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(Original Signature of Member)

119TH CONGRESS  
2D SESSION

**H. R.**

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.

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IN THE HOUSE OF REPRESENTATIVES

Mrs. DINGELL introduced the following bill; which was referred to the Committee on \_\_\_\_\_

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**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 State option to extend protection under med-  
icaid for recipients of home and community-based services  
against spousal impoverishment.

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

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

Sec. 111. HCBS provider tax.

Sec. 112. Repealing the requirement that States establish a Medicaid estate re-  
covery program and limit the circumstances in which a State  
may place a lien on a Medicaid beneficiary’s property.

Sec. 113. 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.

1 **SEC. 2. DEFINITIONS.**

2 In this Act:

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

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

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

1 **TITLE I—REQUIRING AND EX-**  
2 **PANDING ACCESS TO HCBS**  
3 **COVERAGE UNDER MEDICAID**

4 **SEC. 101. PURPOSE.**

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

10 (1) To eliminate waiting lists for HCBS, which  
11 delay access to necessary services and deny access to  
12 the promise of community inclusion guaranteed  
13 under the Americans with Disabilities Act for people  
14 with disabilities and older adults.

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

17 (3) To fulfill the purposes of the Medicaid pro-  
18 gram to provide medical assistance for those whose  
19 income and resources are insufficient to meet the  
20 costs of necessary medical services, and to provide  
21 rehabilitation, long-term services and supports, and  
22 other services to help such families and individuals  
23 attain or retain capacity for independence or self-  
24 care.

1           (4) To ensure that people with all kinds of dis-  
2           abilities and with multiple disabilities, including in-  
3           tellectual disabilities, cognitive disabilities, develop-  
4           mental disabilities, behavioral health disabilities,  
5           physical disabilities, and substance use disorders,  
6           and older adults, receive the services they need to  
7           live in their communities.

8           (5) To streamline access to HCBS by elimi-  
9           nating the need for States to repeatedly apply for  
10          waivers.

11          (6) To continue to increase the capacity of com-  
12          munity services to ensure people with disabilities and  
13          older adults have high-quality, safe and meaningful  
14          options in the community and are not at risk of un-  
15          necessary institutionalization.

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

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



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

7 “(A) meets the qualities specified in para-  
8 graph (1) of section 441.710(a) of title 42,  
9 Code of Federal Regulations (or a successor  
10 regulation);

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

13 “(C) meets such other qualities as the Sec-  
14 retary determines appropriate in line with rec-  
15 ommendations for additional services made by  
16 the panel described in paragraph (2)(B).

17 “(2) SERVICES SPECIFIED.—

18 “(A) IN GENERAL.—For purposes of para-  
19 graph (1), the services specified in this para-  
20 graph are services described in any of para-  
21 graphs (7), (8), (13)(C), (19), (20), (24), (29),  
22 and (31) of subsection (a) or in any of sub-  
23 sections (c)(4)(B), (c)(5), (k)(1)(A), (k)(1)(B),  
24 or (k)(1)(D) of section 1915, including the fol-  
25 lowing:

1           “(i) Supported employment and inte-  
2           grated day services.

3           “(ii) Personal assistance, including  
4           personal care attendants, direct support  
5           professionals, home health aides, private  
6           duty nursing, homemakers and chore as-  
7           sistance, and companionship services.

8           “(iii) Services that enhance independ-  
9           ence, inclusion, and full participation in  
10          the broader community.

11          “(iv) Non-emergency, non-medical  
12          transportation services to facilitate commu-  
13          nity integration.

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

16          “(vi) Caregiver and family support  
17          services.

18          “(vii) Case management, including in-  
19          tensive case management, fiscal inter-  
20          mediary, and support brokerage services.

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

23          “(ix) Direct support services during  
24          acute hospitalizations.

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

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

9           “(xii) Peer support services.

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

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

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

25          “(xvi) Nutrition Services.

1 “(xvii) Assisted living services.

2 “(xviii) Any other service approved by  
3 the Secretary, pursuant to the rec-  
4 ommendation of the panel convened pursu-  
5 ant to subparagraph (B).

6 “(B) SPECIFICATION OF RECOMMENDED  
7 SERVICES.—

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

18 “(ii) COMPOSITION.—

19 “(I) SELECTION.—The members  
20 shall be selected from categories (aa)  
21 through (rr), with the majority of all  
22 members from the categories de-  
23 scribed in items (aa), (bb), and (cc):

24 “(aa) Individuals with dis-  
25 abilities receiving home and com-

1 community-based services under this  
2 title and individuals with disabili-  
3 ties in need of such services, in-  
4 cluding those with physical dis-  
5 abilities, behavioral health dis-  
6 abilities, or intellectual or devel-  
7 opmental disabilities, and includ-  
8 ing older adults. The individuals  
9 should be representative of mul-  
10 tiple states, geography, race, and  
11 ethnicity and other demographic  
12 factors.

13 “(bb) Beneficiary-led dis-  
14 ability rights organizations.

15 “(cc) Disability-led organiza-  
16 tions.

17 “(dd) Disabled veterans or-  
18 ganizations.

19 “(ee) Disability organiza-  
20 tions representing families.

21 “(ff) Organizations serving  
22 people with people with disabili-  
23 ties, including intellectual or de-  
24 velopmental disabilities.

1                   “(gg) Organizations serving  
2 older adults.

3                   “(hh) Direct care workers  
4 and the labor organizations that  
5 represent them.

6                   “(ii) The Protection and Ad-  
7 vocacy system, the Centers for  
8 Independent Living.

9                   “(jj) Health care providers.

10                  “(kk) The National Associa-  
11 tion of Medicaid Directors.

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

15                  “(mm) The National Asso-  
16 ciation of State Mental Health  
17 Program Directors.

18                  “(nn) Advancing States.

19                  “(oo) The Centers for Medi-  
20 care & Medicaid Services.

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

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

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

8           “(II) REQUIREMENT FOR EQUAL  
9           PROPORTIONATE REPRESENTATION.—  
10          The Secretary shall seek to ensure  
11          proportionate representation among  
12          each category described in items (dd)  
13          through (oo) of subclause (I), in con-  
14          vening the panel. The majority of all  
15          members shall be from the categories  
16          described in items (aa), (bb), and (cc)  
17          of subclause (I).

