Making a world of difference
in people's lives

April 26, 2021

The Honorable Bob Casey
U.S. Senate
393 Russell Senate Office Building
Washington, DC 20510

The Honorable Maggie Hassan
U.S. Senate
324 Hart Senate Office Building
Washington, DC 20510

The Honorable Sherrod Brown
U.S. Senate
503 Hart Senate Office Building
Washington, DC 20510

The Honorable Debbie Dingell
U.S. House of Representatives
116 Cannon House Office Building
Washington, DC 20515

Dear Congressional Leaders:

The National Alliance for Direct Support Professionals, Inc. (NADSP) appreciates the opportunity to inform the development of the landmark HCBS Access Act. We are so grateful for the introduction of this long overdue systemic overhauling of the provision of HCBS in state Medicaid systems. Tackling the institutional bias that persists in Medicaid LTSS funding is pivotal to creating the focus on supporting adults with disabilities to live, work, recreate, thrive, and age in place in their own homes and as fully included participants in the broader community.

The NADSP's mission is to enhance the quality of support provided to people with disabilities through the provision of products, services, and certifications which elevate the status of direct support workers, improve practice standards, promote systems reform and, most importantly, advance the knowledge, skills, and values of direct support workers. NADSP values the full participation of people with disabilities in all aspects of community life through the provision of person-centered supports. We believe that high quality support requires all professionals to follow the individual path suggested by the unique gifts, preferences, and needs of each person they support, and to walk in partnership with the person, and those who love him or her, toward a life of opportunity, well-being, freedom, and contribution.

Federal regulations including the Americans with Disabilities Act (ADA), and more recently the Centers for Medicare and Medicaid Services (CMS) Home and Community Based Services (HCBS) Settings Rule and the US Department of Labor Workforce Innovation and Opportunity Act (WIOA) have set forth standards aimed at making competitive integrated employment, full community inclusion, independent living and optimal self-sufficiency of people with significant disabilities a reality. The availability of a qualified, competent and stable Direct Support Workforce plays an important role in supporting people to accomplish these goals. It is critical that Direct Support Professionals (DSPs) have the competence, confidence, ethical decision-making skills and guidance necessary to provide quality support, receive compensation that is commensurate with job responsibilities and have access to a career path aligned with ongoing professional development.

Building and promoting an adequate, well-qualified, and competent direct service workforce has proven to be a particularly challenging task, and we greatly appreciate the Congressional sponsors of HAA for reaching out to us and the larger community on this topic. We do believe given more than fifty thousand DSP members, research and career development partners for the sector, and the direct expertise of our national leadership, we are in an extremely unique position to offer practical recommendations that are feasible for states to implement, as well as ongoing technical assistance on these issues to the Senate professional staff working on the drafting of the workforce development sections. In the meantime, please find enclosed our recommendations for specific steps that the HAA could include to strengthen the HCBS DSP workforce, including establishing requirements, standards, and rate methodologies to assure that DSPs have the capacity, competency, health & well-being to meet this growing demand and provide the highest-quality of HCBS to Medicaid LTSS participants. It is clear you recognize that while requiring state Medicaid systems to offer HCBS to any eligible participant for Medicaid LTSS is a critical first step – and that assuring the capacity, competency, and longevity of a high-quality direct support professional workforce is the second step necessary to systems change of this magnitude.

Again, we wish to express our enormous gratitude to each of you for your bold leadership in bringing forth such an important piece of legislation, and we are looking extremely forward to continuing our dialogue and providing any technical assistance you may need from NADSP in the future.

Sincerely,

Joseph M. Macbeth
President & Chief Executive Officer

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Recommendations related to DSP Workforce Development in the HCBS Access Act

Recommendation #1. Assure CMS/HHS engagement with DOL and other federal agencies that have jurisdiction over and investments on HCBS provision, to make necessary policy reforms and assure more accurate data collection to inform national dialogue on DSP skills, wages, and career lattices.

