

112TH CONGRESS
1ST SESSION

S. 1982

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 SENATE OF THE UNITED STATES

DECEMBER 13, 2011

Mr. CASEY (for himself and Mr. FRANKEN) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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 2011”.

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

3 (1) As of 2011, more than 35,000,000 Ameri-
4 cans are aged 65 or older. Sixty-two percent of them
5 suffer from multiple chronic conditions which require
6 person-centered, coordinated care that helps them to
7 live in a home- or community-based setting. In
8 2007, 42 percent of Americans 65 and older re-
9 ported needing assistance performing Instrumental
10 Activities of Daily Living or Activities of Daily Liv-
11 ing.

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 15,000,000
23 health care jobs in the United States. The direct-
24 care workforce alone accounts for more than
25 3,000,000 jobs, expected to grow to more than
26 4,000,000 by 2018.

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 2018, home and community-based
5 DCWs are likely to outnumber facility workers by
6 nearly 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 (8) A November 2010 focus group of DCWs ex-
 5 amined the concept of an advanced role for this
 6 workforce. About half of the participants shared that
 7 they care for consumers who do not have any family
 8 or other unpaid caregivers present, which often re-
 9 quires them to assume an additional role as an advo-
 10 cate, with those consumers often turning to them as
 11 a source of trusted information and emotional sup-
 12 port. All participants agreed that consumers and
 13 family members frequently ask them to undertake
 14 tasks that they would like to provide, but for which
 15 they have not received proper training.

16 **SEC. 3. DEMONSTRATION PROGRAM ON CARE COORDINA-**
 17 **TION AND SERVICE DELIVERY.**

18 Part A of title IV of the Older Americans Act of 1965
 19 (42 U.S.C. 3032 et seq.) is amended by adding at the end
 20 the following:

21 **“SEC. 423. DEMONSTRATION PROGRAM ON CARE COORDI-**
 22 **NATION AND SERVICE DELIVERY.**

23 “(a) ESTABLISHMENT OF DEMONSTRATION PRO-
 24 GRAM.—

1 “(1) IN GENERAL.—The Assistant Secretary
2 shall carry out a demonstration program in accord-
3 ance with this section. Under such program, the As-
4 sistant Secretary shall award grants to eligible enti-
5 ties to carry out demonstration projects that focus
6 on care coordination and service delivery redesign
7 for older individuals with chronic illness or at risk
8 of institutional placement by—

9 “(A) designing and testing new models of
10 care coordination and service delivery that
11 thoughtfully and effectively deploy advanced
12 aides to improve efficiency and quality of care
13 for frail older individuals; and

14 “(B) giving direct-care workers opportuni-
15 ties for career advancement through additional
16 training, an expanded role, and increased com-
17 pensation.

18 “(2) DIRECT-CARE WORKER.—In this section,
19 the term ‘direct-care worker’ has the meaning given
20 that term in the 2010 Standard Occupational Classi-
21 fications of the Department of Labor for Home
22 Health Aides [31–1011], Psychiatric Aides [31–
23 1013], Nursing Assistants [31–1014], and Personal
24 Care Aides [39–9021].

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

4 “(1) Two demonstration projects shall focus on
5 using the abilities of direct-care workers to promote
6 smooth transitions in care and help to prevent un-
7 necessary hospital readmissions. Under these
8 projects, direct-care workers shall be incorporated as
9 essential members of interdisciplinary care coordina-
10 tion teams.

11 “(2) Two demonstration projects shall focus on
12 maintaining the health and improving the health sta-
13 tus of those with multiple chronic conditions and
14 long-term care needs. Under these projects, direct-
15 care workers shall assist in monitoring health status,
16 ensuring compliance with prescribed care, and edu-
17 cating and coaching the older individual involved and
18 any family caregivers.

19 “(3) Two demonstration projects shall focus on
20 training direct-care workers to take on deeper clin-
21 ical responsibilities related to specific diseases, in-
22 cluding Alzheimer’s and dementia, congestive heart
23 failure, and diabetes.

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

1 “(1) at least 1—

2 “(A) long-term care and rehabilitation fa-
3 cility; or

4 “(B) home personal care service provider;
5 and

6 “(2) at least 1—

7 “(A) hospital or health system;

8 “(B) labor organization or labor-manage-
9 ment partnership;

10 “(C) community-based aging service pro-
11 vider;

12 “(D) patient-centered medical home;

13 “(E) federally qualified health center;

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

16 “(G) entity that provides health services
17 training;

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

21 “(I) any other entity that the Assistant
22 Secretary deems eligible based on integrated
23 care criteria.