18          “(iii) DUTIES.—

19                 “(I) IN GENERAL.—Not later  
20                 than 2 years after a panel is convened  
21                 under clause (i), the panel shall sub-  
22                 mit to the Secretary and to Congress  
23                 a report recommending additional  
24                 services which shall may be included  
25                 as home and community-based serv-

1           ices under this paragraph. Such rec-  
2           ommended services shall be so speci-  
3           fied 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 panel  
9           must 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 people with  
20           disabilities and older adults;

21                   “(cc) relevant data based on  
22           the latest HCBS quality meas-  
23           ures sets;

1                   “(dd) public comment about  
2                   additional home and community  
3                   based services; and

4                   “(ee) other relevant re-  
5                   search, data, or information that  
6                   will help inform the adoption of  
7                   home and community based serv-  
8                   ices for people with disabilities  
9                   and older adults.

10                  “(III) NOTICE AND COMMENT.—

11                  The Secretary shall establish a proc-  
12                  ess for public notice and comment, in-  
13                  cluding public hearings, sufficient to  
14                  ensure a meaningful level of public  
15                  input, no less than one year prior to  
16                  the issuance of the panel’s report.

17                  “(iv) IMPLEMENTATION OF REC-  
18                  COMMENDED SERVICES.—

19                  “(I) IN GENERAL.—The Sec-  
20                  retary shall consider recommendations  
21                  in the panel’s report, and review any  
22                  public comment and other relevant in-  
23                  formation, to identify additional serv-  
24                  ices to specific as home and commu-

1 nity-based services, pursuant to sec-  
2 tion 1905(l)(2)(a)(xvi).

3 “(II) CONSIDERATIONS.—In de-  
4 veloping recommendations, the panel  
5 must consider—

6 “(aa) available data on cov-  
7 erage gaps of needed home and  
8 community based services, includ-  
9 ing compliance reporting required  
10 by section 411.311(d) of title 42,  
11 Code of Federal Regulations;

12 “(bb) new technology or in-  
13 novations that could promote ac-  
14 cess to home and community  
15 based services for people with  
16 disabilities;

17 “(cc) relevant data based on  
18 the latest HCBS quality meas-  
19 ures sets;

20 “(dd) public comment about  
21 additional home and community  
22 based services; 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 people with disabilities.

3 “(III) NOTICE AND COMMENT.—  
4 The Secretary shall establish a proc-  
5 ess for public notice and comment, in-  
6 cluding public hearings, sufficient to  
7 ensure a meaningful level of public  
8 input, not less than one year prior to  
9 the issuance of the panel’s report.

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

20 “(3) ELIGIBLE INDIVIDUAL.—

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

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

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

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

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

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

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

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

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

25           “(4) INDIVIDUALIZED ASSESSMENT.—

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

6           “(i) to determine a necessary level of  
7 services and supports to be provided, con-  
8 sistent with an individual’s physical and  
9 health condition, including any functional  
10 impairments;

11           “(ii) identify needed services;

12           “(iii) to inform development of a per-  
13 son-centered care plan (as described in  
14 subparagraph (C)) for the individual;

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

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

21           “(B) REASSESSMENTS.—The independent  
22 assessment of need must be conducted at least  
23 every 12 months and as needed when the indi-  
24 vidual’s support needs or circumstances change

1 significantly, in order to revise the person-cen-  
2 tered service plan.

3 “(C) PRESUMPTION.—The assessment de-  
4 scribed in subparagraph (A) shall be conducted  
5 with the presumption—

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

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

13 “(D) PERSON-CENTERED CARE PLAN.—  
14 For purposes of subparagraph (A)(iii), a per-  
15 son-centered care plan described in this sub-  
16 paragraph is a written plan with respect to an  
17 individual that meets is developed in accordance  
18 with and meets the requirements of paragraphs  
19 (1) through (3) of section 441.301(c) of title  
20 42, Code of Federal Regulations.

21 “(E) STANDARDS.—An individualized as-  
22 sessment described in subparagraph (A) shall  
23 be conducted in accordance with standards  
24 specified by the Secretary—

1                   “(i) safeguard against conflicts of in-  
2                   terest;

3                   “(ii) specify qualifications for who  
4                   may perform such assessments;

5                   “(iii) ensure transparency in the fur-  
6                   nishing of such assessments, including en-  
7                   suring the provision of the results of such  
8                   assessments that includes information in  
9                   plain language necessary to interpret the  
10                  methodology and results of such assess-  
11                  ments;

12                  “(iv) ensure that the methodologies  
13                  used in such assessments are sound and  
14                  evidence-based;

15                  “(v) require such methodologies to be  
16                  made available on the public website of the  
17                  State and tested for reliability and validity  
18                  by an independent evaluator;

19                  “(vi) require assessment tools to in-  
20                  clude language assistance services and  
21                  compliance with Federal non-discrimina-  
22                  tion requirements, including—

23                               “(I) availability of such assess-  
24                               ments in the individual’s primary lan-  
25                               guage or with a qualified interpreter;

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

3                   “(III) accessibility for deaf and  
4                   hard-of-hearing individuals; and

5                   “(IV) accessibility for individuals  
6                   who cannot rely on speech to commu-  
7                   nicate; and

8                   “(vii) ensure that the assessment  
9                   identifies services and supports necessary  
10                  for community integration are identified,  
11                  involves professionals knowledgeable about  
12                  the range of supports and services avail-  
13                  able in the community, and allows individ-  
14                  uals getting assessed to present their own  
15                  independent evidence of the appropriate-  
16                  ness of an integrated setting.”.

17                  (2) INCLUSION AS MEDICAL ASSISTANCE.—Sec-  
18                  tion 1905(a) of the Social Security Act (42 U.S.C.  
19                  1396d(a)) is amended—

20                         (A) by redesignating paragraphs (31) and  
21                         (32) as paragraphs (32) and (33) respectively;  
22                         and

23                         (B) by inserting after paragraph (30) the  
24                         following new paragraph:

1           “(31) home and community-based services (as  
2 defined in subsection (ll));”.

3 (b) MANDATORY BENEFIT.—

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

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

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

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

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

19           (3) by adding at the end the following new  
20 clause:

21                   “(ii) beginning on the first day of the  
22 first calendar quarter that begins on or  
23 after the date that is 5 years after the date  
24 of enactment of this clause (or at such ear-  
25 lier date as the State may elect) for the in-

1 clusion of home and community-based  
2 services (as defined in section 1905(II)) for  
3 any individual who—

4 “(I) is eligible for medical assist-  
5 ance under the State plan (or waiver  
6 of such plan);

7 “(II) is an eligible individual (as  
8 defined in such section); and

9 “(III) elects to receive such serv-  
10 ices.”.

