

117TH CONGRESS
1ST SESSION

S. 2344

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.

IN THE SENATE OF THE UNITED STATES

JULY 14, 2021

Mr. KAINE (for himself, Mr. CASEY, Ms. HASSAN, Ms. DUCKWORTH, Mr. REED, Mr. WYDEN, Mrs. GILLIBRAND, and Ms. ROSEN) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

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.

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 “Supporting Our Direct
5 Care Workforce and Family Caregivers Act”.

6 **SEC. 2. DEFINITIONS.**

7 In this Act:

1 (1) APPRENTICESHIP PROGRAM.—The term
2 “apprenticeship program” means an apprenticeship
3 program registered under the Act of August 16,
4 1937 (commonly known as the “National Appren-
5 ticeship Act”; 50 Stat. 664, chapter 663; 29 U.S.C.
6 50 et seq.), including any requirement, standard, or
7 rule promulgated under such Act.

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

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

20 (A) means an individual who, in exchange
21 for compensation, provides services to a person
22 with a disability or an older individual that pro-
23 motes the independence of such person or indi-
24 vidual, including—

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

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

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

20 (iv) services that support such person
21 or individual at home, work, school, or in
22 any other community setting; or

23 (v) services that promote health and
24 wellness, including scheduling and taking
25 such person or individual to health care

1 appointments, communicating with health
2 and allied health professionals admin-
3 istering medications, implementing health
4 and behavioral health interventions and
5 treatment plans, monitoring and recording
6 health status and progress; and

7 (B) may include—

8 (i) a direct support professional sup-
9 porting people with intellectual and devel-
10 opmental disabilities;

11 (ii) a home and community-based
12 services manager or direct support profes-
13 sional manager;

14 (iii) a self-directed care worker;

15 (iv) a personal care service worker;

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

19 (vi) any other position or job related
20 to the home care or direct care workforce,
21 such as positions or jobs in respite care or
22 palliative care, as determined by the Sec-
23 retary, in consultation with the Center for
24 Medicare & Medicaid Services and the Sec-
25 retary of Labor.

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

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

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

11 (A) that is—

12 (i) a State;

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

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

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

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

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

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

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

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

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

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

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

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

7 (10) OLDER INDIVIDUAL.—The term “older in-
8 dividual” means an individual who is 60 years of age
9 or older.

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

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

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

1 (14) SELF-DIRECTED CARE PROFESSIONAL.—
2 The term “self-directed care professional” means a
3 direct care professional who is employed by an indi-
4 vidual who is an older individual, a person with a
5 disability, or a representative of such older indi-
6 vidual or person with a disability, and such older in-
7 dividual or person with a disability has the decision-
8 making authority over certain supports and services
9 provided by the direct care professional and takes di-
10 rect responsibility to manage those supports and
11 services.

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

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

1 (2) supporting family caregivers and activities
2 of family caregivers as a critical part of the support
3 team for older individuals 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 5(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 Act and best prac-
22 tices; and

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

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 7.

22 **SEC. 4. AUTHORITY TO AWARD GRANTS.**

23 (a) GRANTS.—

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

1 retary, in consultation with the Center 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 Act 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 Act may use such grant to continue carrying out such ac-
7 tivities, 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 Act.

10 **SEC. 5. PROJECT PLANS.**

11 (a) IN GENERAL.—An eligible entity seeking a grant
12 under this Act 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 4(b)) with
15 the grant at such time, in such manner, and containing
16 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) Demographic information regarding the
24 population in the State or relevant geographic area,
25 including a description of the populations likely to

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

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(e) of such Act
8 (42 U.S.C. 1396n(c)) 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 individuals or persons with a
21 disability;

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
15 mental health agency, in the State (or each
16 State) to be served by the project; and

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

21 (4) Current or projected job openings for, or
22 relevant labor market information related to, the di-
23 rect care professionals targeted by the project in the
24 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 Act, the Secretary shall en-
10 sure—

11 (1) equitable geographic and demographic di-
12 versity, including by selecting recipients serving
13 rural areas and selecting recipients serving urban
14 areas; and

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

19 **SEC. 6. USES OF FUNDS; SUPPLEMENT, NOT SUPPLANT.**

20 (a) USES OF FUNDS.—

21 (1) IN GENERAL.—Each eligible entity receiving
22 a grant under this Act shall use the funds of such
23 grant to carry out at least 1 project described in sec-
24 tion 4(a)(2).