Specific Provisions:

- Direct the Bureau of Labor Statistics to create a distinct standard occupational code (SOC) for DSPs; and (b) a federal designation specific to DSPs to recognize the profession and gather data that can inform policy making.
- Establish a National HCBS Coordination Council across the federal government to streamline federal goals, objectives and investments in the provision of HCBS to populations that are eligible to receive Medicaid-funded HCBS.
- Direct and fund state workforce investment systems to provide competency-based DSP training as a part of a "High Growth Industry."
- Through the dislocated workers program, direct states to shift efforts from congregate settings to community placements.
- Direct states to fund education grants for DSPs to obtain further career pathways, credentialing, specialized trainings, degrees, etc. to stay in the HCBS field.
- Expand pipeline programs by increasing training programs at IHE, career and tech education programs, Service Care Corps, etc. with low barriers to entry.
- Administer a statewide career advancement pathway for DSPs based on the completion and demonstration of CMS' core competencies, to include the development of career lattices (with corresponding increased wages) for individuals who have been deemed by a neutral third-party as proficient in demonstrating competency areas.

Suggested Legislative Language:

Under Workforce Development Section – Proposed Additions related to WIOA Reauthorization

- *Within one year of enactment date of legislation, the U.S. Department of Labor, consultation with the U.S. Department of Health and Human Services, shall*
    - *Develop and implement a separate standard occupational classification code for direct support professionals in order to better inform the market about the required skills, competencies, demographics and wages of direct support professionals.*
    - *Adopt and disseminate technical assistance to provide competency-based DSP training as a part of the workforce development system's high growth industries.*
- *Through the dislocated workers program, direct states to shift efforts from congregate settings to community placements.*
- *Fund education grants for DSPs to obtain further career pathways, credentialing, specialized trainings, degrees, etc. to stay in the HCBS field.*
- *Administer a statewide career advancement pathway for DSPs based on the completion and demonstration of CMS' core competencies, to include the development of career lattices with*

corresponding increased wages for individuals who have been deemed by a neutral third-party as proficient in demonstrating competency areas.

Create new Section Entitled "National HCBS Coordination Council"

Authorizes the Secretary of Health and Human Services, in partnership with the Secretary of Labor, Secretary of Education, Secretary of Housing and Urban Development, and Secretary of Agriculture, to create a federal interagency HCBS Coordination Council, focused on aligning and leveraging federally-funded programs aimed at improving the social determinants of health and access to HCBS for Medicaid LTSS participants. The HCBS Coordination Council shall focus on:

- *Creating a federal strategic plan for building and modernizing the DSP workforce;*
- *Addressing inconsistencies and streamline determination processes related to eligibility of federally-funded HCBS programs that impact Medicaid LTSS participants;*
- *Establish a roadmap for creating an integrated HCBS data collection and management system across participating federal agencies; and*
- *Develop a cross-agency research agenda to better inform the growth and evolution of HCBS provision.*

Recommendation #2. Ensure that DSPs have opportunities for needed training, mentoring and professional development to effectively assist HCBS participants to be fully included, valued, and participating members of their communities.

Specific Provisions:

- Provide recognition for continuing education and training as an allowable Medicaid service expense supports states' efforts to develop direct service worker qualifications and continuing education and training requirements. This is an important step in developing a quality DSP workforce that is prepared to meet accelerated growing demand for high-quality HCBS.
- Direct and fund state workforce investment systems to provide competency-based DSP training as a part of a "High Growth Industry."
- Through the dislocated workers program, direct states to shift efforts from congregate settings to community placements.
- Direct states to fund education grants for DSPs to obtain further career pathways, credentialing, specialized trainings, degrees, etc. to stay in the HCBS field.
- Expand pipeline programs by increasing training programs at IHE, career and tech education programs, Service Care Corps, etc. with low barriers to entry.
- With respect to the responsibility of state Medicaid agencies in supporting capacity building efforts among the DSP workforce, require states to pay for the competency-based training that leads to certification of DSPs from an accredited DSP educational programs, and to be able to use increased FMAP dollars to fund this requirement.