11 (d) FEDERAL MEDICAL ASSISTANCE PERCENTAGE  
12 FOR HOME AND COMMUNITY-BASED SERVICES.—Section  
13 1905 of the Social Security Act (42 U.S.C. 1396d), as  
14 amended by subsection (a), is further amended—

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

17 (2) by adding at the end the following new sub-  
18 sections:

19 “(mm) SPECIFIED FEDERAL MEDICAL ASSISTANCE  
20 PERCENTAGE FOR HOME AND COMMUNITY-BASED SERV-  
21 ICES.—

22 “(1) IN GENERAL.—Notwithstanding any other  
23 provision of law and except as provided in paragraph  
24 (3), the Federal medical assistance percentage for  
25 amounts expended for medical assistance for home

1 and community-based services (as defined in sub-  
2 section (ll)), including any such services furnished  
3 under a waiver in effect under section 1915, on or  
4 after the date of the enactment of this subsection  
5 shall be equal to 100 percent.

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

14 “(A) Lowering or eliminating access bar-  
15 riers and disparities in access or utilization  
16 identified in the State HCBS implementation  
17 plan.

18 “(B) Using ‘no wrong door’ programs, pro-  
19 viding presumptive eligibility for home and com-  
20 munity-based services, and improving home and  
21 community-based services counseling and edu-  
22 cation programs.

23 “(C) Providing supports to family care-  
24 givers, which shall include providing respite  
25 care, and may include providing such services

1 as caregiver assessments, peer supports, access  
2 to assistive technology, or paid family  
3 caregiving.

4 “(D) Adopting processes to ensure that  
5 payments for home and community-based serv-  
6 ices and to the direct care workers who deliver  
7 them are sufficient to ensure that care and  
8 services are available to the extent described in  
9 the State HCBS implementation plan, In car-  
10 rying out this paragraph the State shall review  
11 and update payment rates for home- and com-  
12 munity-based services at least every 2 years,  
13 with an emphasis on ensuring that rates are  
14 adequate to recruit and retain a sufficient  
15 workforce to ensure access to the full set of  
16 services for eligible individuals as determined  
17 under section 11 and through a transparent  
18 process involving meaningful input from stake-  
19 holders, including recipients of home and com-  
20 munity-based services, family caregivers of such  
21 recipients, providers, health plans, direct care  
22 workers, chosen representatives of direct care  
23 workers, and aging, disability, and workforce  
24 advocates.

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

4                   “(i) at a minimum, proportionately  
5                   passed through to direct care workers and  
6                   in a manner that is determined with input  
7                   from the stakeholders described in para-  
8                   graph (D); and

9                   “(ii) incorporated into payment rates  
10                  for home and community-based services  
11                  provided under this title by a managed  
12                  care entity (as defined in section  
13                  1932(a)(1)(B)) or a prepaid inpatient  
14                  health plan or prepaid ambulatory health  
15                  plan, as defined in section 438.2 of title  
16                  42, Code of Federal Regulations (or any  
17                  successor regulation), under a contract  
18                  with the State.

19               “(F) Updating, developing, and adopting  
20               qualification standards and training opportuni-  
21               ties for the continuum of providers of home and  
22               community-based services, including programs  
23               for independent providers of such services and  
24               agency direct care workers, as well as unique  
25               programs and resources for family caregivers.

1           “(G) Establishing an entity to strengthen  
2           the infrastructure supporting the delivery of  
3           service under consumer-directed models of care,  
4           as defined in section (nn).

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

12          “(4) ADMINISTRATIVE COSTS.—Notwith-  
13          standing the per centum specified in section  
14          1903(a)(7), with respect to amounts expended a  
15          year before the implementation of this subsection  
16          and for four years after, for administrative costs for  
17          expanding and enhancing home and community-  
18          based services, including for enhancing the Medicaid  
19          data and technology infrastructure, modifying rate  
20          setting processes, adopting, using, and reporting  
21          quality measures adopting or improving training  
22          programs for direct care workers and family care-  
23          givers, and adopting, carrying out, or enhancing pro-  
24          grams that register qualified direct care workers or  
25          connect beneficiaries to qualified direct care workers

1 under section (nn), such per centum shall be in-  
2 creased to 80 percent.

3 “(nn) HCBS INFRASTRUCTURE TO SUPPORT SELF-  
4 DIRECTED CARE MODELS FOR THE DELIVERY OF SERV-  
5 ICES.—For the purposes of paragraph (2)(G) of section  
6 (mm), the requirements of this paragraph, with respect  
7 to a State and fiscal year quarter, are that the State es-  
8 tablishes directly or by contract with 1 or more non-profit  
9 entities, a program to support self-directed models for the  
10 delivery of services for the performance of all of the fol-  
11 lowing functions:

12 “(1) Registering qualified direct care workers  
13 and assisting beneficiaries in finding direct care  
14 workers.

15 “(2) Undertaking activities to recruit and train  
16 independent providers to enable beneficiaries to di-  
17 rect their own care, including by providing or coordi-  
18 nating training for beneficiaries on self-directed  
19 care.

20 “(3) Ensuring the safety of, and supporting the  
21 quality of, care provided to beneficiaries, such as by  
22 conducting background checks and addressing com-  
23 plaints reported by recipients of home and commu-  
24 nity-based services.

1           “(4) Facilitating coordination between State  
2           and local agencies and direct care workers for mat-  
3           ters of public health, training opportunities, changes  
4           in program requirements, workplace health and safe-  
5           ty, or related matters.

6           “(5) Supporting beneficiary hiring of inde-  
7           pendent providers of home and community-based  
8           services through an agency with choice or similar  
9           model, including by processing applicable tax infor-  
10          mation, collecting and processing timesheets, submit-  
11          ting claims and processing payments to such pro-  
12          viders.

13          “(6) To the extent a State permits beneficiaries  
14          to hire a family member or individual with whom  
15          they have an existing relationship to provide home  
16          and community-based services, providing support to  
17          beneficiaries who wish to hire a caregiver who is a  
18          family member or individual with whom they have  
19          an existing relationship, such as by facilitating en-  
20          rollment of such family member or individual as a  
21          provider of home and community-based services  
22          under the State plan or a waiver of such plan.

