

1 STATE OF OKLAHOMA

2 2nd Session of the 59th Legislature (2024)

3 COMMITTEE SUBSTITUTE
4 FOR

5 SENATE BILL NO. 1417

6 By: Thompson (Roger)

7 COMMITTEE SUBSTITUTE

8 An Act relating to the state Medicaid program;
9 amending 56 O.S. 2021, Section 1011.5, which relates
10 to the nursing facility incentive reimbursement rate
11 plan; modifying conditions for changes to certain
12 quality measures; clarifying and updating statutory
13 language; modifying certain method of reporting;
14 amending 63 O.S. 2021, Section 1-1925.2, which
15 relates to reimbursements from the Nursing Facility
16 Quality of Care Fund; requiring certain transition to
17 price-based methodology; directing certain adjustment
18 to direct care payments; requiring the Oklahoma
19 Health Care Authority to implement certain
20 scholarship program subject to available funding;
21 updating statutory language; updating statutory
22 reference; providing an effective date; and declaring
23 an emergency.

24 BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

SECTION 1. AMENDATORY 56 O.S. 2021, Section 1011.5, is
amended to read as follows:

Section 1011.5. A. 1. The Oklahoma Health Care Authority
shall develop an incentive reimbursement rate plan for nursing
facilities focused on improving resident outcomes and resident
quality of life.

1 2. Under the current rate methodology, the Authority shall
2 reserve Five Dollars (\$5.00) per patient day designated for the
3 quality assurance component that nursing facilities can earn for
4 improvement or performance achievement of resident-centered outcomes
5 metrics. To fund the quality assurance component, Two Dollars
6 (\$2.00) shall be deducted from each nursing facility's per diem
7 rate, and matched with Three Dollars (\$3.00) per day funded by the
8 Authority. Payments to nursing facilities that achieve specific
9 metrics shall be treated as an "add back" to their net reimbursement
10 per diem. Dollar values assigned to each metric shall be determined
11 so that an average of the five-dollar-quality incentive is made to
12 qualifying nursing facilities.

13 3. Pay-for-performance payments may be earned quarterly and
14 based on facility-specific performance achievement of four ~~equally-~~
15 ~~weighted,~~ equally weighted Long-Stay Quality Measures, as defined by
16 the Centers for Medicare and Medicaid Services (CMS).

17 4. Contracted Medicaid long-term care providers may earn
18 payment by achieving either five percent (5%) relative improvement
19 each quarter from baseline or by achieving the National Average
20 Benchmark or better for each individual quality metric.

21 5. Pursuant to federal Medicaid approval, any funds that remain
22 as a result of providers failing to meet the quality assurance
23 metrics shall be pooled and redistributed to those who achieve the
24 quality assurance metrics each quarter. If federal approval is not

1 received, any remaining funds shall be deposited in the Nursing
2 Facility Quality of Care Fund authorized in Section 2002 of this
3 title.

4 6. The Authority shall establish an advisory group with
5 consumer, provider and state agency representation to recommend
6 quality measures other than those specified in paragraph 7 of this
7 subsection to be included in the pay-for-performance program and to
8 provide feedback on program performance and recommendations for
9 improvement. The quality measures shall be reviewed annually and
10 shall be subject to change ~~every three (3) years~~ through the
11 agency's promulgation of rules as funding is available. The
12 Authority shall ~~insure~~ ensure adherence to the following criteria in
13 determining the quality measures:

- 14 a. provides direct benefit to resident care outcomes,
- 15 b. applies to long-stay residents, and
- 16 c. addresses a need for quality improvement using the
17 Centers for Medicare and Medicaid Services (CMS)
18 ranking for Oklahoma.

19 7. The Authority shall begin the pay-for-performance program
20 focusing on improving the following CMS ~~nursing home~~ long-stay
21 quality measures:

- 22 a. ~~percentage of long-stay,~~ percent of high-risk
23 residents with pressure ulcers,

24

- 1 b. ~~percentage of long stay~~ percent of residents who lose
2 too much weight,
3 c. ~~percentage of long stay~~ percent of residents with a
4 urinary tract infection, and
5 d. ~~percentage of long stay~~ percent of residents who ~~get~~
6 received an antipsychotic medication.