1 (2) ADMINISTRATIVE COSTS.—Each eligible en-
2 tity receiving a grant under this Act shall not use
3 more than 5 percent of the funds of such grant for
4 costs associated with the administration of activities
5 under this Act.

6 (3) DIRECT SUPPORT.—Each eligible entity re-
7 ceiving a grant under this Act shall use not less than
8 5 percent of the funds of such grant to provide di-
9 rect financial benefits or supportive services to direct
10 care professionals to support the financial needs of
11 such participants during the duration of the project
12 activities.

13 (b) SUPPLEMENT, NOT SUPPLANT.—An eligible enti-
14 ty receiving a grant under this Act shall use such grant
15 only to supplement, and not supplant, the amount of funds
16 that, in the absence of such grant, would be available to
17 address the recruitment, training and education, reten-
18 tion, and advancement of direct care professionals or pro-
19 vide support for family caregivers, in the State or region
20 served by the eligible entity.

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

1 **SEC. 7. EVALUATIONS AND REPORTS; TECHNICAL ASSIST-**
2 **ANCE.**

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

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

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

16 (A) The number of individuals and the de-
17 mographics of these individuals served by each
18 project supported by the grant, including—

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

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

25 (iii) the number of individuals who en-
26 rolled in each such project and withdrew or

1 were terminated from each such project
2 without completing training or attaining
3 employment as a direct care professional.

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

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

10 (i) work-based learning;

11 (ii) on-the-job training;

12 (iii) an apprenticeship program; or

13 (iv) a professional development or
14 mentoring program.

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

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

1 (iii) the impact of such services, benefits,
2 or supports.

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

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

12 (i) project participants assisted by the
13 project;

14 (ii) individuals receiving services deliv-
15 ered by project participants, including—

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

19 (II) any impact on the ability of
20 individuals to transition to or remain
21 in the community in an environment
22 that meets the criteria established in
23 the section 441.301(c)(4) of title 42,
24 Code of Federal Regulations (or suc-
25 cessor regulations); and

1 (iii) employers of such project partici-
2 pants.

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

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

11 (b) ANNUAL REPORT TO CONGRESS BY SEC-
12 RETARY.—Not later than 2 years after the date of enact-
13 ment of this Act, and each year thereafter until all
14 projects supported through a grant under this Act are
15 completed, the Secretary shall prepare and submit to Con-
16 gress an annual report on the progress of each project
17 supported through a grant under this Act and the activi-
18 ties of the technical assistance center established under
19 section 3.

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

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

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

12 (d) INDEPENDENT EVALUATIONS.—Not later than 6
13 months after the date of enactment of this Act, the Sec-
14 retary shall enter into a contract with an independent enti-
15 ty to provide independent evaluations of activities sup-
16 ported by grants under this Act and activities of the tech-
17 nical assistance center established under section 3.

18 **SEC. 8. AUTHORIZATION OF APPROPRIATIONS.**

19 (a) IN GENERAL.—There are authorized to be appro-
20 priated—

21 (1) for the establishment and activities of the
22 technical assistance center under section 3,
23 \$2,000,000 for each of fiscal years 2022 through
24 2026; and

1 (2) for grants under section 4, \$1,000,000,000
2 for fiscal year 2022.

3 (b) AVAILABILITY.—Amounts made available under
4 this Act shall remain available until September 30, 2031.

○