23          “(7) Ensuring that program policies and proce-  
24          dures allow for cooperation with labor organizations  
25          that bargain on behalf of direct care workers in the

1 case of a State in which the direct care workers in  
2 the State have elected to join, or form, such a labor  
3 organization, or, in the case of a State in which such  
4 workers have not joined or formed such a labor or-  
5 ganization, are neutral with regard to such workers  
6 joining or forming such a labor organization.”.

7 (e) CONFORMING AMENDMENTS.—

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

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

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

14 (ii) in clause (xvi)—

15 (I) by moving the left margin 2  
16 ems to the left; and

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

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

20 (B) in section 1943(b)(5), by striking “the  
21 State” and all that follows through the period  
22 at the end and inserting “a determination be  
23 conducted on an annual basis (or on such  
24 longer basis as specified by the State) in ac-  
25 cordance with section 1905(l) for purposes of

1 providing home and community-based services  
2 under the State plan (or waiver of such plan).”.

3 (2) EFFECTIVE DATE.—

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

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

22 **SEC. 103. MEDICAID ELIGIBILITY MODIFICATIONS.**

23 Section 1902 of the Social Security Act (42 U.S.C.  
24 1396a) is amended—

25 (1) in subsection (a)—

- 1 (A) in paragraph (10)—
- 2 (i) in subparagraph (A)(i)—
- 3 (I) in subclause (VIII), by strik-
- 4 ing “; or” and inserting a semicolon;
- 5 (II) in subclause (IX)(dd), by
- 6 striking the semicolon at the end and
- 7 inserting “; or”; and
- 8 (III) by inserting after subclause
- 9 (IX) the following new subclause:
- 10 “(X) beginning with the first cal-
- 11 endar quarter that begins on or after
- 12 the date that is 5 years after the date
- 13 of enactment of this subclause (or
- 14 such earlier date as the State may
- 15 elect), who are eligible individuals de-
- 16 scribed in subsection (l)(3)(A) and
- 17 are not described in a previous sub-
- 18 clause of this clause and whose in-
- 19 come does not exceed the greater of—
- 20 “(aa) 150 percent of the
- 21 poverty line (as defined in section
- 22 2110(c)(5)) applicable to a family
- 23 of the size involved; and
- 24 “(bb) 300 percent of the
- 25 supplemental security income

1 benefit rate established by section  
2 1611(b)(1);” and

3 (ii) in subparagraph (A)(ii)—

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

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

9 (III) by adding at the end the  
10 following new subclause:

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

19 (B) by amending paragraph (34) to read  
20 as follows:

21 “(34) provides that in the case of any individual  
22 who has been determined to be eligible for medical  
23 assistance under the plan, such assistance will be  
24 made available to him for care and services included  
25 under the plan and furnished in or after the third

1 month before the month in which he made applica-  
2 tion (or application was made on his behalf in the  
3 case of a deceased individual) for such assistance if  
4 such individual was (or upon application would have  
5 been) eligible for such assistance at the time such  
6 care and services were furnished and, that if care or  
7 services are provided through a service plan or any  
8 similar document, including services provided under  
9 the authority of any provision of section 1115 or  
10 1915, medical assistance must be available pursuant  
11 to this subsection without regard to whether the  
12 service plan or similar document was developed be-  
13 fore or after the care or services were provided;”;  
14 and

15 (2) in subsection (xx)(9)(A)(ii)—

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

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

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

22 “(X) who is described in sub-  
23 clause (X) of subsection (a)(10)(A)(i)  
24 or subclause (XXIV) of subsection  
25 (a)(10)(A)(ii).”.

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

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

5 (1) in subsection (a)—

6 (A) in paragraph (88), by striking “and”  
7 at the end;

8 (B) in paragraph (89), by striking the pe-  
9 riod and inserting “; and”; and

10 (C) by inserting after paragraph (89) the  
11 following new paragraph:

12 “(90) provide that, prior to the beginning of the  
13 first calendar quarter beginning on or after the date  
14 that is 5 years after the date of the enactment of  
15 this paragraph, the State shall submit to the Sec-  
16 retary the implementation plan described in sub-  
17 section (yy).”; and

18 (2) by adding at the end the following new sub-  
19 section:

20 “(yy) IMPLEMENTATION PLAN.—For purposes of  
21 subsection (a)(90), an implementation plan described in  
22 this subsection is a plan developed by a State that includes  
23 the following:

24 “(1) An explanation of how the State will  
25 operationalize the definition of an eligible individual  
26 under section 1905(ll), including the process for de-

1 terminations specified in paragraph (3)(A)(i) of such  
2 section.

3 “(2) A description of the characteristics of the  
4 State’s direct care workforce that provides home-  
5 and community-based services, including the number  
6 of workers, the average and range of direct care  
7 worker wages or service payments, the health and  
8 other workplace benefits provided to workers, turn-  
9 over and vacancy rates, and an explanation of the  
10 State’s plan to ensure a stable and high quality  
11 workforce and how the State plans to ensure that  
12 compensation for individuals furnishing home and  
13 community-based services is sufficient to ensure a  
14 sufficient supply of workers to provide services to all  
15 eligible individuals and plans to identify and address  
16 any additional workforce issues.

17 “(3) A list of any home and community-based  
18 services provided under the State Medicaid plan (in-  
19 cluding any waiver of such plan) as of the date of  
20 enactment of this subsection, including a breakdown  
21 of use of such services by demographics (as defined  
22 in section 2 of the HCBS Access Act), compared to  
23 such services that are required under the amend-  
24 ments made by section 102 of such Act, and a de-  
25 scription of numerical goals to increase access to

1 such services that have barriers to access for popu-  
2 lations in need of such services.

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

9 “(5) A plan for carrying out outreach and edu-  
10 cation activities with respect to the availability of  
11 such services through appropriate entities, including  
12 a program that ensures that an individual is not de-  
13 nied such services based on the fact that the indi-  
14 vidual contacts the wrong entity (commonly referred  
15 to as a ‘No Wrong Door Program’).

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

20 “(7) A State with federally-recognized Indian  
21 tribes, Indian health programs, and/or urban Indian  
22 health organizations shall include a process to con-  
23 sult with the Indian tribes, and seek advice from In-  
24 dian Health programs and urban Indian health or-  
25 ganizations in the State.

1           “(8) A description of how the State will build  
2           capacity prior to the implementation of the require-  
3           ment described in subsection (a) to ensure that such  
4           services are available to every eligible individual  
5           under the Medicaid program, how the State will en-  
6           sure an adequate provider network to provide access  
7           to and choice of provider, and how the State will en-  
8           sure that such services are provided in a setting that  
9           meets the requirements specified in paragraph (1) of  
10          section 1905(ll) , as added by section 102 of the  
11          HCBS Access Act.