7 B. The Oklahoma Health Care Authority shall negotiate with the
8 Centers for Medicare and Medicaid Services to include the authority
9 to base provider reimbursement rates for nursing facilities on the
10 criteria specified in subsection A of this section.

11 C. The Oklahoma Health Care Authority shall audit the program
12 to ensure transparency and integrity.

13 D. The Oklahoma Health Care Authority shall ~~provide~~
14 electronically submit an annual report of the incentive
15 reimbursement rate plan to the Governor, the Speaker of the House of
16 Representatives, and the President Pro Tempore of the Senate by
17 December 31 of each year. The report shall include, but not be
18 limited to, an analysis of the previous fiscal year including
19 incentive payments, ratings, and notable trends.

20 SECTION 2. AMENDATORY 63 O.S. 2021, Section 1-1925.2, is
21 amended to read as follows:

22 Section 1-1925.2. A. The Oklahoma Health Care Authority shall
23 fully recalculate and reimburse nursing facilities and ~~Intermediate~~
24 ~~Care Facilities for Individuals with Intellectual Disabilities~~

1 intermediate care facilities for individuals with intellectual
2 disabilities (ICFs/IID) from the Nursing Facility Quality of Care
3 Fund beginning October 1, 2000, the average actual, audited costs
4 reflected in previously submitted cost reports for the cost-
5 reporting period that began July 1, 1998, and ended June 30, 1999,
6 inflated by the federally published inflationary factors for the two
7 (2) years appropriate to reflect present-day costs at the midpoint
8 of the July 1, 2000, through June 30, 2001, rate year.

9 1. The recalculations provided for in this subsection shall be
10 consistent for both nursing facilities and ~~Intermediate Care~~
11 ~~Facilities for Individuals with Intellectual Disabilities~~
12 intermediate care facilities for individuals with intellectual
13 disabilities (ICFs/IID).

14 2. The recalculated reimbursement rate shall be implemented
15 September 1, 2000.

16 B. 1. From September 1, 2000, through August 31, 2001, all
17 nursing facilities subject to the Nursing Home Care Act, in addition
18 to other state and federal requirements related to the staffing of
19 nursing facilities, shall maintain the following minimum direct-
20 care-staff-to-resident ratios:

- 21 a. from 7:00 a.m. to 3:00 p.m., one direct-care staff to
22 every eight residents, or major fraction thereof,
- 23 b. from 3:00 p.m. to 11:00 p.m., one direct-care staff to
24 every twelve residents, or major fraction thereof, and

1 c. from 11:00 p.m. to 7:00 a.m., one direct-care staff to
2 every seventeen residents, or major fraction thereof.

3 2. From September 1, 2001, through August 31, 2003, nursing
4 facilities subject to the Nursing Home Care Act and ~~Intermediate~~
5 ~~Care Facilities for Individuals with Intellectual Disabilities~~
6 intermediate care facilities for individuals with intellectual
7 disabilities (ICFs/IID) with seventeen or more beds shall maintain,
8 in addition to other state and federal requirements related to the
9 staffing of nursing facilities, the following minimum direct-care-
10 staff-to-resident ratios:

11 a. from 7:00 a.m. to 3:00 p.m., one direct-care staff to
12 every seven residents, or major fraction thereof,

13 b. from 3:00 p.m. to 11:00 p.m., one direct-care staff to
14 every ten residents, or major fraction thereof, and

15 c. from 11:00 p.m. to 7:00 a.m., one direct-care staff to
16 every seventeen residents, or major fraction thereof.

