vi) require assessment tools to in-
11 clude language assistance services and
12 compliance with Federal non-discrimina-
13 tion requirements, including—

14 “(I) the availability of such as-
15 sessments in the individual’s primary
16 language or with a qualified inter-
17 preter;

18 “(II) accessibility for individuals
19 who are blind or have low-vision;

20 “(III) accessibility for deaf and
21 hard-of-hearing individuals; and

22 “(IV) accessibility for individuals
23 who cannot rely on speech to commu-
24 nicate; and

1 “(vii) ensure that any services and
 2 supports necessary for community integra-
 3 tion are identified, involve professionals
 4 knowledgeable about the range of services
 5 and supports available in the community,
 6 and allow individuals getting assessed to
 7 present their own independent evidence of
 8 the appropriateness of an integrated set-
 9 ting.”.

10 (b) MANDATORY BENEFIT.—

11 (1) IN GENERAL.—Section 1902(a)(10)(A) of
 12 the Social Security Act (42 U.S.C. 1396a(a)(10)(A))
 13 is amended by striking “and (30)” and inserting
 14 “(30), and (32)”.

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

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

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

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

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

3 “(ii) beginning on the first day of the
4 first calendar quarter that begins on or
5 after the date that is 5 years after the date
6 of enactment of this clause (or at such ear-
7 lier date as the State may elect) for the in-
8 clusion of home and community-based
9 services (as defined in section 1905(l)) for
10 any individual who—

11 “(I) is eligible for medical assist-
12 ance under the State plan (or waiver
13 of such plan);

14 “(II) is an eligible individual (as
15 defined in such section); and

16 “(III) elects to receive such serv-
17 ices.”.

18 (d) FEDERAL MEDICAL ASSISTANCE PERCENTAGE
19 FOR HOME AND COMMUNITY-BASED SERVICES.—Section
20 1905 of the Social Security Act (42 U.S.C. 1396d), as
21 amended by subsection (a), is further amended—

22 (1) in subsection (b), by striking “and (ii)” and
23 inserting “(ii), and (mm)”; and

24 (2) by adding at the end the following new sub-
25 sections:

1 “(mm) SPECIFIED FEDERAL MEDICAL ASSISTANCE
2 PERCENTAGE FOR HOME AND COMMUNITY-BASED SERV-
3 ICES.—

4 “(1) IN GENERAL.—Notwithstanding any other
5 provision of law and except as provided in paragraph
6 (3), the Federal medical assistance percentage for
7 amounts expended for medical assistance for home
8 and community-based services (as defined in sub-
9 section (ll)), including any such services furnished
10 under a waiver in effect under section 1915 or 1115,
11 on or after the date of the enactment of this sub-
12 section shall be equal to 100 percent for any State
13 that meets the requirements of paragraph (2).

14 “(2) ACCESS TO ESSENTIAL HOME AND COMMU-
15 NITY-BASED SERVICES.—As a condition of receiving
16 the Federal medical assistance percentage described
17 in paragraph (1), a State shall enhance, expand, or
18 strengthen the level of and access to home and com-
19 munity-based services offered under the State plan
20 under this title (or a waiver of such plan) as of the
21 date of enactment of this subsection by doing each
22 of the following:

23 “(A) Lowering or eliminating access bar-
24 riers and disparities in access or utilization

1 identified in the implementation plan described
2 in section 1902(zz).

3 “(B) Using a program to ensure that an
4 individual is not denied services based on the
5 fact that the individual contacts the wrong enti-
6 ty (commonly referred to as a ‘No Wrong Door
7 Program’), providing presumptive eligibility for
8 home and community-based services, and im-
9 proving home and community-based services
10 counseling and education programs.

11 “(C) Providing supports to family care-
12 givers, which shall include providing respite
13 care and may include providing such services as
14 caregiver assessments, peer supports, access to
15 assistive technology, or paid family caregiving.

16 “(D) Adopting processes to ensure that
17 payments for home and community-based serv-
18 ices (including any payment to a direct care
19 worker who delivers such services) are sufficient
20 to ensure that care and services are available to
21 the extent described in the implementation plan
22 described in section 1902(zz). In carrying out
23 this subparagraph, the State shall review and
24 update payment rates for home and community-
25 based services at least every 2 years, with an

1 emphasis on ensuring that rates are adequate
2 to recruit and retain a sufficient workforce to
3 ensure access to the full set of services for eligi-
4 ble individuals as determined under subsection
5 (ll) and through a transparent process involving
6 meaningful input from stakeholders, including
7 recipients of home and community-based serv-
8 ices, family caregivers of such recipients, pro-
9 viders, health plans, direct care workers, chosen
10 representatives of direct care workers, and
11 aging, disability, and workforce advocates.

12 “(E) Developing a process to ensure that
13 increases in payment rates for home and com-
14 munity-based services are—

15 “(i) at a minimum, proportionately
16 passed through to direct care workers and
17 in a manner that is determined with input
18 from the stakeholders described in sub-
19 paragraph (D); and

20 “(ii) incorporated into payment rates
21 for home and community-based services
22 provided under this title by a managed
23 care entity (as defined in section
24 1932(a)(1)(B)) or a prepaid inpatient
25 health plan or prepaid ambulatory health

1 plan, as such terms are defined in section
 2 438.2 of title 42, Code of Federal Regula-
 3 tions (or any successor regulation), under
 4 a contract with the State.

5 “(F) Updating, developing, and adopting
 6 qualification standards and training opportuni-
 7 ties for the continuum of providers of home and
 8 community-based services, including programs
 9 for independent providers of such services and
 10 agency direct care workers, as well as unique
 11 programs and resources for family caregivers.

12 “(G) Establishing an entity to strengthen
 13 the infrastructure supporting the delivery of
 14 home and community-based services under con-
 15 sumer-directed models of care in accordance
 16 with the requirements of subsection (nn).

17 “(3) EXCEPTION.—The Federal medical assist-
 18 ance percentage applicable to medical assistance for
 19 home and community-based services furnished to an
 20 individual who is only eligible for medical assistance
 21 under a State plan or waiver on the basis of section
 22 1902(a)(10)(A)(ii)(XXIV) shall be determined with-
 23 out regard to this subsection.

24 “(4) ADMINISTRATIVE COSTS.—Notwith-
 25 standing the per centum specified in section

1 1903(a)(7), with respect to amounts expended for
 2 the first 4 fiscal quarters during which this sub-
 3 section is implemented and each of the succeeding
 4 16 fiscal quarters, for administrative costs for ex-
 5 panding and enhancing home and community-based
 6 services, including for enhancing the Medicaid data
 7 and technology infrastructure, modifying rate setting
 8 processes, adopting, using, and reporting quality
 9 measures, adopting or improving training programs
 10 for direct care workers and family caregivers, and
 11 adopting, carrying out, or enhancing programs that
 12 register qualified direct care workers or connect
 13 beneficiaries to qualified direct care workers under
 14 subsection (nn), such per centum shall be 80 per-
 15 cent.