12           “(9) A plan for how the State will prioritize in-  
13          dividuals who have already met eligibility require-  
14          ments but are on waiting lists to receive HCBS and  
15          ensure those individuals do not experience an in-  
16          crease in the amount of time they will wait to receive  
17          services.

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

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

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

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

13       (b) FMAP INCREASE.—Section 1903(a) of the Social  
14 Security Act (42 U.S.C. 1396b(a)) is amended—

15           (1) in paragraph (6), by striking “plus” at the  
16 end;

17           (2) by redesignating paragraph (7) as para-  
18 graph (8); and

19           (3) by inserting after paragraph (6) the fol-  
20 lowing new paragraph:

21           “(7) an amount equal to 100 percent of the  
22 sums expended during the quarter which are attrib-  
23 utable to the costs of developing the implementation  
24 plan described in section 1902(yy); plus”.

1 **SEC. 105. QUALITY OF SERVICES.**

2 (a) IN GENERAL.—

3 (1) DEVELOPMENT OF METRICS.—Not later  
4 than 1 year after the date of enactment of this Act,  
5 the Secretary of Health and Human Services, in  
6 consultation with State Medicaid Directors, shall de-  
7 velop standardized, State-level metrics of access to,  
8 and satisfaction with, providers, including primary  
9 care and specialist providers, with respect to individ-  
10 uals who are enrolled in State Medicaid plans under  
11 title XIX of the Social Security Act, broken down by  
12 demographics (as defined in section 2) and any  
13 other category determined by the Secretary. Such  
14 metrics shall include metrics on the total number of  
15 individuals enrolled in the State plan or under a  
16 waiver of the plan during a fiscal year that required  
17 the level of care provided in a nursing facility, inter-  
18 mediate care facility for individuals with intellectual  
19 disability, institution for mental disease, or other  
20 similarly restrictive or institutional setting.

21 (2) PROCESS.—The Secretary shall develop the  
22 metrics described in paragraph (1) through a public  
23 process, which shall provide opportunities for stake-  
24 holders to participate.

25 (b) UPDATING METRICS.—The Secretary, in con-  
26 sultation with the Deputy Administrator for the Center

1 for Medicaid and CHIP Services and State Medicaid Di-  
2 rectors, shall update the metrics developed under sub-  
3 section (a) not less than once every 3 years.

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

8 (d) APPROPRIATION.—There is appropriated to the  
9 Secretary, out of any funds in the Treasury not otherwise  
10 appropriated, \$200,000,000 for fiscal year 2026, to re-  
11 main available until expended, for the purpose of carrying  
12 out this section.

13 **SEC. 106. REPORTS; TECHNICAL ASSISTANCE; OTHER AD-**  
14 **MINISTRATIVE REQUIREMENTS.**

15 (a) REPORTS.—The Secretary shall submit to the  
16 Committee on Energy and Commerce of the House of  
17 Representatives, the Committee on Education and Work-  
18 force of the House of Representatives, the Committee on  
19 Finance of the Senate, the Committee on Health, Edu-  
20 cation, Labor and Pensions of the Senate, and the Special  
21 Committee on Aging of the Senate the following reports  
22 relating to the HCBS implementation plan grant program  
23 established under section 104:

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

4           (A) State efforts to develop their HCBS  
5 implementation plans; and

6           (B) the funds awarded to States.

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

10           (A) A description of the HCBS implemen-  
11 tation plans approved by the Secretary under  
12 section 104.

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

18           (C) A description of the national landscape  
19 with respect to the direct care workforce that  
20 provides home and community-based services,  
21 including with respect to compensation, bene-  
22 fits, and challenges to the availability of such  
23 workers.

24           (3) SUBSEQUENT REPORTS.—Not later than 7  
25 years after the date of enactment of this Act, and

1 every 3 years thereafter, a report that includes the  
2 following:

3 (A) The number of HCBS program im-  
4 provement States and the funds awarded to  
5 States to develop their plans.

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

14 (C) A summary of outcomes related to  
15 home and community-based services core qual-  
16 ity measures and beneficiary and family care-  
17 giver surveys.

18 (D) A summary of the challenges and best  
19 practices reported by States in expanding ac-  
20 cess to home and community-based services and  
21 supporting and expanding the direct care work-  
22 force that provides such services.

23 (b) TECHNICAL ASSISTANCE; GUIDANCE; REGULA-  
24 TIONS.—The Secretary shall provide HCBS program im-  
25 provement States with technical assistance related to car-

1 rying out the HCBS implementation plans approved by  
2 the Secretary under section 104 and meeting the require-  
3 ments and benchmarks for demonstrating improvements  
4 required under section 1905(mm) of the Social Security  
5 Act (as added by section 102) and shall issue such guid-  
6 ance or regulations as necessary to carry out this title and  
7 the amendments made by this title, including guidance  
8 specifying how States shall assess and track the avail-  
9 ability of home and community-based services over time.

10 (c) RECOMMENDATIONS TO GUIDE HCBS IMPLE-  
11 MENTATION.—

12 (1) IN GENERAL.—Not later than 18 months  
13 after the date of enactment of this Act, the Sec-  
14 retary shall coordinate with the Secretary of Labor  
15 and the Administrator of the Centers for Medicare  
16 & Medicaid Services for purposes of issuing rec-  
17 ommendations for the Federal Government and for  
18 States to strengthen the direct care workforce that  
19 provides home and community-based services, in-  
20 cluding with respect to how the Federal Government  
21 should classify the direct care workforce, how such  
22 Administrator and State Medicaid programs can en-  
23 force and support the provision of competitive wages  
24 and benefits across the direct care workforce, includ-  
25 ing for workers with particular skills or expertise,

1 and how State Medicaid programs can support  
2 training opportunities and other related efforts that  
3 support the provision of quality home and commu-  
4 nity-based services care.

5 (2) STAKEHOLDER CONSULTATION.—

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

16 (B) CONSULTATION WITH CURRENT AND  
17 POTENTIAL HCBS BENEFICIARIES AND FAMILY  
18 CAREGIVERS.—As part of the process of devel-  
19 oping recommendations under subparagraph  
20 (A), the Secretary shall—

21 (i) hold at least 1 meeting for the  
22 purpose of developing such recommenda-  
23 tions that is solely with current and poten-  
24 tial recipients of home and community-

1 based services and family caregivers of  
2 such recipients; and

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

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

10 (II) other categories of stake-  
11 holder described in subparagraph (A).