24 “(d) APPLICATION.—To be eligible to receive a grant
25 under this section, an eligible entity shall submit to the

1 Assistant Secretary an application at such time, in such
2 manner, and containing such information as the Secretary
3 may require, which shall include—

4 “(1) a description of the care coordination and
5 service delivery models of the entity, detailed on a
6 general, organizational, and staff level;

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

11 “(3) a description of how the coordinated care
12 team approach with an enhanced role for the direct-
13 care worker under the demonstration project will in-
14 crease efficiency and cost effectiveness compared to
15 past practice.

16 “(e) PLANNING AWARDS UNDER DEMONSTRATION
17 PROGRAM.—

18 “(1) IN GENERAL.—Each eligible entity that re-
19 ceives a grant under this section shall receive a
20 grant for planning activities related to the dem-
21 onstration project to be carried out by the entity, in-
22 cluding—

23 “(A) designing the implementation of the
24 project;

1 “(B) identifying competencies and devel-
2 oping curricula for the training of participating
3 direct-care workers;

4 “(C) developing training materials and
5 processes for other members of the interdiscipli-
6 nary care team;

7 “(D) articulating a plan for identifying
8 and tracking cost savings gained from imple-
9 mentation of the project and for achieving long-
10 term financial sustainability; and

11 “(E) articulating a plan for evaluating the
12 project.

13 “(2) AMOUNT AND TERM.—

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

17 “(B) TERM.—Activities carried out under
18 a grant awarded under paragraph (1) shall be
19 completed not later than 1 year after the grant
20 is awarded.

21 “(f) IMPLEMENTATION AWARDS UNDER DEM-
22 ONSTRATION PROGRAM.—

23 “(1) IN GENERAL.—Each eligible entity may re-
24 ceive a grant for implementation activities related to
25 the demonstration project to be carried out by the

1 entity, if the Assistant Secretary determines the en-
2 tity—

3 “(A) has successfully carried out the ac-
4 tivities under the grant awarded under sub-
5 section (e);

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

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

10 “(D) aims to provide training to a sizeable
11 number of direct-care workers and to serve a
12 sizeable number of older individuals.

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

16 “(A) training of all care team members in
17 accordance with the design of the demonstra-
18 tion project; and

19 “(B) evaluating the competency of all staff
20 based on project design.

21 “(3) EVALUATION AND REPORT.—

22 “(A) EVALUATION.—Each recipient of a
23 grant under paragraph (1), in consultation with
24 an independent evaluation contractor, shall
25 evaluate—

1 “(i) the impact of training and de-
2 ployment of direct-care workers in ad-
3 vanced roles, as described in this section,
4 within each participating entity on out-
5 comes, such as direct-care worker job satis-
6 faction and turnover, beneficiary and fam-
7 ily caregiver satisfaction with services, rate
8 of hospitalization of beneficiaries, and ad-
9 ditional measures determined by the Sec-
10 retary;

11 “(ii) the impact of such training and
12 deployment on the long-term services and
13 supports delivery system and resources;

14 “(iii) statement of the potential of the
15 use of direct-care workers in advanced
16 roles to lower cost and improve quality of
17 care in the Medicaid program; and

18 “(iv) long-term financial sustainability
19 of the model used under the grant and the
20 impact of such model on quality of care.

21 “(B) REPORTS.—Not later than 180 days
22 after completion of the demonstration program
23 under this section, each recipient of a grant
24 under paragraph (1) shall submit to the Sec-
25 retary a report on the implementation of activi-

1 ties conducted under the demonstration project,
2 including—

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

5 “(ii) a statement of cost savings
6 gained from implementation of the project
7 and how the cost savings have been rein-
8 vested to improve direct-care job quality
9 and quality of care; and

10 “(iii) results of the evaluation con-
11 ducted under subparagraph (A) with re-
12 spect to such activities, together with such
13 recommendations for legislation or admin-
14 istrative action for expansion of the dem-
15 onstration program on a broader scale as
16 the Secretary determines appropriate.

17 “(4) AMOUNT AND TERM.—

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

21 “(B) TERM.—Activities carried out under
22 a grant awarded under paragraph (1) shall be
23 completed not later than 2 years after the grant
24 is awarded.”.

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