16 “(nn) HCBS INFRASTRUCTURE TO SUPPORT SELF-
 17 DIRECTED CARE MODELS FOR THE DELIVERY OF SERV-
 18 ICES.—For the purposes of paragraph (2)(G) of sub-
 19 section (mm), the requirements of this subsection, with re-
 20 spect to a State and fiscal quarter, are that the State es-
 21 tablishes, directly or by contract with 1 or more non-profit
 22 entities, a program to support self-directed models for the
 23 delivery of services for the performance of each of the fol-
 24 lowing functions:

1 “(1) Registering qualified direct care workers
2 and assisting beneficiaries in finding direct care
3 workers to furnish home and community-based serv-
4 ices.

5 “(2) Undertaking activities to recruit and train
6 independent providers to enable beneficiaries to di-
7 rect their own care, including by providing or coordi-
8 nating training for beneficiaries on self-directed
9 care.

10 “(3) Ensuring the safety of, and supporting the
11 quality of, care provided to beneficiaries, such as by
12 conducting background checks and addressing com-
13 plaints reported by recipients of home and commu-
14 nity-based services.

15 “(4) Facilitating coordination between State
16 and local agencies and direct care workers for mat-
17 ters of public health, training opportunities, changes
18 in program requirements, workplace health and safe-
19 ty, or related matters.

20 “(5) Supporting beneficiary hiring of inde-
21 pendent providers of home and community-based
22 services through an agency with choice or similar
23 model, including by processing applicable tax infor-
24 mation, collecting and processing timesheets, submit-

1 ting claims, and processing payments to such pro-
2 viders.

3 “(6) To the extent a State permits beneficiaries
4 to hire a family member or individual with whom
5 they have an existing relationship to provide home
6 and community-based services, providing support to
7 beneficiaries who wish to hire a caregiver who is a
8 family member or individual with whom they have
9 an existing relationship, such as by facilitating en-
10 rollment of such family member or individual as a
11 provider of home and community-based services
12 under the State plan or a waiver of such plan.

13 “(7) Ensuring that program policies and proce-
14 dures allow for cooperation with labor organizations
15 that bargain on behalf of direct care workers in the
16 case of a State in which the direct care workers in
17 the State have elected to join, or form, such a labor
18 organization, or, in the case of a State in which such
19 workers have not joined or formed such a labor or-
20 ganization, are neutral with regard to such workers
21 joining or forming such a labor organization.”.

22 (e) CONFORMING AMENDMENTS.—

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

(A) in section 1905(a), in the matter preceding the first numbered paragraph—

(i) in each of clauses (xvi) and (xviii), by moving the left margin 2 ems to the left; and

(ii) in clause (xvii), by inserting “or who are described in section 1902(a)(10)(D)” after “a State plan amendment under such subsection”; and

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

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

SEC. 103. MEDICAID ELIGIBILITY MODIFICATIONS.

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

1 (1) in subsection (a)—

2 (A) in paragraph (10)—

3 (i) in subparagraph (A)(i)—

4 (I) in subclause (VIII), by strik-
5 ing “; or” and inserting a semicolon;

6 (II) in subclause (IX)(dd), by
7 striking the semicolon at the end and
8 inserting “; or”; and

9 (III) by inserting after subclause
10 (IX) the following new subclause:

11 “(X) beginning with the first cal-
12 endar quarter that begins on or after
13 the date that is 5 years after the date
14 of enactment of this subclause (or
15 such earlier date as the State may
16 elect), who are eligible individuals de-
17 scribed in section 1905(l)(3)(A) and
18 are not described in a previous sub-
19 clause of this clause and whose in-
20 come does not exceed the greater of—

21 “(aa) 150 percent of the
22 poverty line (as defined in section
23 2110(c)(5)) applicable to a family
24 of the size involved; or

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

5 (ii) in subparagraph (A)(ii)—

6 (I) in subclause (XXII), by strik-
 7 ing “; or” and inserting a semicolon;

8 (II) in subclause (XXIII), by
 9 striking the semicolon at the end and
 10 inserting “; or”; and

11 (III) by inserting after subclause
 12 (XXIII) the following new subclause:

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

21 (B) by amending paragraph (34) to read
 22 as follows:

23 “(34) provides that in the case of an individual
 24 eligible for home and community-based services (as
 25 described in section 1905(l)(3)(A)), such services

1 will be made available and furnished in or after the
 2 third month before the month in which such indi-
 3 vidual made application (or application was made on
 4 behalf of such individual in the case of a deceased
 5 individual) for such services if such individual was
 6 (or upon application would have been) eligible for
 7 such services at the time such services were fur-
 8 nished and, that if services are provided through a
 9 service plan or any similar document, including serv-
 10 ices provided under the authority of any provision of
 11 section 1115 or 1915, such services shall be avail-
 12 able pursuant to this subsection without regard to
 13 whether the service plan or similar document was
 14 developed before or after the services were pro-
 15 vided;” and

16 (2) in subsection (xx)(9)(A)(ii)—

17 (A) in subclause (VIII), by striking “or” at
 18 the end;

19 (B) in subclause (IX), by striking the pe-
 20 riod and inserting “; or”; and

21 (C) by adding at the end the following new
 22 subclause:

23 “(X) who is described in sub-
 24 clause (X) of subsection (a)(10)(A)(i)

1 or subclause (XXIV) of subsection
 2 (a)(10)(A)(ii).”.

3 **SEC. 104. HOME AND COMMUNITY-BASED SERVICES IMPLE-**
 4 **MENTATION PLAN.**

5 (a) IN GENERAL.—Section 1902 of the Social Secu-
 6 rity Act (42 U.S.C. 1396a) is amended—

7 (1) in subsection (a)—

8 (A) in paragraph (89), by striking “and”
 9 at the end;

10 (B) in paragraph (90)(C), by striking the
 11 period at the end and inserting “; and”; and

12 (C) by inserting after paragraph (90) the
 13 following new paragraph:

14 “(91) provide that, prior to the beginning of the
 15 first calendar quarter beginning on or after the date
 16 that is 5 years after the date of the enactment of
 17 this paragraph (or such earlier date at the State
 18 may elect), the State shall submit to the Secretary
 19 the implementation plan described in subsection
 20 (zz).”; and

21 (2) by adding at the end the following new sub-
 22 section:

23 “(zz) IMPLEMENTATION PLAN.—For purposes of
 24 subsection (a)(91), an implementation plan described in

1 this subsection is a plan developed by a State that includes
2 the following:

3 “(1) An explanation of how the State will
4 operationalize the definition of an eligible individual
5 under section 1905(l), including the process for any
6 determination specified in paragraph (3)(A)(i) of
7 such section.

8 “(2) A description of the characteristics of the
9 State’s direct care workforce that provides home and
10 community-based services, including the number of
11 workers, the average and range of direct care worker
12 wages or service payments, the health and other
13 workplace benefits provided to direct care workers,
14 turnover and vacancy rates, and an explanation of
15 the State’s plan to ensure a stable and high quality
16 workforce and that compensation for individuals fur-
17 nishing home and community-based services is suffi-
18 cient to ensure an appropriate supply of workers to
19 provide services to all eligible individuals and plans
20 to identify and address any additional workforce
21 issues.