12 (d) FUNDING.—Out of any funds in the Treasury not  
13 otherwise appropriated, there is appropriated to the Sec-  
14 retary for purposes of carrying out this section,  
15 \$10,000,000 for fiscal year 2026, to remain available until  
16 expended.

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

18 (a) DEVELOPMENT AND PUBLICATION OF CORE AND  
19 SUPPLEMENTAL SETS OF HCBS QUALITY MEASURES.—

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

1 such programs, and providers of items and services  
2 under such programs.

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

8 (3) REQUIREMENTS.—

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

16 (i) collaborate with subagency heads  
17 determined appropriate by the Secretary;  
18 and

19 (ii) ensure that such core and supple-  
20 mental sets are informed by input from  
21 stakeholders, including recipients of home  
22 and community-based services, family care-  
23 givers of such recipients, providers, health  
24 plans, direct care workers, chosen rep-  
25 resentatives of direct care workers, and

1 aging, disability, and workforce advocates,  
2 with the goal that at least half of such  
3 input is from current and potential recipi-  
4 ents of home and community-based serv-  
5 ices and family caregivers.

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

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

14 (ii) include—

15 (I) outcomes-based measures;

16 (II) measures of availability of  
17 services;

18 (III) measures of provider capac-  
19 ity and availability;

20 (IV) measures related to person-  
21 centered care;

22 (V) measures specific to self-di-  
23 rected care;

24 (VI) measures related to transi-  
25 tions to and from institutional care;

1 (VII) beneficiary and family care-  
2 giver surveys; and

3 (VIII) measures related to out-  
4 comes by race/ethnicity, language, sex,  
5 gender identity, geography, and other  
6 demographic factors to track and re-  
7 duce health disparities.

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

15 (4) FUNDING.—Out of any funds in the Treas-  
16 ury not otherwise appropriated, there is appro-  
17 priated to the Secretary for purposes of carrying out  
18 this subsection, \$10,000,000 for fiscal year 2026, to  
19 remain available until expended.

20 (b) STATE ADOPTION AND REPORTS.—

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

1 program shall use such core and supplemental sets  
2 (or an alternative set of quality measures approved  
3 by the Secretary) to report information to the Sec-  
4 retary regarding the quality of home and commu-  
5 nity-based services provided under such program.

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

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

18 (4) INCREASED FEDERAL MATCHING RATE FOR  
19 ADOPTION AND REPORTING.—Section 1903(a)(3) of  
20 the Social Security Act (42 U.S.C. 1396b(a)(3)) is  
21 amended—

22 (A) in subparagraph (F)(ii), by striking  
23 “plus” after the semicolon and inserting “and”;  
24 and

1 (B) by inserting after subparagraph (F),  
2 the following:

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

9 (c) OMBUDSMAN.—Each State shall establish an  
10 HCBS ombudsman office that—

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

13 (2) provides direct assistance to beneficiaries  
14 and their families; and

15 (3) identifies and reports systemic problems to  
16 State officials, the public, and the Secretary.

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

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 “is described in section

1 1902(a)(10)(A)(ii)(VI)” and inserting “is an eligible indi-  
2 vidual (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 DEMONSTRATION.**  
10 **TION.**

11 Section 6071(h)(1)(L) of the Deficit Reduction Act  
12 of 2005 (42 U.S.C. 1396a note(h)(1)(L)) is amended by  
13 striking “each of fiscal years 2024 through 2027” and in-  
14 serting “each fiscal year after 2025”.

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  
25 imposed before the date of the enactment of the

1 Stop Unfair Medicaid Recoveries Act, in the  
2 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,”.

1 **SEC. 112. REPEALING THE REQUIREMENT THAT STATES ES-**  
2 **TABLISH A MEDICAID ESTATE RECOVERY**  
3 **PROGRAM AND LIMIT THE CIRCUMSTANCES**  
4 **IN WHICH A STATE MAY PLACE A LIEN ON A**  
5 **MEDICAID BENEFICIARY'S PROPERTY.**

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

8 (1) in paragraph (1)—

9 (A) in the matter preceding subparagraph  
10 (A), by striking “plan, except—” and inserting  
11 “plan, except, subject to paragraph (4)—”; and

12 (B) in subparagraph (B), by striking “in  
13 the case of” and inserting “with respect to liens  
14 imposed before the date of the enactment of the  
15 Stop Unfair Medicaid Recoveries Act, in the  
16 case of”; and

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

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

22 “(A) withdraw any lien imposed under  
23 paragraph (1)(B) that is in effect as of such  
24 date; and

25 “(B) notify each individual (or legal rep-  
26 resentative of such individual (or of such indi-

1           vidual’s estate)) subject to such a lien so with-  
2           drawn of the withdrawal of such lien.”.

3           (b) ADJUSTMENTS AND RECOVERIES.—Section  
4 1917(b) of the Social Security Act (42 U.S.C. 1396p(b))  
5 is amended—

6           (1) in paragraph (1), by striking “except that”  
7           and inserting “except that, subject to paragraph  
8           (6),”; and

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

10           “(6) Notwithstanding any preceding provision  
11           of this subsection, no adjustment or recovery of any  
12           medical assistance correctly paid on behalf of an in-  
13           dividual under the State plan may be initiated,  
14           maintained, or collected on or after the date of the  
15           enactment of this paragraph. Not later than 90 days  
16           after such date, a State shall—

17           “(A) withdraw any lien in effect as of such  
18           date with respect to such medical assistance  
19           correctly paid; and

20           “(B) notify each individual (or legal rep-  
21           resentative of such individual (or of such indi-  
22           vidual’s estate)) subject to such a lien so with-  
23           drawn of the withdrawal of such lien and the  
24           prohibition on adjustment or recovery under  
25           this paragraph.”.

1 **SEC. 113. MEDICARE AMENDMENT.**

2 Section 1860D–14(a)(1)(D)(i) of the Social Security  
3 Act (42 U.S.C. 1395w–114) is amended by striking “or  
4 subsection (c) or (d) of section 1915 or under a State plan  
5 amendment under subsection (i) of such section” and in-  
6 serting “, section 1915, 1115A, or under a State plan  
7 amendment”.