17 3. On and after October 1, 2019, nursing facilities subject to
18 the Nursing Home Care Act and ~~Intermediate Care Facilities for~~
19 ~~Individuals with Intellectual Disabilities~~ intermediate care
20 facilities for individuals with intellectual disabilities (ICFs/IID)
21 with seventeen or more beds shall maintain, in addition to other
22 state and federal requirements related to the staffing of nursing
23 facilities, the following minimum direct-care-staff-to-resident
24 ratios:

- 1 a. from 7:00 a.m. to 3:00 p.m., one direct-care staff to
2 every six residents, or major fraction thereof,
3 b. from 3:00 p.m. to 11:00 p.m., one direct-care staff to
4 every eight residents, or major fraction thereof, and
5 c. from 11:00 p.m. to 7:00 a.m., one direct-care staff to
6 every fifteen residents, or major fraction thereof.

7 4. Effective immediately, facilities shall have the option of
8 varying the starting times for the eight-hour shifts by one (1) hour
9 before or one (1) hour after the times designated in this section
10 without overlapping shifts.

11 5. a. On and after January 1, 2020, a facility may implement
12 twenty-four-hour-based staff scheduling; provided,
13 however, such facility shall continue to maintain a
14 direct-care service rate of at least two and ~~nine~~
15 ~~tenths~~ nine-tenths (2.9) hours of direct-care service
16 per resident per day, the same to be calculated based
17 on average direct care staff maintained over a twenty-
18 four-hour period.

19 b. At no time shall direct-care staffing ratios in a
20 facility with twenty-four-hour-based staff-scheduling
21 privileges fall below one direct-care staff to every
22 fifteen residents or major fraction thereof, and at
23 least two direct-care staff shall be on duty and awake
24 at all times.

1 c. As used in this paragraph, ~~"twenty-four-hour-based-~~
2 ~~scheduling"~~ "twenty-four-hour-based staff scheduling"
3 means maintaining:

4 (1) a direct-care-staff-to-resident ratio based on
5 overall hours of direct-care service per resident
6 per day rate of not less than ~~two and ninety one-~~
7 ~~hundredths (2.90)~~ two and nine-tenths (2.9) hours
8 per day,

9 (2) a direct-care-staff-to-resident ratio of at least
10 one direct-care staff person on duty to every
11 fifteen residents or major fraction thereof at
12 all times, and

13 (3) at least two direct-care staff persons on duty
14 and awake at all times.

15 6. a. On and after January 1, 2004, the State Department of
16 Health shall require a facility to maintain the shift-
17 based, staff-to-resident ratios provided in paragraph
18 3 of this subsection if the facility has been
19 determined by the Department to be deficient with
20 regard to:

21 (1) the provisions of paragraph 3 of this subsection,
22 (2) fraudulent reporting of staffing on the Quality
23 of Care Report, or
24

1 (3) a complaint or survey investigation that has
2 determined substandard quality of care as a
3 result of insufficient staffing.

4 b. The Department shall require a facility described in
5 subparagraph a of this paragraph to achieve and
6 maintain the shift-based, staff-to-resident ratios
7 provided in paragraph 3 of this subsection for a
8 minimum of three (3) months before being considered
9 eligible to implement twenty-four-hour-based staff
10 scheduling as defined in subparagraph c of paragraph 5
11 of this subsection.

12 c. Upon a subsequent determination by the Department that
13 the facility has achieved and maintained for at least
14 three (3) months the shift-based, staff-to-resident
15 ratios described in paragraph 3 of this subsection,
16 and has corrected any deficiency described in
17 subparagraph a of this paragraph, the Department shall
18 notify the facility of its eligibility to implement
19 twenty-four-hour-based staff-scheduling privileges.

20 7. a. For facilities that utilize twenty-four-hour-based
21 staff-scheduling privileges, the Department shall
22 monitor and evaluate facility compliance with the
23 twenty-four-hour-based staff-scheduling staffing
24 provisions of paragraph 5 of this subsection through

1 reviews of monthly staffing reports, results of
2 complaint investigations and inspections.

3 b. If the Department identifies any quality-of-care
4 problems related to insufficient staffing in such
5 facility, the Department shall issue a directed plan
6 of correction to the facility found to be out of
7 compliance with the provisions of this subsection.