22 “(3) A list of any home and community-based
23 services provided under the State Medicaid plan (in-
24 cluding any waiver of such plan) as of the date of
25 enactment of this subsection, including a breakdown

1 of use of such services by demographics (as defined
2 in section 2 of the HCBS Access Act), compared to
3 such services that are required under the amend-
4 ments made by section 102 of such Act, and a de-
5 scription of numerical goals to increase access to
6 such services that have barriers to access for popu-
7 lations in need of such services.

8 “(4) A description of how the State will incor-
9 porate existing State disability and aging agencies
10 into the new unified provision of home and commu-
11 nity-based services and how such State will ensure
12 that such services address all functional impair-
13 ments.

14 “(5) A plan for carrying out outreach and edu-
15 cation activities with respect to the availability of
16 such services through appropriate entities, including
17 a program to ensure that an individual is not denied
18 such services based on the fact that the individual
19 contacts the wrong entity (commonly referred to as
20 a ‘No Wrong Door Program’).

21 “(6) A plan for how such services will be co-
22 ordinated with other relevant State agencies, such as
23 housing, transportation, child welfare, food and in-
24 come security, and employment agencies.

1 “(7) A State with federally recognized Indian
2 tribes, Indian health programs, or urban Indian
3 health organizations shall include a process to con-
4 sult with the Indian tribes and seek advice from In-
5 dian health programs and urban Indian health orga-
6 nizations in the State.

7 “(8) A description of how the State will build
8 capacity prior to the implementation of the require-
9 ments described in subclause (X) of subsection
10 (a)(10)(A)(i) and subclause (XXIV) of subsection
11 (a)(10)(A)(ii) to ensure that such services are avail-
12 able to every eligible individual under the State Med-
13 icaid program, how the State will ensure an ade-
14 quate provider network to provide access to and
15 choice of provider, and how the State will ensure
16 that such services are provided in a setting that
17 meets the requirements specified in paragraph (1) of
18 section 1905(l), as added by section 102 of the
19 HCBS Access Act.

20 “(9) A plan for how the State will prioritize in-
21 dividuals who have already met eligibility require-
22 ments but are on waiting lists to receive home and
23 community-based services and ensure those individ-
24 uals do not experience an increase in the amount of
25 time they will wait to receive such services.

1 “(10) In the case of a State that utilizes an al-
 2 ternative benefit plan, a description of how the State
 3 will ensure that all individuals who are eligible indi-
 4 viduals (as defined in section 1905(l)) are appro-
 5 priately identified as medically frail and exempted
 6 from such plan.

7 “(11) How the State will coordinate eligibility
 8 for such services with other disability eligibility pro-
 9 grams, such as disability buy-in programs.

10 “(12) Data and milestone requirements to en-
 11 sure community integration, including such require-
 12 ments with respect to utilization of such services by
 13 demographics (as defined in section 2 of the HCBS
 14 Access Act).

15 “(13) A description of how the State will evalu-
 16 ate and address disparities based on age, disability,
 17 race, ethnicity, sexual orientation, gender identity,
 18 and geographic equity.”.

19 (b) FMAP INCREASE.—Section 1903(a)(3) of the So-
 20 cial Security Act (42 U.S.C. 1396b(a)(3)) is amended—

21 (1) in subparagraph (F)(ii), by striking “plus”
 22 at the end and inserting “and”; and

23 (2) by inserting after subparagraph (F)(ii) the
 24 following new subparagraph:

1 “(G) an amount equal to 100 percent of
 2 the sums expended during the quarter which
 3 are attributable to the costs of developing the
 4 implementation plan described in section
 5 1902(zz); and”.

6 **SEC. 105. QUALITY OF SERVICES.**

7 (a) IN GENERAL.—

8 (1) DEVELOPMENT OF METRICS.—

9 (A) IN GENERAL.—Not later than 1 year
 10 after the date of enactment of this Act, the Sec-
 11 retary of Health and Human Services, in con-
 12 sultation with State Medicaid Directors, shall
 13 develop standardized, State-level metrics re-
 14 garding access to, and satisfaction with, pro-
 15 viders, including primary care and specialist
 16 providers, with respect to individuals who are
 17 enrolled in a State Medicaid plan under title
 18 XIX of the Social Security Act (42 U.S.C. 1396
 19 et seq.) (or under a waiver of such plan), bro-
 20 ken down by demographics (as defined in sec-
 21 tion 2) and any other category determined ap-
 22 propriate by the Secretary.

23 (B) INCLUSIONS.—The metrics developed
 24 under subparagraph (A) shall include metrics
 25 on the total number of individuals enrolled in

1 the State plan or under a waiver of such plan
2 during a fiscal year that required the level of
3 care provided in a nursing facility, intermediate
4 care facility for individuals with intellectual dis-
5 abilities, institution for mental disease, or other
6 similarly restrictive or institutional setting.

7 (2) PROCESS.—The Secretary 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 Secretary, in con-
12 sultation with the Deputy Administrator and Director for
13 the Center for Medicaid and CHIP Services and State
14 Medicaid Directors, shall update the metrics developed
15 under subsection (a) not less than once every 3 years.

16 (c) STATE IMPLEMENTATION FUNDING.—The Sec-
17 retary may award funds, from the amount appropriated
18 under subsection (d), to States for the purpose of imple-
19 menting the metrics developed under this section.

20 (d) APPROPRIATION.—There is appropriated to the
21 Secretary, out of any funds in the Treasury not otherwise
22 appropriated, \$200,000,000 for fiscal year 2027, to re-
23 main available until expended, for the purpose of carrying
24 out this section.

1 **SEC. 106. REPORTS; TECHNICAL ASSISTANCE; OTHER AD-**
2 **MINISTRATIVE REQUIREMENTS.**

3 (a) **REPORTS.**—The Secretary shall submit to the
4 Committee on Finance of the Senate, the Committee on
5 Health, Education, Labor, and Pensions of the Senate, the
6 Special Committee on Aging of the Senate, the Committee
7 on Energy and Commerce of the House of Representa-
8 tives, and the Committee on Education and Workforce of
9 the House of Representatives the following reports relat-
10 ing to the home and community-based services implemen-
11 tation plan established under section 104:

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

15 (A) State efforts to develop their home and
16 community-based services implementation plans
17 as described in section 1902(zz) of the Social
18 Security Act (42 U.S.C. 1396a(zz)) (as added
19 by section 104); and

20 (B) the funds awarded to States for any
21 administrative costs associated with the devel-
22 opment of such implementation plans.

23 (2) **FIRST IMPLEMENTATION REPORT.**—Not
24 later than 4 years after the date of enactment of
25 this Act, a report that includes the following:

1 (A) A description of the home and commu-
2 nity-based services implementation plans ap-
3 proved by the Secretary under section 1902(zz)
4 of the Social Security Act (42 U.S.C.
5 1396a(zz)) (as added by section 104).

6 (B) A description of the national landscape
7 with respect to gaps in coverage of home and
8 community-based services, disparities in access
9 to such services, utilization of such services,
10 and barriers to accessing such services.

11 (C) A description of the national landscape
12 with respect to the direct care workforce that
13 provides home and community-based services,
14 including with respect to compensation, bene-
15 fits, and challenges to the availability of such
16 workers.

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

21 (A) The number of States awarded fund-
22 ing, and the funds awarded to such States, to
23 develop an implementation plan described in
24 section 1902(zz) of the Social Security Act (42
25 U.S.C. 1396a(zz)) (as added by section 104).