- Require Medicaid agencies under self-direction options to pay for competency-based training available outside of individual's self-direction budgets in parity with TA/training funded by the state for DSPs within provider agencies.

- Incentivize states to provide credentialing opportunities, career pathways, and ongoing competency-based training and mentoring, embedded in public policy and sufficiently funded to create incentives for DSP participation.

  - Confirm within the legislation that states can use the increased FMAP to administer a statewide career advancement pathway for DSPs based on the completion and demonstration of CMS' core competencies, with career lattices (with corresponding increased wages) for individuals who have been deemed by a neutral third-party as proficient in demonstrating competency areas.

  - Allow states to reimburse for front-line peer mentoring to allow seasoned DSPs deemed proficient in demonstrating competency areas to work with less experienced DSPs in learning how to effectively implement evidence-based practices in direct support provision in real-time.

Legislative Provisions: **DSP Training, Competency Building, and Ongoing Career Development**

Under Workforce Development Section

I. DSP Training, Competency Building, and Ongoing Career Development. CMS will direct State Medicaid Agencies to:

(a) Provide recognition for continuing education and training as an allowable Medicaid service expense supports states' efforts to develop direct service worker qualifications and continuing education and training requirements.

(b) Reimburse for the competency-based training that leads to certification of DSPs from an accredited DSP educational programs, and to be able to use increased FMAP dollars to fund this requirement.

(c) Require Medicaid agencies under self-direction options to pay for competency-based training available outside of individual's self-direction budgets in parity with TA/training funded by the state for DSPs within provider agencies.

II. FMAP Increase to States. States may receive an increased Federal Medical Assistance Percentage match for completing the following activities:

a. Provide credentialing opportunities, career pathways, and ongoing competency-based training and mentoring, embedded in public policy and sufficiently funded to create incentives for DSP participation.

b. Allow states to reimburse for front-line peer mentoring to allow seasoned DSPs deemed proficient in demonstrating competency areas to work with less experienced DSPs in learning how to effectively implement evidence-based practices in direct support provision in real-time.

<u>Recommendation 3:</u> Self-Direction & Workforce Development. Increase access to/utilization of self-direction, paid family caregivers, shared living, and other relationship-based models or models with longer retention.

Specific Provisions:

- Include a definition of Self-Direction to reflect the principles around self-direction, assuring ongoing individualization, flexibility, and empowerment in the use of self-direction options. Self-direction (SD) is based on the principle of self-determination; therefore, it allows participants both employer and budget authority. However, we are aware of numerous states that have significantly diluted the intent of self-direction or have created parameters around self-direction that specifically discourages individuals from using this option in receiving Medicaid HCBS.

- Require states to pay for the competency-based training that leads to certification of DSPs from an accredited DSP educational program, and to be able to use increased FMAP dollars to fund this requirement.

- Require states under self-direction options to pay for competency-based training available outside of individual's self-direction budgets in parity with TA/training funded by the state for DSPs within provider agencies.

- Eliminate unnecessary restrictions that limit choice and control of beneficiaries who opt to use self-direction in the receipt of Medicaid-funded HCBS, in accordance with the federal HCBS regulations. Specifically, we would request that a provision be included in the legislation that reaffirms that states must fulfill the requirements under the federal HCBS rule to allow for beneficiary choice in the services provided and the individuals providing the services under self-directed options.

- Under the "HCBS Implementation Grants" section, include that states be allowed to utilize grant funds for implementing or expanding evidence based practices demonstrated in the 1995 National Cash and Counseling Evaluation Demonstration to (a) allow for a broader approach to participant direction that gives participants the authority to manage an individual budget and the latitude to use the budget to purchase goods and services to meet their service and support needs; and (b) give participants the option of receiving allowances in cash to purchase services and supports, or have their funds deposited with an entity that would perform financial transactions under their direction.

