

114TH CONGRESS
2D SESSION

H. R. 6485

To amend the Older Americans Act of 1965 to develop and test an expanded and advanced role for direct care workers who provide long-term services and supports to older individuals in efforts to coordinate care and improve the efficiency of service delivery.

IN THE HOUSE OF REPRESENTATIVES

DECEMBER 8, 2016

Mr. CARTWRIGHT (for himself, Mr. GRAYSON, Mr. McDERMOTT, Mr. GRIJALVA, Ms. EDWARDS, and Ms. JACKSON LEE) introduced the following bill; which was referred to the Committee on Education and the Workforce

A BILL

To amend the Older Americans Act of 1965 to develop and test an expanded and advanced role for direct care workers who provide long-term services and supports to older individuals in efforts to coordinate care and improve the efficiency of service delivery.

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

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Improving Care for
5 Vulnerable Older Citizens through Workforce Advance-
6 ment Act of 2016”.

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

3 (1) As of 2012, more than 41,000,000 Ameri-
4 cans are age 65 or older. More than 75 percent of
5 them suffer from chronic conditions which require
6 person-centered, coordinated care that helps them to
7 live in a home- or community-based setting. In
8 2012, the Government Accountability Office found
9 that 34 percent of Americans age 60 and older re-
10 ported needing assistance performing Activities of
11 Daily Living.

12 (2) Direct-care workers (referred to in this sec-
13 tion as “DCWs”) provide an estimated 70 to 80 per-
14 cent of the paid hands-on long-term care and per-
15 sonal assistance received by elders and people with
16 disabilities or other chronic conditions in the United
17 States. These workers help their clients bathe, dress,
18 and negotiate a host of other daily tasks. They are
19 a lifeline for those they serve, as well as for families
20 and friends struggling to provide quality care.

21 (3) Eldercare and disability services positions
22 account for nearly one-third of the 18,000,000
23 health care jobs in the United States. The direct-
24 care workforce alone accounts for more than
25 4,000,000 jobs, expected to add 1,600,000 new posi-
26 tions by 2020.

1 (4) The majority of DCWs are now employed in
2 home- and community-based settings, and not in in-
3 stitutional settings such as nursing care facilities or
4 hospitals. By 2020, home- and community-based
5 DCWs are likely to outnumber facility workers by
6 more than 2 to 1.

7 (5) A 2008 Institute of Medicine report, enti-
8 tled “Re-tooling for an Aging America: Building the
9 Health Care Workforce”, called for new models of
10 care delivery and coordination, and dedicated a
11 chapter to the central importance of the direct-care
12 workforce in a “re-tooled” eldercare delivery system.

13 (6) An Institute of Medicine report on the fu-
14 ture of nursing, released in October of 2010, rec-
15 ommended nurses should practice to the full extent
16 of their education and training. The report also
17 states that all health care professionals should work
18 collaboratively in team-based models, and that the
19 goal should be to encourage care models that use
20 every member of the team to the full capacity of his
21 or her training and skills.

22 (7) The Patient Protection and Affordable Care
23 Act (Public Law 111–148) emphasizes the need for
24 improving care and lowering costs by better coordi-
25 nation of care and integration of services, particu-

1 larly for consumers with multiple chronic conditions.
 2 This will require developing new models of care for
 3 those receiving long-term services and supports.

4 **SEC. 3. DEMONSTRATION PROGRAM ON CARE COORDINA-**
 5 **TION AND SERVICE DELIVERY.**

6 Part A of title IV of the Older Americans Act of 1965
 7 (42 U.S.C. 3032 et seq.) is amended by adding at the end
 8 the following:

9 **“SEC. 423. DEMONSTRATION PROGRAM ON CARE COORDI-**
 10 **NATION AND SERVICE DELIVERY.**

11 **“(a) ESTABLISHMENT OF DEMONSTRATION PRO-**
 12 **GRAM.—**

13 **“(1) IN GENERAL.—**The Assistant Secretary
 14 shall carry out a demonstration program in accord-
 15 ance with this section. Under such program, the As-
 16 sistant Secretary shall award grants to eligible enti-
 17 ties to carry out demonstration projects that focus
 18 on care coordination and service delivery redesign
 19 for older individuals with chronic illness or at risk
 20 of institutional placement by—