8 c. In a directed plan of correction, the Department shall
9 require a facility described in subparagraph b of this
10 paragraph to maintain shift-based, staff-to-resident
11 ratios for the following periods of time:

12 (1) the first determination shall require that shift-
13 based, staff-to-resident ratios be maintained
14 until full compliance is achieved,

15 (2) the second determination within a two-year period
16 shall require that shift-based, staff-to-resident
17 ratios be maintained for a minimum period of
18 twelve (12) months, and

19 (3) the third determination within a two-year period
20 shall require that shift-based, staff-to-resident
21 ratios be maintained. The facility may apply for
22 permission to use twenty-four-hour staffing
23 methodology after two (2) years.
24

1 C. Effective September 1, 2002, facilities shall post the names
2 and titles of direct-care staff on duty each day in a conspicuous
3 place, including the name and title of the supervising nurse.

4 D. The State Commissioner of Health shall promulgate rules
5 prescribing staffing requirements for ~~Intermediate Care Facilities~~
6 ~~for Individuals with Intellectual Disabilities~~ intermediate care
7 facilities for individuals with intellectual disabilities serving
8 six or fewer clients (ICFs/IID-6) and for ~~Intermediate Care~~
9 ~~Facilities for Individuals with Intellectual Disabilities~~
10 intermediate care facilities for individuals with intellectual
11 disabilities serving sixteen or fewer clients (ICFs/IID-16).

12 E. Facilities shall have the right to appeal and to the
13 informal dispute resolution process with regard to penalties and
14 sanctions imposed due to staffing noncompliance.

15 F. 1. When the state Medicaid program reimbursement rate
16 reflects the sum of Ninety-four Dollars and eleven cents (\$94.11),
17 plus the increases in actual audited costs over and above the actual
18 audited costs reflected in the cost reports submitted for the most
19 current cost-reporting period and the costs estimated by the
20 Oklahoma Health Care Authority to increase the direct-care, flexible
21 staff-scheduling staffing level from two and eighty-six one-
22 hundredths (2.86) hours per day per occupied bed to three and two-
23 tenths (3.2) hours per day per occupied bed, all nursing facilities
24 subject to the provisions of the Nursing Home Care Act and

1 ~~Intermediate Care Facilities for Individuals with Intellectual~~
2 ~~Disabilities~~ intermediate care facilities for individuals with
3 intellectual disabilities (ICFs/IID) with seventeen or more beds, in
4 addition to other state and federal requirements related to the
5 staffing of nursing facilities, shall maintain direct-care, flexible
6 staff-scheduling staffing levels based on an overall three and two-
7 tenths (3.2) hours per day per occupied bed.

8 2. When the state Medicaid program reimbursement rate reflects
9 the sum of Ninety-four Dollars and eleven cents (\$94.11), plus the
10 increases in actual audited costs over and above the actual audited
11 costs reflected in the cost reports submitted for the most current
12 cost-reporting period and the costs estimated by the Oklahoma Health
13 Care Authority to increase the direct-care flexible staff-scheduling
14 staffing level from three and two-tenths (3.2) hours per day per
15 occupied bed to three and eight-tenths (3.8) hours per day per
16 occupied bed, all nursing facilities subject to the provisions of
17 the Nursing Home Care Act and ~~Intermediate Care Facilities for~~
18 ~~Individuals with Intellectual Disabilities~~ intermediate care
19 facilities for individuals with intellectual disabilities (ICFs/IID)
20 with seventeen or more beds, in addition to other state and federal
21 requirements related to the staffing of nursing facilities, shall
22 maintain direct-care, flexible staff-scheduling staffing levels
23 based on an overall three and eight-tenths (3.8) hours per day per
24 occupied bed.

1 3. When the state Medicaid program reimbursement rate reflects
2 the sum of Ninety-four Dollars and eleven cents (\$94.11), plus the
3 increases in actual audited costs over and above the actual audited
4 costs reflected in the cost reports submitted for the most current
5 cost-reporting period and the costs estimated by the Oklahoma Health
6 Care Authority to increase the direct-care, flexible staff-
7 scheduling staffing level from three and eight-tenths (3.8) hours
8 per day per occupied bed to four and one-tenth (4.1) hours per day
9 per occupied bed, all nursing facilities subject to the provisions
10 of the Nursing Home Care Act and ~~Intermediate Care Facilities for~~
11 ~~Individuals with Intellectual Disabilities~~ intermediate care
12 facilities for individuals with intellectual disabilities (ICFs/IID)
13 with seventeen or more beds, in addition to other state and federal
14 requirements related to the staffing of nursing facilities, shall
15 maintain direct-care, flexible staff-scheduling staffing levels
16 based on an overall four and one-tenth (4.1) hours per day per
17 occupied bed.