Proposed Legislative Language:

<u>Under Definitions/Key Terms:</u>

"SELF–DIRECTED SERVICES" means, when participating in Home and Community-Based Services , services

I. For which participants or their representatives have decision-making authority over and take direct responsibility for management of the services with the assistance of a system of available supports; and

II. That are provided in a manner that furthers the right of individuals with disabilities, regardless of the physical or intellectual capacity of the individuals, to make choices about and direct all aspects of their lives, including through control over receipt of and funding for support services

SELF-DIRECTED SERVICES --

I. Provide individuals the decision-making employer authority to recruit, hire, train, and supervise the individuals who furnish their services; and the budget authority over how the Medicaid HCBS funds in a budget are spent.

II. Maximize the opportunities of individuals to live as independently as possible in the most inclusive community-based setting of their choice;

III. Empower individuals, with the support of their chosen team, to exercise choice and control over the long-term services and supports they receive; and

IV. Maintain and improve health and quality of life outcomes in the community.

Under the Workforce Development Section

Authorize agencies of Medicaid to receive an increase in the Federal Medical Assistance Percentage (FMAP) *"to reimburse for the training of direct support professionals based on the National Core Competencies for Direct Support Professionals established by the Centers for Medicare and Medicaid Services"*.

Under HCBS Implementation Grants

Authorizes state Medicaid agencies to utilize grant funds for implementing or expanding evidence based practices demonstrated in the 1995 National Cash and Counseling Evaluation Demonstration to (a) allow for a broader approach to participant direction that gives participants the authority to manage an individual budget and the latitude to use the budget to purchase goods and services to meet their service and support needs; and (b) give participants the option of receiving allowances in cash to purchase services and supports, or have their funds deposited with an entity that would perform financial transactions under their direction.

Recommendation 4: Training for Front-Line Supervisors

Ensure frontline supervisors are adequately trained and supported to effectively recruit, retain and support DSPs.

Specific Provisions:

- Require states implement educational requisites to front-line supervisors to demonstrate proficiency in the Front Line Supervisory Competency areas developed by the University of Minnesota that also leads to nationally accredited certification. Also clarify that states may use increased FMAP resources to fund the training and education involved in implementing this requirement.

Proposed Legislative Language:

Require community rehabilitation providers of Medicaid HCBS to assure supervisors of direct support professionals are proficient and certified through a national accreditation entity in the National Front-Line Supervisory Competencies.

Provide educational requisites and certification by a national accreditation entity for front-line supervisors of direct support professionals to demonstrate proficiency in the National Front-Line Supervisory Competencies.

Recommendation 5: DSP Code of Ethics

Ensure a basic Code of Ethics as a requirement of all DSPs providing services under state HCBS authorities.

Specific Provisions: Require states to adopt the National DSP Code of Ethics and train all DSPs statewide on how to incorporate the principles into everyday practice as a condition of working in the field of direct support provision with respect to Medicaid-funded HCBS.

Proposed Legislative Language:

Require all direct support professionals to commit to the National Direct Supports Code of Ethics, and provide training to all direct support professionals to in the application of the Code of Ethics as a condition of working in the field of direct support provision of Medicaid-funded HCBS.

Recommendation 6. Provide credentialing opportunities, career pathways, and ongoing competency-based training and mentoring, embedded in public policy and sufficiently funded to create incentives for DSP participation.

Specific Provisions:

- Confirm that states can use the increased FMAP to administer a statewide career advancement pathway for DSPs based on the completion and demonstration of CMS' core competencies, with career lattices (with corresponding increased wages) for individuals who have been deemed by a neutral third-party as proficient in demonstrating competency areas.
- Allow states to reimburse for front-line peer mentoring to allow seasoned DSPs deemed proficient in demonstrating competency areas to work with less experienced DSPs in learning how to effectively implement evidence-based practices in direct support provision in real-time.