21 **“(A)** designing and testing new models of
 22 care coordination and service delivery that
 23 thoughtfully and effectively deploy advanced
 24 aides to improve efficiency and quality of care
 25 for frail older individuals; and

1 “(B) giving direct-care workers opportuni-
2 ties for career advancement through additional
3 training, an expanded role, and increased com-
4 pensation.

5 “(2) DIRECT-CARE WORKER.—In this section,
6 the term ‘direct-care worker’ has the meaning given
7 that term in the 2010 Standard Occupational Classi-
8 fications of the Department of Labor for Home
9 Health Aides [31–1011], Psychiatric Aides [31–
10 1013], Nursing Assistants [31–1014], and Personal
11 Care Aides [39–9021].

12 “(b) DEMONSTRATION PROJECTS.—The demonstra-
13 tion program shall be composed of 6 demonstration
14 projects, as follows:

15 “(1) Two demonstration projects shall focus on
16 using the abilities of direct-care workers to promote
17 smooth transitions in care and help to prevent un-
18 necessary hospital readmissions. Under these
19 projects, direct-care workers shall be incorporated as
20 essential members of interdisciplinary care coordina-
21 tion teams.

22 “(2) Two demonstration projects shall focus on
23 maintaining the health and improving the health sta-
24 tus of those with multiple chronic conditions and
25 long-term care needs. Under these projects, direct-

1 care workers shall assist in monitoring health status,
2 ensuring compliance with prescribed care, and edu-
3 cating and coaching the older individual involved and
4 any family caregivers.

5 “(3) Two demonstration projects shall focus on
6 training direct-care workers to take on deeper clin-
7 ical responsibilities related to specific diseases, in-
8 cluding Alzheimer’s and dementia, congestive heart
9 failure, and diabetes.

10 “(c) ELIGIBLE ENTITY.—In this section, the term
11 ‘eligible entity’ means a consortium that consists of—

12 “(1) at least 1—

13 “(A) long-term care and rehabilitation fa-
14 cility; or

15 “(B) home personal care service provider;
16 and

17 “(2) at least 1—

18 “(A) hospital or health system;

19 “(B) labor organization or labor-manage-
20 ment partnership;

21 “(C) community-based aging service pro-
22 vider;

23 “(D) patient-centered medical home;

24 “(E) federally qualified health center;

1 “(F) managed care entity, including a
2 managed health and long-term care program;

3 “(G) entity that provides health services
4 training;

5 “(H) State-based public entity engaged in
6 building new roles and related curricula for di-
7 rect-care workers; or

8 “(I) any other entity that the Assistant
9 Secretary deems eligible based on integrated
10 care criteria.

11 “(d) APPLICATION.—To be eligible to receive a grant
12 under this section, an eligible entity shall submit to the
13 Assistant Secretary an application at such time, in such
14 manner, and containing such information as the Secretary
15 may require, which shall include—

16 “(1) a description of the care coordination and
17 service delivery models of the entity, detailed on a
18 general, organizational, and staff level;

19 “(2) a description of how the demonstration
20 project carried out by the entity will improve care
21 quality, including specific objectives and anticipated
22 outcomes that will be used to measure success; and

23 “(3) a description of how the coordinated care
24 team approach with an enhanced role for the direct-
25 care worker under the demonstration project will in-

1 crease efficiency and cost effectiveness compared to
2 past practice.