1 (B) A summary of the progress being
2 made by such States with respect to strength-
3 ening and expanding access to home and com-
4 munity-based services and the direct care work-
5 force that provides such services and meeting
6 the benchmarks for demonstrating improve-
7 ments required under section 1905(l)(5) of the
8 Social Security Act (as added by section 102).

9 (C) A summary of outcomes related to
10 home and community-based services core qual-
11 ity measures and beneficiary and family care-
12 giver surveys.

13 (D) A summary of the challenges and best
14 practices reported by States in expanding ac-
15 cess to home and community-based services and
16 supporting and expanding the direct care work-
17 force that provides such services.

18 (b) TECHNICAL ASSISTANCE; GUIDANCE; REGULA-
19 TIONS.—The Secretary shall provide States awarded fund-
20 ing to develop an implementation plan described in section
21 1902(zz) of the Social Security Act (42 U.S.C. 1396a(zz))
22 (as added by section 104) with technical assistance related
23 to carrying out the home and community-based services
24 implementation plans approved by the Secretary under
25 such section and meeting the requirements and bench-

1 marks for demonstrating improvements required under
2 section 1905(mm) of the Social Security Act (as added
3 by section 102) and shall issue such guidance or regula-
4 tions as necessary to carry out this title and the amend-
5 ments made by this title, including guidance specifying
6 how States shall assess and track the availability of home
7 and community-based services over time.

8 (c) RECOMMENDATIONS TO GUIDE HCBS IMPLE-
9 MENTATION.—

10 (1) IN GENERAL.—Not later than 18 months
11 after the date of enactment of this Act, the Sec-
12 retary, in coordination with the Secretary of Labor
13 and the Administrator of the Centers for Medicare
14 & Medicaid Services, shall issue recommendations re-
15 garding how the Federal Government and States can
16 strengthen the direct care workforce that provides
17 home and community-based services, including with
18 respect to how the Federal Government should clas-
19 sify the direct care workforce, how such Adminis-
20 trator and State Medicaid programs can enforce and
21 support the provision of competitive wages and bene-
22 fits across the direct care workforce, including for
23 workers with particular skills or expertise, and how
24 State Medicaid programs can support training op-
25 portunities and other related efforts that support the

1 provision of quality home and community-based
2 services.

3 (2) STAKEHOLDER CONSULTATION.—

4 (A) IN GENERAL.—In developing the rec-
5 ommendations required under paragraph (1),
6 the Secretary shall ensure that such rec-
7 ommendations are informed by consultation
8 with recipients of home and community-based
9 services, family caregivers of such recipients,
10 providers, health plans, direct care workers,
11 chosen representatives of direct care workers,
12 educational agencies, and aging, disability, and
13 workforce advocates.

14 (B) CONSULTATION WITH CURRENT AND
15 POTENTIAL HCBS BENEFICIARIES AND FAMILY
16 CAREGIVERS.—In consulting with stakeholders
17 under subparagraph (A), the Secretary shall—

18 (i) hold at least 1 meeting solely with
19 current and potential recipients of home
20 and community-based services and family
21 caregivers of such recipients for the pur-
22 pose of developing the recommendations
23 required under paragraph (1); and

1 (ii) seek to achieve parity in terms of
 2 the level of participation in the develop-
 3 ment of such recommendations between—

4 (I) current and potential recipi-
 5 ents of home and community-based
 6 services and family caregivers of such
 7 recipients; and

8 (II) other categories of stake-
 9 holder described in subparagraph (A).

10 (d) FUNDING.—Out of any funds in the Treasury not
 11 otherwise appropriated, there is appropriated to the Sec-
 12 retary for purposes of carrying out this section,
 13 \$10,000,000 for fiscal year 2027, to remain available until
 14 expended.

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

16 (a) DEVELOPMENT AND PUBLICATION OF CORE AND
 17 SUPPLEMENTAL SETS OF HCBS QUALITY MEASURES.—

18 (1) IN GENERAL.—The Secretary shall identify
 19 and publish a core set and supplemental set of home
 20 and community-based services quality measures for
 21 use by State Medicaid programs, health plans and
 22 managed care entities that enter into contracts with
 23 such programs, and providers of items and services
 24 under such programs.

1 (2) REGULAR REVIEWS AND UPDATES.—The
2 Secretary shall review and update the core set and
3 supplemental set of home and community-based
4 services quality measures published under paragraph
5 (1) not less frequently than annually.

6 (3) REQUIREMENTS.—

7 (A) INTERAGENCY COLLABORATION;
8 STAKEHOLDER INPUT.—In developing the core
9 set and supplemental set of home and commu-
10 nity-based services quality measures under
11 paragraph (1), and subsequently reviewing and
12 updating such core and supplemental sets, the
13 Secretary shall—

14 (i) collaborate with subagency heads
15 determined appropriate by the Secretary;
16 and

17 (ii) ensure that such core and supple-
18 mental sets are informed by input from
19 stakeholders, including recipients of home
20 and community-based services, family care-
21 givers of such recipients, providers, health
22 plans, direct care workers, chosen rep-
23 resentatives of direct care workers, and
24 aging, disability, and workforce advocates,
25 with the goal that at least half of such

1 input is from current and potential recipi-
 2 ents of home and community-based serv-
 3 ices and family caregivers.

4 (B) REFLECTIVE OF FULL ARRAY OF
 5 SERVICES.—Such core set and supplemental set
 6 of home and community-based services quality
 7 measures shall—

8 (i) reflect the full array of home and
 9 community-based services and recipients of
 10 such services, including adults and chil-
 11 dren; and

12 (ii) include—

13 (I) outcomes-based measures;

14 (II) measures of availability of
 15 services;

16 (III) measures of provider capac-
 17 ity and availability;

18 (IV) measures related to person-
 19 centered care;

20 (V) measures specific to self-di-
 21 rected care;

22 (VI) measures related to transi-
 23 tions to and from institutional care;

24 (VII) beneficiary and family care-
 25 giver surveys; and

1 (VIII) measures related to out-
2 comes by race and ethnicity, language,
3 sex, gender identity, geography, and
4 other demographic factors to track
5 and reduce health disparities.

6 (C) DEMOGRAPHICS.—Such core set and
7 supplemental set of home and community-based
8 services quality measures shall allow for the col-
9 lection of data that is disaggregated by demo-
10 graphics (as defined in section 2 and including
11 any additional category determined by the Sec-
12 retary).

13 (4) FUNDING.—Out of any funds in the Treas-
14 ury not otherwise appropriated, there is appro-
15 priated to the Secretary for purposes of carrying out
16 this subsection, \$10,000,000 for fiscal year 2027, to
17 remain available until expended.

18 (b) STATE ADOPTION AND REPORTS.—

19 (1) IN GENERAL.—Not later than 2 years after
20 the date on which the Secretary publishes the core
21 set and supplemental set of home and community-
22 based services quality measures under subsection
23 (a)(1), and annually thereafter, each State Medicaid
24 program shall use such core and supplemental sets
25 (or an alternative set of quality measures approved

1 by the Secretary) to report information to the Sec-
 2 retary regarding the quality of home and commu-
 3 nity-based services provided under such program.