Proposed Legislative Language:

Under Workforce Development section of the legislation, add provisions that states can receive increased FMAP percentage for the following activities:

- "*Administration of a statewide career advancement pathways and career lattices for direct support professionals based on determination of a third-party entity the completion and mastery of the National Core Competencies for Direct Support Professionals*"
- "*Reimbursement of peer mentoring of direct support professionals with less than three years of professional experience in the provision of home and community based services by direct support professionals with at least five years of experience in the provision of HCBS and certification in the National Core Competencies for Direct Support Professionals".*

Recommendation 7. Allocate federal and state funding at levels sufficient to provide living wages and the benefits necessary to attract and retain qualified DSPs in home and community-based services.

Specific Provisions:

- As part of the waiver renewal/amendment process, require CMS to analyze, confirm, and work with all state Medicaid agencies whose current HCBS reimbursement rates do not reflect wages consistent with geographically-specific living wage scales to update their reimbursement/payment methodologies.
- Require states to provide evidence that increased rates to pay DSPs at or above the federal/state minimum wage are passed onto DSPs at the wage level that was factored into the state's updated reimbursement methodology.
- Assure that wage levels and rates for DSP-services are equitable across agency-rates and self-direction options, so long as DSPs hired under self-direction deemed proficient in validated competency areas.
- Include HCBS under the equal access rule, which would require that Medicaid reimbursement rates are set to ensure adequate equal access to services. Access to services and DSP turnover should be added as measures of rate adequacy (or inadequacy).
- Establish that starting DSP wages must be a minimum of 150% above the prevailing minimum wage, OR, at a minimum, require states to provide evidence that increased rates to pay DSPs at or above the federal/state minimum wage are passed onto DSPs at the wage level that was factored into the state's updated reimbursement methodology.
- Assure that wage levels and rates for DSP-services are equitable across agency-rates and self-direction options, so long as DSPs hired under self-direction deemed proficient in validated competency areas.
- Require an annual COLA adjustment for all DSP wages and HCBS rates.
- Mandate that state Medicaid agencies must assure that all HCBS contracts are compliant with state and federal minimum wage requirements in the pay of all personnel providing HCBS (and that the SMA increases HCBS reimbursement rates accordingly).
- Require providers to pay for health care coverage and other benefits offered to other full-time personnel (management, executive leadership) within an organization for any DSPs who work full-time as established by a state's workforce investment agency.
- Allow DSPs who choose to do so, organize and engage in collective bargaining at a local, regional or state level.

Proposed Legislative Language:

- In requirements of CMS to administer the provisions of the legislative package, add "*The Centers for Medicare and Medicaid Services must establish and implement a process to analyze and evaluate whether state Medicaid agencies have implemented current HCBS reimbursement rates that reflect wages consistent with geographically-specific living wage scales, and provide technical assistance to states with regards to adjusting reimbursement rate methodologies to account for this alignment*".

- Under State Requirements, add the following:
    - *"Provide evidence that*
        - *increased rates encompass wages for direct support professionals reflect alignment with geographically-specific living wage scales.*
        - *community-based organizations providing HCBS pass any increases in rates resulting from a realignment of such rates with updated living wage scales are passed onto direct support professionals.*
    - *Assure wage levels and rates for the provision of services by direct support professionals certified in the National Core Competencies for Direct support. Professionals are equitable across provider agencies and self-direction options.*
    - *Implement an annual adjustment in the cost-of-living for wages of direct support professionals, and update reimbursement rates of HCBS to reflect such adjustment.*
    - *Demonstrate that any contracts with community-based organizations or health plans related to the provision of HCBS are compliant with state and federal minimum wage requirements in the pay of all personnel providing HCBS.*
    - *Require community-based organizations and health plans to pay for coverage of health care expenses, and any other benefits offered to other full-time personnel for any DSPs who work on average enough hours to be considered a full-time employee by a state's workforce investment agency.*
    - *Allow direct support professionals, who choose to do so, to organize and engage in collective bargaining at a local, regional or state level."*

Recommendation 8: Provide MLTSS health plans latitude in working with providers to improve the quality of DSPs.