18 4. The Commissioner shall promulgate rules for shift-based,
19 staff-to-resident ratios for noncompliant facilities denoting the
20 incremental increases reflected in direct-care, flexible staff-
21 scheduling staffing levels.

22 5. In the event that the state Medicaid program reimbursement
23 rate for facilities subject to the Nursing Home Care Act, and
24 ~~Intermediate Care Facilities for Individuals with Intellectual~~

1 ~~Disabilities~~ intermediate care facilities for individuals with
2 intellectual disabilities (ICFs/IID) having seventeen or more beds
3 is reduced below actual audited costs, the requirements for staffing
4 ratio levels shall be adjusted to the appropriate levels provided in
5 paragraphs 1 through 4 of this subsection.

6 G. For purposes of this ~~subsection~~ section:

7 1. "Direct-care staff" means any nursing or therapy staff who
8 provides direct, hands-on care to residents in a nursing facility;

9 2. Prior to September 1, 2003, activity and social services
10 staff who are not providing direct, hands-on care to residents may
11 be included in the direct-care-staff-to-resident ratio in any shift.
12 On and after September 1, 2003, such persons shall not be included
13 in the direct-care-staff-to-resident ratio, regardless of their
14 licensure or certification status; and

15 3. The administrator shall not be counted in the direct-care-
16 staff-to-resident ratio regardless of the administrator's licensure
17 or certification status.

18 H. 1. The Oklahoma Health Care Authority shall require all
19 nursing facilities subject to the provisions of the Nursing Home
20 Care Act and ~~Intermediate Care Facilities for Individuals with~~
21 ~~Intellectual Disabilities~~ intermediate care facilities for
22 individuals with intellectual disabilities (ICFs/IID) with seventeen
23 or more beds to submit a monthly report on staffing ratios on a form
24 that the Authority shall develop.

1 2. The report shall document the extent to which such
2 facilities are meeting or are failing to meet the minimum direct-
3 care-staff-to-resident ratios specified by this section. Such
4 report shall be available to the public upon request.

5 3. The Authority may assess administrative penalties for the
6 failure of any facility to submit the report as required by the
7 Authority. Provided, however:

- 8 a. administrative penalties shall not accrue until the
9 Authority notifies the facility in writing that the
10 report was not timely submitted as required, and
- 11 b. a minimum of a one-day penalty shall be assessed in
12 all instances.

13 4. Administrative penalties shall not be assessed for
14 computational errors made in preparing the report.

15 5. Monies collected from administrative penalties shall be
16 deposited in the Nursing Facility Quality of Care Fund established
17 in Section 2002 of Title 56 of the Oklahoma Statutes and utilized
18 for the purposes specified in ~~the Oklahoma Healthcare Initiative Act~~
19 such section.

20 I. 1. All entities regulated by this state that provide long-
21 term care services shall utilize a single assessment tool to
22 determine client services needs. The tool shall be developed by the
23 Oklahoma Health Care Authority in consultation with the State
24 Department of Health.

1 2. a. The Oklahoma Nursing Facility Funding Advisory
2 Committee is hereby created and shall consist of the
3 following:

4 (1) four members selected by ~~the Oklahoma Association~~
5 ~~of Health~~ Care Providers Oklahoma,

6 (2) three members selected by the Oklahoma
7 Association of Homes and Services for the Aging,
8 and

9 (3) two members selected by the Oklahoma State
10 Council on Aging and Adult Protective Services.