8 **TITLE II—RECOGNIZING THE**  
9 **ROLE OF DIRECT SUPPORT**  
10 **PROFESSIONALS**

11 **SEC. 201. FINDINGS.**

12 Congress finds the following:

13 (1) Direct support professionals play a critical  
14 role in the care provided to children and adults with  
15 intellectual and developmental disabilities.

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

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

1           (4) A discrete occupational category for direct  
2 support professionals will help States and the Fed-  
3 eral Government—

4           (A) better interpret the shortage in the  
5 labor market of direct support professionals;  
6 and

7           (B) collect data on the high turnover rate  
8 of direct support professionals.

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

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

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

21           (A) correct an inaccurate representation in  
22 the Standard Occupational Classification sys-  
23 tem;

24           (B) recognize these professionals for the  
25 critical and often times overlooked work that

1           they perform for the disabled community, which  
2           work is different than the work of a home  
3           health aide or a personal care aide; and

4                   (C) better align the Standard Occupational  
5           Classification system with related classification  
6           systems.

7   **SEC. 202. REVISION OF STANDARD OCCUPATIONAL CLASSI-**  
8                   **FICATION SYSTEM.**

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

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

1     **TITLE III—SUPPORT FOR THE**  
2     **DIRECT CARE WORKFORCE**

3     **SEC. 301. DEFINITIONS.**

4     In this title:

5           (1) APPRENTICESHIP PROGRAM.—The term  
6     “apprenticeship program” means an apprenticeship  
7     program registered under the Act of August 16,  
8     1937 (commonly known as the “National Appren-  
9     ticeship Act”; 50 Stat. 664, chapter 663; 29 U.S.C.  
10    50 et seq.), including any requirement, standard, or  
11    rule promulgated under such Act.

12          (2) COMMUNITY COLLEGE.—The term “commu-  
13    nity college” means a public institution of higher  
14    education at which the highest degree that is pre-  
15    dominantly awarded to students is an associate’s de-  
16    gree, including Tribal Colleges or Universities receiv-  
17    ing grants under section 316 of the Higher Edu-  
18    cation Act of 1965 (20 U.S.C. 1059c) that offer a  
19    2-year program for completion of such degree and  
20    State public institutions of higher education that  
21    offer such a 2-year program.

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

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

1 with a disability or an older adult that promotes  
2 the independence of such person or individual,  
3 including—

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

11 (ii) services such as coaching and sup-  
12 porting such person or individual in com-  
13 municating needs, achieving self-expres-  
14 sion, pursuing personal goals, living inde-  
15 pendently, and participating actively in em-  
16 ployment or voluntary roles in the commu-  
17 nity;

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

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

- 1 (v) services that promote health and  
2 wellness, including scheduling and taking  
3 such person or individual 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, monitoring and recording  
9 health status and progress; and  
10 (B) may include—  
11 (i) a service provider supporting peo-  
12 ple with intellectual disability and develop-  
13 mental disabilities, and 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 other position or job related  
23 to the home care or direct care workforce,  
24 such as positions or jobs in respite care,  
25 palliative care, community support, or peer

1 support, as determined by the Secretary, in  
2 consultation with the Centers for Medicare  
3 & Medicaid Services and the Secretary of  
4 Labor.

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

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

10 (A) that is—

11 (i) a State;

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

15 (iii) an organization or a nonprofit en-  
16 tity with experience in aging, disability, or  
17 supporting the rights and interests of,  
18 training of, or educating direct care profes-  
19 sionals or family caregivers;

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

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

24 (vi) a consortium of entities listed in  
25 any of clauses (i) through (v);

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

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

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

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

22 (8) INDIAN TRIBE; TRIBAL ORGANIZATION.—  
23 The terms “Indian Tribe” and “Tribal organiza-  
24 tion” have the meanings given such terms in section

1 4 of the Indian Self-Determination and Education  
2 Assistance Act (25 U.S.C. 5304).

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

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

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

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

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

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

24 (13) SECRETARY.—The term “Secretary”  
25 means the Secretary of Health and Human Services,

1 acting through the Administrator for Community  
2 Living.

3 (14) SELF-DIRECTED CARE PROFESSIONAL.—

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

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

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

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

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

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

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

23                   (1) supporting direct care workforce creation,  
24                   training and education, recruitment, retention, and  
25                   advancement; and

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

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

11          (c) ACTIVITIES.—The Center may—

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

18           (2) develop learning and dissemination strate-  
19           gies to—

20           (A) engage States and other entities in ac-  
21           tivities supported under this title and best prac-  
22           tices; and

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

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

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

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

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

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

23          (a) GRANTS.—

24               (1) IN GENERAL.—Not later than 12 months  
25          after the date of enactment of this title, the Sec-

1       retary, in consultation with the Centers for Medicare  
2       & Medicaid Services, the Secretary of Labor, and the  
3       Secretary of Education, shall award grants described  
4       in paragraph (2) to eligible entities. A grant award-  
5       ed under this section may be in more than 1 cat-  
6       egory described in such paragraph.

7               (2) CATEGORIES OF GRANTS.—The categories  
8       of grants described in this paragraph are each of the  
9       following:

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

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

1 visory, or other oversight responsibilities, in-  
2 cluding through education or training programs  
3 for such professionals or individuals seeking to  
4 become such professionals.

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

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

22 (3) PROJECTS FOR ADVANCEMENT OPPORTUNI-  
23 TIES.—Not less than 30 percent of projects assisted  
24 with grants under this title shall be projects to pro-  
25 vide career pathways that offer opportunities for

1 professional development and advancement opportu-  
2 nities to direct care professionals.

3 (b) TREATMENT OF CONTINUATION ACTIVITIES.—

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

10 **SEC. 304. PROJECT PLANS.**

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

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

23 (1) The demographics (as defined in section 2)  
24 of the population in the State or relevant geographic  
25 area, including a description of the populations likely

1 to need long-term care services, such as people with  
2 disabilities and older adults.

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

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

17 (A) may be comprised of entities listed in  
18 paragraph (12); and

19 (B) shall include—

20 (i) older adults or persons with a dis-  
21 ability;

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

1 (iii) individuals who are direct care  
2 professionals or family caregivers targeted  
3 by the project and organizations rep-  
4 resenting the rights and interests of direct  
5 care professionals or family caregivers;

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

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

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

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

1 geographic scope of the workforce to be served by  
2 the project.

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

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

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

22 (C) a description of the projected impact of  
23 workplace safety issues on the recruitment and  
24 retention of direct care professionals targeted

1           by the project, including the availability of per-  
2           sonal protective equipment.