Specific Provisions:

Under any section pertaining the implementation of HCBS provisions in states that have models based on managed care provision of Medicaid-funded LTSS:

- Require states to incorporate costs associated with ongoing training, certification, mentoring and professional development of DSPs in validated competency areas within capitated rates negotiated with health plans.
- Require MLTSS health plans to assure all DSPs meet the state's training and certification requirements in validated competency areas.
- Allow health plans to count self-direction DSPs/providers as part of their network adequacy projections.
- Allow health plans to hire and fire providers of their choosing as defined by the quality standards defined by the health plans.

Proposed Legislative Language:

Under any section pertaining the implementation of HCBS provisions in states that have models based on managed care provision of Medicaid-funded LTSS:

"Amend Section §436.68 of 42 CFR438 to require States operating Medicaid-funded long-term supports and services under a managed care model to implement the following:

- *Assurances by managed care health plans operating in a state to provide Medicaid-funded long-term services and supports that all direct support professionals meet the state's training and certification requirements in validated competency areas.*
- *Allowances for including provision of direct services under self-direction options for receiving Medicaid-funded home and community based services as part of network adequacy metrics, as required by Section XXX of the Managed Care XXXXXX.*
- *Allowances for health plans to select, contract with, and terminate contractual agreements with community based organizations providing home and community based services based on the compliance with quality standards defined by each health plan.*
- *Incorporation of costs within capitated rates associated with ongoing training, certification, mentoring and professional development of direct support professionals in validated competency areas."*

Recommendation 9. Allow states to reimburse for virtual communications and technologies to support service provision and address DSP workforce shortages under certain circumstances (but not substitute necessary in-person supports that lead to inclusion):

- Provide funding and authority to facilitate states and providers to address technology deficits that impact job satisfaction and retention.
- Ensure that the HCBS program created by the HAA has adequate funding and authority for states to explore appropriate technologies that alleviate pressure on the workforce (e.g., remote monitoring where appropriate).
- Include funds for training people leveraging services, their families, direct care workers, and others on the use of key technology. The goal should be to allow for adequate oversight of program integrity without adding undue burden to providers or beneficiaries.
- Allow states to reimburse for virtual communications and technologies to support service provision and address DSP workforce shortages under certain circumstances (but not substitute necessary in-person supports that lead to inclusion).
    - Some examples include incidental/episodic events that occur and require urgent guidance/support (employment, housing, welfare & safety, transportation).
- Incentivize state Medicaid agencies to work with their state Assistive Technology Coalitions and provider associations to conduct ongoing implementation and evaluation of the use of technologies as a universally-designed option for support while simultaneously providing relief to the increased demand for support and support workers. Such an incentive could be written into the HCBS Innovation Grants section.

Proposed Legislative Language:

Amend Section 4012 to add new section entitled, "*Telehealth Services in Medicaid Long Term Supports and Services" that includes the following: Not later than 1 year after the date of enactment of this Act, the Administrator of the Centers for Medicare & Medicaid Services shall provide to the committees of jurisdiction of the House of Representatives and the Senate information on the following: (1) The populations of beneficiaries of Medicaid long-term services and supports under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) whose care may be improved most in terms of quality and efficiency by the expansion, in a manner that meets or exceeds the existing in-person standard of care under the Medicaid program under such title XIX, of telehealth services under section 1834(m)(4) of such Act (42 U.S.C. 1395m(m)(4)). (2) Activities by the Center for Medicare and Medicaid Innovation which examine the use of telehealth services in models, projects, or initiatives funded through section 1115A of such Act (42 U.S.C. 1315a). (3) The types of high-volume incidental services related to episodic events as a part of the provision of Medicaid-funded home and community based services that may be appropriate under such title XIX which might be suitable to be furnished using telehealth. (4) Barriers that might prevent the expansion of telehealth services under section 1834(m)(4) of the Social Security Act (42 U.S.C. 1395m(m)(4)) beyond such services that are in effect as of the date of enactment of this Act.*"