3 “(e) PLANNING AWARDS UNDER DEMONSTRATION
4 PROGRAM.—

5 “(1) IN GENERAL.—Each eligible entity that re-
6 ceives a grant under this section shall receive a
7 grant for planning activities related to the dem-
8 onstration project to be carried out by the entity, in-
9 cluding—

10 “(A) designing the implementation of the
11 project;

12 “(B) identifying competencies and devel-
13 oping curricula for the training of participating
14 direct-care workers;

15 “(C) developing training materials and
16 processes for other members of the interdiscipli-
17 nary care team;

18 “(D) articulating a plan for identifying
19 and tracking cost savings gained from imple-
20 mentation of the project and for achieving long-
21 term financial sustainability; and

22 “(E) articulating a plan for evaluating the
23 project.

24 “(2) AMOUNT AND TERM.—

1 “(A) TOTAL AMOUNT.—The amount
2 awarded under paragraph (1) for all grants
3 shall not exceed \$600,000.

4 “(B) TERM.—Activities carried out under
5 a grant awarded under paragraph (1) shall be
6 completed not later than 1 year after the grant
7 is awarded.

8 “(f) IMPLEMENTATION AWARDS UNDER DEM-
9 ONSTRATION PROGRAM.—

10 “(1) IN GENERAL.—Each eligible entity may re-
11 ceive a grant for implementation activities related to
12 the demonstration project to be carried out by the
13 entity, if the Assistant Secretary determines the en-
14 tity—

15 “(A) has successfully carried out the ac-
16 tivities under the grant awarded under sub-
17 section (e);

18 “(B) offers a feasible plan for long-term fi-
19 nancial sustainability;

20 “(C) has constructed a meaningful model
21 of advancement for direct-care workers; and

22 “(D) aims to provide training to a sizeable
23 number of direct-care workers and to serve a
24 sizeable number of older individuals.

1 “(2) USE OF FUNDS.—The implementation ac-
2 tivities described under paragraph (1) shall in-
3 clude—

4 “(A) training of all care team members in
5 accordance with the design of the demonstra-
6 tion project; and

7 “(B) evaluating the competency of all staff
8 based on project design.

9 “(3) EVALUATION AND REPORT.—

10 “(A) EVALUATION.—Each recipient of a
11 grant under paragraph (1), in consultation with
12 an independent evaluation contractor, shall
13 evaluate—

14 “(i) the impact of training and de-
15 ployment of direct-care workers in ad-
16 vanced roles, as described in this section,
17 within each participating entity on out-
18 comes, such as direct-care worker job satis-
19 faction and turnover, beneficiary and fam-
20 ily caregiver satisfaction with services, rate
21 of hospitalization of beneficiaries, and ad-
22 ditional measures determined by the Sec-
23 retary;

1 “(ii) the impact of such training and
2 deployment on the long-term services and
3 supports delivery system and resources;

4 “(iii) statement of the potential of the
5 use of direct-care workers in advanced
6 roles to lower cost and improve quality of
7 care in the Medicaid program; and

8 “(iv) long-term financial sustainability
9 of the model used under the grant and the
10 impact of such model on quality of care.

11 “(B) REPORTS.—Not later than 180 days
12 after completion of the demonstration program
13 under this section, each recipient of a grant
14 under paragraph (1) shall submit to the Sec-
15 retary a report on the implementation of activi-
16 ties conducted under the demonstration project,
17 including—

18 “(i) the outcomes, performance bench-
19 marks, lessons learned from the project;

20 “(ii) a statement of cost savings
21 gained from implementation of the project
22 and how the cost savings have been rein-
23 vested to improve direct-care job quality
24 and quality of care; and

1 “(iii) results of the evaluation con-
2 ducted under subparagraph (A) with re-
3 spect to such activities, together with such
4 recommendations for legislation or admin-
5 istrative action for expansion of the dem-
6 onstration program on a broader scale as
7 the Secretary determines appropriate.

8 “(4) AMOUNT AND TERM.—

9 “(A) TOTAL AMOUNT.—The amount
10 awarded under paragraph (1) for all grants
11 shall not exceed \$2,900,000.

12 “(B) TERM.—Activities carried out under
13 a grant awarded under paragraph (1) shall be
14 completed not later than 3 years after the grant
15 is awarded.”.

○