11 The ~~Chair~~ chair shall be elected by the committee. No
12 state employees may be appointed to serve.

13 b. The purpose of the advisory committee will be to
14 develop a new methodology for calculating state
15 Medicaid program reimbursements to nursing facilities
16 by implementing facility-specific rates based on
17 expenditures relating to direct care staffing. No
18 nursing home will receive less than the current rate
19 at the time of implementation of facility-specific
20 rates pursuant to this subparagraph.

21 c. The advisory committee shall be staffed and advised by
22 the Oklahoma Health Care Authority.

23 d. The new methodology will be submitted for approval to
24 the ~~Board of the~~ Oklahoma Health Care Authority Board

1 by January 15, 2005, and shall be finalized by July 1,
2 2005. The new methodology will apply only to new
3 funds that become available for Medicaid nursing
4 facility reimbursement after the methodology of this
5 paragraph has been finalized. Existing funds paid to
6 nursing homes will not be subject to the methodology
7 of this paragraph. The methodology as outlined in
8 this paragraph will only be applied to any new funding
9 for nursing facilities appropriated above and beyond
10 the funding amounts effective on January 15, 2005.

11 e. The new methodology shall divide the payment into two
12 components:

13 (1) direct care which includes allowable costs for
14 registered nurses, licensed practical nurses,
15 certified medication aides and certified nurse
16 aides. The direct care component of the rate
17 shall be a facility-specific rate, directly
18 related to each facility's actual expenditures on
19 direct care, and

20 (2) other costs.

21 f. The Oklahoma Health Care Authority, in calculating the
22 base year prospective direct care rate component,
23 shall use the following criteria:
24

- 1 (1) to construct an array of facility per diem
2 allowable expenditures on direct care, the
3 Authority shall use the most recent data
4 available. The limit on this array shall be no
5 less than the ninetieth percentile,
- 6 (2) each facility's direct care base-year component
7 of the rate shall be the lesser of the facility's
8 allowable expenditures on direct care or the
9 limit,
- 10 (3) the Authority shall transition the payment rate
11 methodology of nursing facilities to a price-
12 based methodology when data for such a
13 methodology becomes available and has been
14 analyzed by the Authority. Under the price-based
15 methodology, the direct care payment amount of
16 each facility shall be adjusted to reflect the
17 resident case mix of each facility using a
18 percentage of funds in the direct care pool as
19 determined by the Authority,
- 20 (4) other rate components shall be determined by the
21 Oklahoma Nursing Facility Funding Advisory
22 Committee or the Authority in accordance with
23 federal regulations and requirements,
- 24

1 ~~(4)~~ (5) prior to July 1, 2020, the Authority shall
2 seek federal approval to calculate the upper
3 payment limit under the authority of ~~CMS~~ the
4 Centers for Medicare and Medicaid Services (CMS)
5 utilizing the Medicare equivalent payment rate,
6 and

7 ~~(5)~~ (6) if Medicaid payment rates to providers are
8 adjusted, nursing home rates and ~~Intermediate~~
9 ~~Care Facilities for Individuals with Intellectual~~
10 ~~Disabilities~~ intermediate care facilities for
11 individuals with intellectual disabilities
12 (ICFs/IID) rates shall not be adjusted less
13 favorably than the average percentage-rate
14 reduction or increase applicable to the majority
15 of other provider groups.

16 g. (1) Effective October 1, 2019, if sufficient funding
17 is appropriated for a rate increase, a new
18 average rate for nursing facilities shall be
19 established. The rate shall be equal to the
20 statewide average cost as derived from audited
21 cost reports for SFY 2018, ending June 30, 2018,
22 after adjustment for inflation. After such new
23 average rate has been established, the facility
24 specific reimbursement rate shall be as follows:

1 (a) amounts up to the existing base rate amount
2 shall continue to be distributed as a part
3 of the base rate in accordance with the
4 existing State Plan, and

5 (b) to the extent the new rate exceeds the rate
6 effective before ~~the effective date of this~~
7 ~~act~~ October 1, 2019, fifty percent (50%) of
8 the resulting increase on October 1, 2019,
9 shall be allocated toward an increase of the
10 existing base reimbursement rate and
11 distributed accordingly. The remaining
12 fifty percent (50%) of the increase shall be
13 allocated in accordance with the currently
14 approved 70/30 reimbursement rate
15 methodology as outlined in the existing
16 State Plan.