Recommendation 10. Innovations Funds to Support New Models of DSP Workforce Development and Career Advancement

Specific Provisions:

- Include within the HCBS Innovation Grants section an emphasis on new models for DSP workforce development that involves all stakeholders (state-payer/plan-provider-DSP-participants) to enhance the capacity, competency, workplace culture, socioeconomic advancement, and social determinants of health (SDoH) of DSPs in Medicaid-funded HCBS programs.
- Establish a a National Technical Assistance Center focused on Building Capacity of DSPs in Competency Areas to support the evolution of demonstrations of new models for DSP workforce development that involves all stakeholders (state-payer/plan-provider-DSP-participants) to enhance the capacity, competency, workplace culture, socioeconomic advancement, and social determinants of health (SDoH) of DSPs in Medicaid-funded HCBS programs. The TA would be based on the National Core Competencies developed by the National Alliance for Direct Support Professionals and endorsed by CMS.
- Establishment of a National Technical Assistance Center focused on Building Capacity of DSPs in Competency Areas
    - TA Center would support the evolution of demonstrations of new models for DSP workforce development that involves all stakeholders (state-payer/plan-provider-DSP-participants) to enhance the capacity, competency, workplace culture, socioeconomic advancement, and social determinants of health (SDoH) of DSPs in Medicaid-funded HCBS programs.
    - Based on the National Core Competencies developed by NADSP and endorsed by CMS

- Includes National Frontline Supervisor Competency Areas for supervisors, which focuses on high-quality provision of direct supports; health, wellness and safety; support of plan development, monitoring and assessment; facilitating community inclusion across the lifespan; promoting professional relations and teamwork; staff recruitment, selection, and hiring; staff supervision, training, and development; service management and quality assurance; advocacy and public relations; leadership, professionalism and self-development; and cultural awareness and responsiveness.

Proposed Legislative Language:

"ESTABLISHMENT OF INNOVATION GRANTS FOR BUILDING THE CAPACITY OF DIRECT SUPPORT PROFESSIONAL WORKFORCE. *From the amounts appropriated to carry out XXXXXXX, and within one year of the enactment of this Act, the Secretary of Health and Human Services shall award grants under sections XXXXXX, on a competitive basis and under the auspices of the Administration for Community Living, to States and eligible entities to assist State Medicaid Agencies in enhancing the capacity, competency, workplace culture, socioeconomic advancement, and social determinants of health of Direct Support Professionals in Medicaid-funded HCBS programs by –*

(1) Providing training on validated competency areas administer a statewide career advancement pathway for DSPs based on the completion and demonstration of CMS' core competencies, with career lattices (with corresponding increased wages) for individuals who have been deemed by a neutral third-party as proficient in demonstrating competency areas.

(2) Testing and validating models for improving the socioeconomic advancement and the social determinants of health of direct support professionals.

(3) Coordinating efforts with health plans, community based organizations, direct support professionals and beneficiaries eligible to receive Medicaid home and community based services to assure direct support professionals have access to ongoing training, technical assistance, professional development and peer mentoring in the proper implementation of the National DSP Code of Ethics and National Core Competencies for Direct Support Professionals.

ESTABLISHMENT OF A NATIONAL TECHNICAL ASSISTANCE CENTER ON DIRECT SUPPORT PROFESSIONAL WORKFORCE DEVELOPMENT. *From the amounts appropriated to carry out XXXXXXX, and within one year of the enactment of this Act, the Secretary of Health and Human Services shall award at least one grant to eligible entities to establish a national center to provide technical assistance to State Medicaid Agencies, community-based organizations providing home and community based services, direct support professionals, and beneficiaries of Medicaid home and community based options engaged in a state's self-direction in the expansion of direct support professionals certified in the National Core Competencies of Direct Support Professionals."*