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

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

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

20                         (ii) exercise self-determination;

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

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

1 (B) relevant training to ensure that each  
2 project participant has the necessary skills to  
3 recognize abuse and understand their obliga-  
4 tions with regard to reporting and responding  
5 to abuse appropriately in accordance with rel-  
6 evant Federal and State law;

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

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

15 (E) supervision or mentoring; and

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

20 (i) is consistent with skill gains or at-  
21 tainment of a recognized postsecondary  
22 credential received as a result of participa-  
23 tion in or completion of such program; and

24 (ii) ensures the entry wage is not less  
25 than the greater of—

1 (I) the minimum wage required  
2 under section 6(a) of the Fair Labor  
3 Standards Act of 1938 (29 U.S.C.  
4 206(a)); or

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

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

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

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

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

1 (11) How the project—

2 (A) will—

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

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

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

1 (iv) use outreach, recruitment, and re-  
2 tention strategies designed to reach and re-  
3 tain a diverse workforce;

4 (v) incorporate methods to monitor  
5 satisfaction with project activities for  
6 project participants and individuals receiv-  
7 ing services from such participants;

8 (vi) incorporate evidence-supported  
9 practices for family caregiver engagement;  
10 and

11 (vii) incorporate core competencies  
12 identified by the Centers for Medicare &  
13 Medicaid Services; and

14 (B) may incorporate continuing education  
15 programs and specialty training, with a specific  
16 focus on—

17 (i) trauma-informed care;

18 (ii) behavioral health, including co-oc-  
19 ccurring behavioral health conditions and  
20 intellectual or developmental disabilities;

21 (iii) Alzheimer's and dementia care;

22 (iv) chronic disease management; and

23 (v) the use of supportive or assistive  
24 technology.

1           (12) How the eligible entity will consult on the  
2           implementation of the project, or coordinate the  
3           project with, each of the following entities, to the ex-  
4           tent that each such entity is not the eligible entity:

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

11                  (B) The local board and State board for  
12                  each region, or State, to be served by the  
13                  project.

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

19                  (D) A nonprofit organization, including a  
20                  labor organization, that fosters the professional  
21                  development and collective engagement of the  
22                  direct care professionals targeted by the project.

23                  (E) Area agencies on aging, as defined in  
24                  section 102 of the Older Americans Act of 1965  
25                  (42 U.S.C. 3002).

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

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

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

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

17 (J) An entity that employs the direct care  
18 professionals targeted by the project.

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

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

5           (M) Direct care professionals or direct care  
6           workforce organizations representing under-  
7           served communities, including communities of  
8           color.

9           (13) How the eligible entity will consult  
10          throughout the project with—

11           (A) individuals employed or working as the  
12           direct care professionals or family caregivers  
13           targeted by the project;

14           (B) representatives of such professionals or  
15           caregivers;

16           (C) individuals assisted by such profes-  
17           sionals or caregivers;

18           (D) the families of such professionals or  
19           caregivers; and

20           (E) individuals receiving education or  
21           training to become such professionals or care-  
22           givers.

23           (14) Outreach efforts to individuals for partici-  
24           pation in such project, including targeted outreach  
25           efforts to—

1 (A) individuals who are recipients of assist-  
2 ance under a State program funded under part  
3 A of title IV of the Social Security Act (42  
4 U.S.C. 601 et seq.) or individuals who are eligi-  
5 ble for such assistance; and

6 (B) individuals with barriers to employ-  
7 ment.

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

11 (1) equitable geographic diversity, including by  
12 selecting recipients serving rural areas and selecting  
13 recipients serving urban areas; and

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

18 (d) USES OF FUNDS; SUPPLEMENT, NOT SUP-  
19 PLANT.—

20 (1) USES OF FUNDS.—

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

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

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

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

23          (3) PROHIBITION.—No amounts made available  
24          under this title may be used for any activity that is  
25          subject to the reporting requirements set forth in

1 section 203(a) of the Labor-Management Reporting  
2 and Disclosure Act of 1959 (29 U.S.C. 433(a)).

3 **SEC. 305. EVALUATIONS AND REPORTS; TECHNICAL ASSIST-**  
4 **ANCE.**

5 (a) REPORTING REQUIREMENTS BY GRANT RECIPI-  
6 ENTS.—

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

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

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

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

1 (ii) the number of individuals who  
2 through each such project attained employ-  
3 ment as a direct care professional; and

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

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

12 (C) The number of project participants  
13 who through each such project participated in  
14 and completed—

15 (i) work-based learning;

16 (ii) on-the-job training;

17 (iii) an apprenticeship program; or

18 (iv) a professional development or  
19 mentoring program.

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

1 or training for such professionals or individuals  
2 seeking to become such professionals);

3 (ii) the number of individuals who  
4 accessed such services, benefits, or sup-  
5 ports; and

6 (iii) the impact of such services, bene-  
7 fits, or supports.

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

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

17 (i) project participants assisted by the  
18 project;

19 (ii) individuals receiving services deliv-  
20 ered by project participants, including—

21 (I) any impact on the health or  
22 health outcomes of such individuals;  
23 and

24 (II) any impact on the ability of  
25 individuals to transition to or remain

1 in the community in an environment  
2 that meets the criteria established in  
3 the section 441.301(c)(4) of title 42,  
4 Code of Federal Regulations (or suc-  
5 cessor regulations); and

6 (iii) employers of such project partici-  
7 pants.

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

13 (H) Any other information with respect to  
14 outcomes of the project as determined by the  
15 Secretary.

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

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

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

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

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

23 **SEC. 306. AUTHORIZATION OF APPROPRIATIONS.**

24 (a) IN GENERAL.—There are authorized to be appro-  
25 priated—

1           (1) for the establishment and activities of the  
2           technical assistance center under section 302,  
3           \$2,000,000 for each of fiscal years 2029 through  
4           2030; and

5           (2) for grants under section 303,  
6           \$1,000,000,000 for fiscal year 2029.

7           (b) AVAILABILITY.—Amounts made available under  
8           this title shall remain available until September 30, 2038.

## 9           **TITLE IV—EVALUATION**

### 10       **SEC. 401. EVALUATION OF IMPACT ON ACCESS TO HCBS.**

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

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

24           (2) the capacity of the direct service workforce  
25           to provide home and community-based services and

1 information on the demographics (as defined in sec-  
2 tion 2) of such workforce;

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

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

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

12 (6) family caregivers; and

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

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

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

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