17 (2) Any subsequent rate increases, as determined
18 based on the provisions set forth in this
19 subparagraph, shall be allocated in accordance
20 with the currently approved 70/30 reimbursement
21 rate methodology. The rate shall not exceed the
22 upper payment limit established by the Medicare
23 rate equivalent established by the federal CMS.
24

1 h. Effective October 1, 2019, in coordination with the
2 rate adjustments identified in the preceding section,
3 a portion of the funds shall be utilized as follows:

- 4 (1) effective October 1, 2019, the Oklahoma Health
5 Care Authority shall increase the personal needs
6 allowance for residents of nursing homes and
7 ~~Intermediate Care Facilities for Individuals with~~
8 ~~Intellectual Disabilities~~ intermediate care
9 facilities for individuals with intellectual
10 disabilities (ICFs/IID) from Fifty Dollars
11 (\$50.00) per month to Seventy-five Dollars
12 (\$75.00) per month per resident. The increase
13 shall be funded by Medicaid nursing home
14 providers, by way of a reduction of eighty-two
15 cents (\$0.82) per day deducted from the base
16 rate. Any additional cost shall be funded by the
17 Nursing Facility Quality of Care Fund, and
18 (2) effective January 1, 2020, all clinical employees
19 working in a licensed nursing facility shall be
20 required to receive at least four (4) hours
21 annually of Alzheimer's or dementia training, to
22 be provided and paid for by the facilities.

23 3. The Department of Human Services shall expand its statewide
24 toll-free, ~~Senior Info Line~~ Senior Info-line for senior citizen

1 services to include assistance with or information on long-term care
2 services in this state.

3 4. The Oklahoma Health Care Authority shall develop a nursing
4 facility cost-reporting system that reflects the most current costs
5 experienced by nursing and specialized facilities. The Oklahoma
6 Health Care Authority shall utilize the most current cost report
7 data to estimate costs in determining daily per diem rates.

8 5. The Oklahoma Health Care Authority shall provide access to
9 the detailed Medicaid payment audit adjustments and implement an
10 appeal process for disputed payment audit adjustments to the
11 provider. Additionally, the Oklahoma Health Care Authority shall
12 make sufficient revisions to the nursing facility cost reporting
13 forms and electronic data input system so as to clarify what
14 expenses are allowable and appropriate for inclusion in cost
15 calculations.

16 J. 1. When the state Medicaid program reimbursement rate
17 reflects the sum of Ninety-four Dollars and eleven cents (\$94.11),
18 plus the increases in actual audited costs, over and above the
19 actual audited costs reflected in the cost reports submitted for the
20 most current cost-reporting period, and the direct-care, flexible
21 staff-scheduling staffing level has been prospectively funded at
22 four and one-tenth (4.1) hours per day per occupied bed, the
23 Authority may apportion funds for the implementation of the
24 provisions of this section.

1 2. The Authority shall make application to the United States
2 Centers for Medicare and Medicaid Service for a waiver of the
3 uniform requirement on health-care-related taxes as permitted by
4 ~~Section 433.72 of 42 C.F.R.,~~ Section 433.72.

5 3. Upon approval of the waiver, the Authority shall develop a
6 program to implement the provisions of the waiver as it relates to
7 all nursing facilities.

8 K. Subject to the availability of funds, the Authority shall
9 design and implement a scholarship program for nurse aides who work
10 in Medicaid-certified nursing facilities or intermediate care
11 facilities for individuals with intellectual disabilities (ICFs/IID)
12 and who are attending a program of practical nursing approved by the
13 Oklahoma Board of Nursing.

14 SECTION 3. This act shall become effective July 1, 2024.

15 SECTION 4. It being immediately necessary for the preservation
16 of the public peace, health or safety, an emergency is hereby
17 declared to exist, by reason whereof this act shall take effect and
18 be in full force from and after its passage and approval.

19

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