4 (2) PROCESS.—The information required under
 5 paragraph (1) shall be reported using a standardized
 6 format and procedures established by the Secretary.
 7 Such procedures shall allow a State Medicaid pro-
 8 gram to report such information separately or as
 9 part of the annual reports required under sections
 10 1139A(c) and 1139B(d) of the Social Security Act
 11 (42 U.S.C. 1320b–9a, 1320b–9b).

12 (3) PUBLICATION OF QUALITY MEASURES.—
 13 Each State Medicaid program shall annually make
 14 the information reported to the Secretary under
 15 paragraph (1) available to the public.

16 (4) INCREASED FEDERAL MATCHING RATE FOR
 17 ADOPTION AND REPORTING.—Section 1903(a)(3) of
 18 the Social Security Act (42 U.S.C. 1396b(a)(3)), as
 19 amended by section 104(b), is amended—

20 (A) in subparagraph (H)(ii), by striking
 21 “plus” after the semicolon and inserting “and”;
 22 and

23 (B) by inserting after subparagraph (H)(ii)
 24 the following new subparagraph:

1 “(I) 80 percent of so much of the sums ex-
 2 pended during such quarter as are attributable
 3 to the reporting of information regarding the
 4 quality of home and community-based services
 5 in accordance with section 107(b) of the HCBS
 6 Access Act; plus”.

7 (c) OMBUDSMAN.—Each State shall establish a home
 8 and community-based services ombudsman office that—

9 (1) operates independently from the State Med-
 10 icaid agency and managed care entities;

11 (2) provides direct assistance to beneficiaries
 12 and their families with respect to accessing home
 13 and community-based services; and

14 (3) identifies and reports systemic problems to
 15 State officials, the public, and the Secretary with re-
 16 spect to the provision of or access to home and com-
 17 munity-based services.

18 **SEC. 108. MAKING PERMANENT THE EXTENDED PROTEC-**
 19 **TION UNDER MEDICAID FOR RECIPIENTS OF**
 20 **HOME AND COMMUNITY-BASED SERVICES**
 21 **AGAINST SPOUSAL IMPOVERISHMENT.**

22 (a) IN GENERAL.—Section 1924(h)(1)(A) of the So-
 23 cial Security Act (42 U.S.C. 1396r–5(h)(1)(A)) is amend-
 24 ed by striking “(at the option of the State) is described

1 in section 1902(a)(10)(A)(ii)(VI)” and inserting “is an eli-
 2 gible individual (as defined in section 1905(l)(3))”.

3 (b) CONFORMING AMENDMENT.—Section 2404 of the
 4 Patient Protection and Affordable Care Act (42 U.S.C.
 5 1396r–5 note) is amended by striking “September 30,
 6 2027” and inserting “the date of enactment of the HCBS
 7 Access Act”.

8 **SEC. 109. PERMANENT EXTENSION OF MONEY FOLLOWS**
 9 **THE PERSON REBALANCING DEMONSTRA-**
 10 **TION.**

11 Section 6071(h)(1)(L) of the Deficit Reduction Act
 12 of 2005 (42 U.S.C. 1396a note) is amended by striking
 13 “each of fiscal years 2024 through 2027” and inserting
 14 “fiscal year 2024 and each fiscal year thereafter”.

15 **SEC. 110. LIENS, ADJUSTMENTS, AND RECOVERIES FOR**
 16 **MEDICAL ASSISTANCE.**

17 (a) LIENS.—Section 1917(a) of the Social Security
 18 Act (42 U.S.C. 1396p(a)) is amended—

19 (1) in paragraph (1)—

20 (A) in the matter preceding subparagraph

21 (A), by striking “plan, except—” and inserting
 22 “plan, except, subject to paragraph (4)—”; and

23 (B) in subparagraph (B), by striking “in
 24 the case of” and inserting “with respect to liens

1 imposed before the date of the enactment of the
 2 HCBS Access Act, in the case of”; and

3 (2) by adding at the end the following:

4 “(4) Notwithstanding any preceding provision of this
 5 subsection, not later than 90 days after the date of the
 6 enactment of this paragraph, a State shall—

7 “(A) withdraw any lien imposed under para-
 8 graph (1)(B) that is in effect as of such date; and

9 “(B) notify each individual (or legal representa-
 10 tive of such individual (or of such individual’s es-
 11 tate)) subject to such a lien so withdrawn of the
 12 withdrawal of such lien.”.

13 (b) ADJUSTMENTS AND RECOVERIES.—Section
 14 1917(b) of the Social Security Act (42 U.S.C. 1396p(b))
 15 is amended—

16 (1) in paragraph (1), by striking “except that”
 17 and inserting “except that, subject to paragraph
 18 (6),”; and

19 (2) by adding at the end the following:

20 “(6) Notwithstanding any preceding provision of this
 21 subsection, no adjustment or recovery of any medical as-
 22 sistance correctly paid on behalf of an individual under
 23 the State plan may be initiated, maintained, or collected
 24 on or after the date of the enactment of this paragraph.
 25 Not later than 90 days after such date, a State shall—

1 “(A) withdraw any lien in effect as of such date
2 with respect to such medical assistance correctly
3 paid; and

4 “(B) notify each individual (or legal representa-
5 tive of such individual (or of such individual’s es-
6 tate)) subject to such a lien so withdrawn of the
7 withdrawal of such lien and the prohibition on ad-
8 justment or recovery under this paragraph.”.

9 **SEC. 111. HCBS PROVIDER TAX.**

10 Section 1903(w) of the Social Security Act (42
11 U.S.C. 1396b(w)) is amended—

12 (1) in paragraph (7)(A)—

13 (A) by redesignating clause (ix) as clause
14 (x); and

15 (B) by inserting after clause (viii) the fol-
16 lowing new clause:

17 “(ix) home and community-based
18 services.”; and

19 (2) in paragraph (4)(C)(ii), by inserting “for a
20 class of health care items and services other than
21 the class described in paragraph (7)(A)(ix),” after
22 “2026,”.

23 **SEC. 112. MEDICARE AMENDMENT.**

24 Section 1860D–14(a)(1)(D)(i) of the Social Security
25 Act (42 U.S.C. 1395w–114) is amended by striking “or

1 subsection (c) or (d) of section 1915 or under a State plan
 2 amendment under subsection (i) of such section” and in-
 3 serting “, section 1915, 1115A, or under a State plan
 4 amendment”.

5 **TITLE II—RECOGNIZING THE** 6 **ROLE OF DIRECT SUPPORT** 7 **PROFESSIONALS**

8 **SEC. 201. FINDINGS.**

9 Congress finds the following:

10 (1) Direct support professionals play a critical
 11 role in the care provided to children and adults with
 12 intellectual and developmental disabilities.

13 (2) Providers of home and community-based
 14 services are experiencing difficulty hiring and retain-
 15 ing direct support professionals, with a national
 16 turnover rate of 39 percent as identified in a 2023
 17 study by the National Core Indicators.

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

23 (4) A discrete occupational category for direct
 24 support professionals will help States and the Fed-
 25 eral Government—

1 (A) better interpret the shortage in the
2 labor market of direct support professionals;
3 and

4 (B) collect data on the high turnover rate
5 of direct support professionals.

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

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

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

18 (A) correct an inaccurate representation in
19 the Standard Occupational Classification sys-
20 tem;

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

1 (C) better align the Standard Occupational
2 Classification system with related classification
3 systems.

4 **SEC. 202. REVISION OF STANDARD OCCUPATIONAL CLASSI-**
5 **FICATION SYSTEM.**

6 (a) IN GENERAL.—The Director of the Office of
7 Management and Budget (in this Act referred to as the
8 “Director”) shall, as part of the first revision process of
9 the Standard Occupational Classification system occurring
10 after the date of enactment of this Act, consider estab-
11 lishing a separate code for direct support professionals as
12 a subset of healthcare support occupations.

13 (b) REPORT TO CONGRESS.—If the Director decides
14 not to establish the separate code for direct support pro-
15 fessionals described in subsection (a), the Director shall,
16 not later than 30 days after the Director announces in
17 the Federal Register the final decision of the revision proc-
18 ess described in such subsection, submit to the Committee
19 on Homeland Security and Governmental Affairs of the
20 Senate and the Committee on Education and Workforce
21 of the House of Representatives a report explaining why
22 such separate code was not established.

TITLE III—SUPPORT FOR THE DIRECT CARE WORKFORCE

SEC. 301. DEFINITIONS.

In this title:

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

(2) COMMUNITY COLLEGE.—The term “community college” means a public institution of higher education at which the highest degree that is predominantly awarded to students is an associate’s degree, including Tribal Colleges or Universities receiving grants under section 316 of the Higher Education Act of 1965 (20 U.S.C. 1059c) that offer a 2-year program for completion of such degree and State public institutions of higher education that offer such a 2-year program.

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

(A) means an individual who, in exchange for compensation, provides services to a person

1 with a disability or an older adult that promote
2 the independence of such person or adult, in-
3 cluding—

4 (i) services that enhance the inde-
5 pendence and community inclusion for
6 such person or adult, including traveling
7 with such person or individual or attending
8 and assisting such person or adult while
9 visiting friends and family, shopping, or
10 socializing;

11 (ii) services such as coaching and sup-
12 porting such person or adult in commu-
13 nicating needs, achieving self-expression,
14 pursuing personal goals, living independ-
15 ently, and participating actively in employ-
16 ment or voluntary roles in the community;

17 (iii) services such as providing assist-
18 ance with activities of daily living (such as
19 feeding, bathing, toileting, and ambulation)
20 and with tasks such as meal preparation,
21 shopping, light housekeeping, and laundry;

22 (iv) services that support such person
23 or adult at home, work, or school, or in
24 any other community setting; or

1 (v) services that promote health and
2 wellness, including scheduling and taking
3 such person or adult for or to health care
4 appointments, communicating with health
5 and allied health professionals admin-
6 istering medications, implementing health
7 and behavioral health interventions and
8 treatment plans, and monitoring and re-
9 cording health status and progress; and

10 (B) includes—

11 (i) a service provider supporting peo-
12 ple with intellectual disabilities, develop-
13 mental disabilities, or other disabilities;

14 (ii) a home and community-based
15 services manager or direct support profes-
16 sional manager;

17 (iii) a self-directed care worker;

18 (iv) a personal care service worker;

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

22 (vi) any worker in another position or
23 job related to the home care or direct care
24 workforce, such as positions or jobs in res-
25 pite care, palliative care, community sup-

1 port, or peer support, as determined by the
2 Secretary, in consultation with the Admin-
3 istrator of the Centers for Medicare &
4 Medicaid Services and the Secretary of
5 Labor.

6 (4) DIRECT CARE WORKFORCE.—The term “di-
7 rect care workforce” means the broad workforce of
8 direct care professionals.

9 (5) 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) an organization or a nonprofit en-
17 tity with experience in aging or disability,
18 or in supporting the rights and interests
19 of, training, or educating direct care pro-
20 fessionals or family 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 (6) 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 (7) FAMILY CAREGIVER.—The term “family
 20 caregiver” has the meaning given such term in sec-
 21 tion 2 of the RAISE Family Caregivers Act (42
 22 U.S.C. 3030s note) and includes paid and unpaid
 23 family caregivers.

24 (8) INDIAN TRIBE; TRIBAL ORGANIZATION.—
 25 The terms “Indian Tribe” and “Tribal organiza-

tion” have the meanings given such terms in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304).

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

(A) an institution of higher education defined in section 101 of the Higher Education Act of 1965 (20 U.S.C. 1001); or

(B) an institution of higher education defined in section 102(a)(1)(B) of such Act (20 U.S.C. 1002(a)(1)(B)).

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

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

(12) PROJECT PARTICIPANT.—The term “project participant” means an individual participating in a project or activity assisted with a grant under this title, including (as applicable for the category of the grant) a direct care professional, or an individual seeking to be such a professional, or a family caregiver.

1 (13) SECRETARY.—The term “Secretary”
2 means the Secretary of Health and Human Services,
3 acting through the Administrator for Community
4 Living.

5 (14) SELF-DIRECTED CARE PROFESSIONAL.—
6 The term “self-directed care professional” means a
7 direct care professional who is employed by an indi-
8 vidual who is an older adult, a person with a dis-
9 ability, or a representative of such older adult or
10 person with a disability, and such older adult or per-
11 son with a disability has the decisionmaking author-
12 ity over certain supports and services provided by
13 the direct care professional and takes direct respon-
14 sibility to manage those supports and services.

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

24 (16) URBAN INDIAN ORGANIZATION.—The term
25 “urban Indian organization” has the meaning given

1 the term in section 4 of the Indian Health Care Im-
 2 provement Act (25 U.S.C. 1603).

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

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

16 **SEC. 302. AUTHORITY TO ESTABLISH A TECHNICAL ASSIST-**
 17 **ANCE CENTER FOR BUILDING THE DIRECT**
 18 **CARE WORKFORCE.**

19 (a) PROGRAM AUTHORIZED.—The Secretary shall, in
 20 consultation with the Secretary of Labor, the Secretary
 21 of Education, the Administrator of the Centers for Medi-
 22 care & Medicaid Services, and the heads of other entities
 23 as necessary, establish a national technical assistance cen-
 24 ter (referred to in this section as the “Center”) for—

1 (1) supporting direct care workforce creation,
2 training and education, recruitment, retention, and
3 advancement; and

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

7 (b) ADVISORY COUNCIL.—The Secretary shall estab-
8 lish an advisory council to provide recommendations to the
9 Center with respect to the duties of the Center under this
10 section and may engage individuals and entities described
11 in paragraphs (3)(B), and (12), of section 304(b) (without
12 regard to a specific project described in such paragraphs)
13 for service on the advisory council.

14 (c) ACTIVITIES.—The Center may—

15 (1) develop recommendations for training and
16 education curricula and programs for direct care
17 professionals, which recommendations may include
18 recommendations for curricula for higher education,
19 postsecondary credentials, and programs with com-
20 munity colleges;

21 (2) develop learning and dissemination strate-
22 gies to—

23 (A) engage States and other entities in ac-
24 tivities supported by grants under this title and
25 in use of related best practices; and

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

3 (3) develop recommendations for training and
4 education curricula and other strategies for sup-
5 porting family caregivers;

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

13 (5) recommend career development and ad-
14 vancement opportunities for direct care profes-
15 sionals, which may include recommendations for oc-
16 cupational frameworks, national standards, recruit-
17 ment campaigns, pre-apprenticeship and on-the-job
18 training opportunities, apprenticeship programs, ca-
19 reer ladders or pathways, specializations or certifi-
20 cations, or other activities; and

21 (6) develop strategies for assisting with report-
22 ing and evaluation of grant activities under section
23 305.

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

25 (a) GRANTS.—

1 (1) IN GENERAL.—Not later than 12 months
2 after the date of enactment of this title, the Sec-
3 retary, in consultation with the Administrator of the
4 Centers for Medicare & Medicaid Services, the Sec-
5 retary of Labor, and the Secretary of Education,
6 shall award grants described in paragraph (2) to eli-
7 gible entities. A grant awarded under this section
8 may be in more than 1 category described in such
9 paragraph.

10 (2) CATEGORIES OF GRANTS.—The categories
11 of grants described in this paragraph are each of the
12 following:

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

22 (B) DIRECT CARE PROFESSIONAL MAN-
23 AGERS GRANTS.—Grants to eligible entities to
24 create and carry out projects for the purposes
25 of recruiting, retaining, or providing advance-

1 ment opportunities for direct care professionals
2 who are managers or supervisory staff and who
3 have coaching, training, managerial, super-
4 visory, or other oversight responsibilities, in-
5 cluding through education or training programs
6 for such individuals professionals or individuals
7 seeking to become such professionals.

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

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

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

7 (b) TREATMENT OF CONTINUATION ACTIVITIES.—
 8 An eligible entity that carries out activities described in
 9 subsection (a)(2) prior to receipt of a grant under this
 10 title may use such grant to continue carrying out such
 11 activities, and, if the entity uses such grant to continue
 12 such activities, the entity shall be treated as an eligible
 13 entity carrying out a project through a grant under this
 14 title and the activities shall be considered to be such a
 15 project.

16 **SEC. 304. PROJECT PLANS.**

17 (a) IN GENERAL.—An eligible entity seeking a grant
 18 under this title shall submit to the Secretary a project plan
 19 for each project to be developed and carried out (including
 20 activities to be continued as described in section 303(b))
 21 with the grant at such time, in such manner, and con-
 22 taining such information as the Secretary may require.

23 (b) CONTENTS.—A project plan submitted by an eli-
 24 gible entity under subsection (a) shall include a descrip-
 25 tion of information determined relevant by the Secretary

1 for purposes of the category of the grant and the activities
2 to be carried out through the grant. Such information
3 shall include (as applicable) each of the following:

4 (1) The demographics (as defined in section 2)
5 of the population in the State or relevant geographic
6 area, including a description of the populations likely
7 to need long-term care services, such as people with
8 disabilities and older adults.

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

20 (3) Information on an advisory committee to
21 advise the eligible entity on activities to be carried
22 out through the grant. Such advisory committee—

23 (A) may include entities listed in para-
24 graph (12); and

25 (B) shall include—

1 (i) older adults or persons with a dis-
2 ability;

3 (ii) organizations representing the
4 rights and interests of people receiving
5 services by the direct care professionals or
6 family caregivers targeted by the project;

7 (iii) individuals who are direct care
8 professionals or family caregivers targeted
9 by the project and organizations rep-
10 resenting the rights and interests of direct
11 care professionals or family caregivers;

12 (iv) as applicable, employers of indi-
13 viduals described in clause (iii) and labor
14 organizations representing such individ-
15 uals;

16 (v) representatives of the State Med-
17 icaid agency, the State agency defined in
18 section 102 of the Older Americans Act of
19 1965 (42 U.S.C. 3002), the State develop-
20 mental disabilities office, and the State be-
21 havioral health agency, in the State (or
22 each State) to be served by the project;
23 and

24 (vi) representatives reflecting diverse
25 racial, cultural, ethnic, geographic, socio-

1 economic, and gender identity and sexual
2 orientation perspectives.

3 (4) Information on current or projected job
4 openings for, or relevant labor market information
5 related to, the direct care professionals targeted by
6 the project in the State or geographic area to be
7 served by the project, and the geographic scope of
8 the workforce to be served by the project.

9 (5) Information on specific efforts and strate-
10 gies that the entity carrying out the project will un-
11 dertake to reduce barriers to recruitment, retention,
12 or advancement of the direct care professionals tar-
13 geted by the project, including an assurance that
14 such efforts will include—

15 (A) an assessment of the wages or other
16 compensation or benefits necessary to recruit
17 and retain the direct care professionals targeted
18 by the project;

19 (B) a description of the project's projected
20 compensation or benefits for the direct care
21 professionals targeted by the project at the
22 State or local level, including a comparison of
23 such projected compensation or benefits to re-
24 gional and national compensation or benefits
25 and a description of how wages and benefits re-

1 ceived by project participants will be impacted
2 by the participation in and completion of the
3 project; and

4 (C) a description of the projected impact of
5 workplace safety issues on the recruitment and
6 retention of direct care professionals targeted
7 by the project, and a description of the avail-
8 ability of personal protective equipment.

9 (6) In the case of a project offering an edu-
10 cation or training program for direct care profes-
11 sionals, a description of such program (including
12 how the core competencies identified by the Adminis-
13 trator of the Centers for Medicare & Medicaid Serv-
14 ices will be incorporated, curricula, models, and
15 standards used under the program, and any associ-
16 ated recognized postsecondary credentials for which
17 the program provides preparation, as applicable),
18 which shall include an assurance that such program
19 will provide to each project participant in such pro-
20 gram—

21 (A) relevant education or training regard-
22 ing the rights of recipients of home and com-
23 munity-based services, including their rights
24 to—

1 (i) receive services in integrated set-
2 tings that provide access to the broader
3 community;

4 (ii) exercise self-determination;

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

7 (iv) person-centered planning and
8 practices, including participation in plan-
9 ning activities;

10 (B) relevant education or training to en-
11 sure that each project participant has the nec-
12 essary skills to recognize abuse and understand
13 their obligations with regard to reporting and
14 responding to abuse appropriately in accordance
15 with relevant Federal and State law;

16 (C) relevant education or training regard-
17 ing the provision of culturally competent and
18 disability competent supports to recipients of
19 services provided by the direct care profes-
20 sionals targeted by the project;

21 (D) an apprenticeship program, work-
22 based learning, or on-the-job training opportu-
23 nities;

24 (E) supervision or mentoring; and

1 (F) for any on-the-job training portion of
2 the program, a progressively increasing, clearly
3 defined schedule of wages to be paid to each
4 such participant that—

5 (i) is consistent with skill gains or at-
6 tainment of a recognized postsecondary
7 credential described in the plan and re-
8 ceived as a result of participation in or
9 completion of such program; and

10 (ii) ensures the entry wage is not less
11 than the greater of—

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

16 (II) the applicable wage required
17 by other applicable Federal or State
18 law, or a collective bargaining agree-
19 ment.

20 (7) A description of any innovative models or
21 processes, not described in another paragraph of this
22 subsection, the eligible entity will implement to sup-
23 port the retention and career advancement of the di-
24 rect care professionals targeted by the project.

1 (8) A description of the supportive services and
2 benefits to be provided to the project participants in
3 order to support the employment, retention, or ca-
4 reer advancement of the direct care professionals
5 targeted by the project.

6 (9) A description of how the eligible entity will
7 make use of career planning to support the identi-
8 fication of advancement opportunities and career
9 pathways for the direct care professionals in the
10 State or geographic area to be served by the project.

11 (10) A description of how the eligible entity will
12 collect and submit to the Secretary workforce data
13 and outcomes of the project.

14 (11) A description of how the project—

15 (A) will—

16 (i) provide adequate and safe equip-
17 ment and facilities for training and super-
18 vision, including a safe work environment
19 free from discrimination, which may in-
20 clude the provision of personal protective
21 equipment and other necessary equipment
22 to prevent the spread of infectious disease
23 among the direct care professionals tar-
24 geted by the project and recipients of serv-
25 ices provided by such professionals;

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

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

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

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

20 (vi) incorporate evidence-supported
21 practices for family caregiver engagement;
22 and

23 (vii) incorporate core competencies
24 identified by the Administrator of the Cen-
25 ters for Medicare & Medicaid Services; and

1 (B) may incorporate continuing education
2 programs and specialty training, with a specific
3 focus on—

4 (i) trauma-informed care;

5 (ii) behavioral health, including co-oc-
6 ccurring behavioral health conditions and
7 intellectual or developmental disabilities;

8 (iii) Alzheimer's and dementia care;

9 (iv) chronic disease management; or

10 (v) the use of supportive or assistive
11 technology.

12 (12) A description of how the eligible entity will
13 consult on the implementation of the project, or co-
14 ordinate the project with, each of the following enti-
15 ties, to the extent that each such entity is not the
16 eligible entity:

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

23 (B) The local board and State board for
24 each geographic area, or State, to be served by
25 the project.

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

6 (D) A nonprofit organization, which may
7 be a labor organization, that fosters the profes-
8 sional development and collective engagement of
9 the direct care professionals or family care-
10 givers targeted by the project.

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

14 (F) Centers for independent living, as de-
15 scribed in part C of chapter 1 of title VII of the
16 Rehabilitation Act of 1973 (29 U.S.C. 796f et
17 seq.).

18 (G) The State Council on Developmental
19 Disabilities (as such term is used in subtitle B
20 of title I of the Developmental Disabilities As-
21 sistance and Bill of Rights Act of 2000 (42
22 U.S.C. 15021 et seq.)) for the State (or each
23 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 or family caregivers targeted
7 by the project, where such an association exists.

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

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

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

21 (M) Direct care professionals or family
22 caregivers targeted by the project, or workforce
23 organizations for such professionals or care-
24 givers as applicable, representing underserved
25 communities.

1 (13) A description of how the eligible entity will
2 consult throughout the project with—

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

6 (B) representatives of such professionals or
7 caregivers;

8 (C) individuals assisted by such profes-
9 sionals or caregivers;

10 (D) the families of such professionals or
11 caregivers; and

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

15 (14) A description of outreach efforts to indi-
16 viduals for participation in such project, including
17 targeted outreach efforts to—

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

23 (B) individuals with barriers to employ-
24 ment.

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

4 (1) equitable geographic diversity, including by
 5 selecting recipients serving rural areas and selecting
 6 recipients serving urban areas; and

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

11 (d) USES OF FUNDS; SUPPLEMENT, NOT SUP-
 12 PLANT.—

13 (1) USES OF FUNDS.—

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

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

23 (C) DIRECT SUPPORT.—Each eligible enti-
 24 ty receiving a grant under this title shall use
 25 not less than 5 percent of the funds of such

grant to provide direct financial benefits or supportive services to project participants who are direct care professionals or paid or unpaid family caregivers to support the financial needs of such participants during the duration of the project activities.

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

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

SEC. 305. EVALUATIONS AND REPORTS; TECHNICAL ASSISTANCE.

(a) REPORTING REQUIREMENTS BY GRANT RECIPIENTS.—

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

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

12 (A) The number of individuals and the de-
 13 mographics categories served by each project
 14 supported by the grant, including—

15 (i) the number of individuals recruited
 16 through each such project to be employed
 17 as a direct care professional;

18 (ii) the number of individuals who
 19 through each such project attained employ-
 20 ment as a direct care professional; and

21 (iii) the number of individuals who en-
 22 rolled in each such project and withdrew or
 23 were terminated from that project without
 24 completing training or attaining employ-
 25 ment as a direct care professional.

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

4 (C) The number of project participants
 5 who through each such project participated in
 6 and completed—

7 (i) work-based learning;

8 (ii) on-the-job training;

9 (iii) an apprenticeship program; or

10 (iv) a professional development or
 11 mentoring program.

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

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

22 (iii) the impact of such services, benefits,
 23 or supports.

24 (E) The crude separation and vacancy
 25 rates of direct care professionals, and such

1 rates for those professionals who are managers
2 or supervisors, in the geographic area for a
3 number of years before the grant was awarded,
4 as the number of years is determined by the
5 Secretary, and annually thereafter for the dura-
6 tion of the grant period.

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

9 (i) project participants assisted by the
10 project;

11 (ii) individuals receiving services deliv-
12 ered by project participants, including sat-
13 isfaction regarding—

14 (I) any impact on the health or
15 health outcomes of such individuals;
16 and

17 (II) any impact on the ability of
18 individuals to transition to or remain
19 in the community in an environment
20 that has the qualities established in
21 section 441.301(c)(4) of title 42, Code
22 of Federal Regulations (or successor
23 regulations); and

24 (iii) employers of such project partici-
25 pants.

1 (G) The performance of the eligible entity
2 with respect to the indicators of performance on
3 unsubsidized employment, median earnings, cre-
4 dential attainment, measurable skill gains, and
5 employer satisfaction.

6 (H) Any other information with respect to
7 outcomes of the project as determined by the
8 Secretary.

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

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

23 (1) an assessment of how the technical assist-
24 ance center established under section 302 and the
25 projects supported through a grant under this title

1 assisted in the creation, recruitment, training and
2 education, retention, and advancement of the direct
3 care workforce or in providing support for family
4 caregivers; and

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

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

15 **SEC. 306. AUTHORIZATION OF APPROPRIATIONS.**

16 (a) IN GENERAL.—There are authorized to be appro-
17 priated—

18 (1) for the establishment and activities of the
19 technical assistance center under section 302,
20 \$2,000,000 for each of fiscal years 2029 through
21 2030; and

22 (2) for grants under section 303,
23 \$1,000,000,000 for fiscal year 2029.

1 (b) AVAILABILITY.—Amounts made available under
 2 this title shall remain available through September 30,
 3 2038.

4 **TITLE IV—EVALUATION**

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

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

16 (1) the availability and access to home and
 17 community-based services under the Medicaid pro-
 18 gram nationally and in each State;

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

23 (3) the compensation and working conditions,
 24 including scheduling and benefits, of direct care
 25 workers;

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

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

7 (6) family caregivers; and

8 (7) recommendations for measures to further
9 expand and enhance access home and community-
10 based services.

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

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

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

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