

1 **SENATE FLOOR VERSION**

2 February 28, 2024

3 COMMITTEE SUBSTITUTE
4 FOR

5 SENATE BILL NO. 1417

By: Thompson (Roger)

6
7 [state Medicaid program - rate plan - quality
8 measures - reporting - reimbursements - methodology -
9 payments - scholarship program - effective date -
10 emergency]

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

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

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

18 2. Under the current rate methodology, the Authority shall
19 reserve Five Dollars (\$5.00) per patient day designated for the
20 quality assurance component that nursing facilities can earn for
21 improvement or performance achievement of resident-centered outcomes
22 metrics. To fund the quality assurance component, Two Dollars
23 (\$2.00) shall be deducted from each nursing facility's per diem
24 rate, and matched with Three Dollars (\$3.00) per day funded by the

1 Authority. Payments to nursing facilities that achieve specific
2 metrics shall be treated as an "add back" to their net reimbursement
3 per diem. Dollar values assigned to each metric shall be determined
4 so that an average of the five-dollar-quality incentive is made to
5 qualifying nursing facilities.

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

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

14 5. Pursuant to federal Medicaid approval, any funds that remain
15 as a result of providers failing to meet the quality assurance
16 metrics shall be pooled and redistributed to those who achieve the
17 quality assurance metrics each quarter. If federal approval is not
18 received, any remaining funds shall be deposited in the Nursing
19 Facility Quality of Care Fund authorized in Section 2002 of this
20 title.

21 6. The Authority shall establish an advisory group with
22 consumer, provider and state agency representation to recommend
23 quality measures other than those specified in paragraph 7 of this
24 subsection to be included in the pay-for-performance program and to

1 provide feedback on program performance and recommendations for
2 improvement. The quality measures shall be reviewed annually and
3 shall be subject to change ~~every three (3) years~~ through the
4 agency's promulgation of rules as funding is available. The
5 Authority shall ~~insure~~ ensure adherence to the following criteria in
6 determining the quality measures:

- 7 a. provides direct benefit to resident care outcomes,
- 8 b. applies to long-stay residents, and
- 9 c. addresses a need for quality improvement using the
10 Centers for Medicare and Medicaid Services (CMS)
11 ranking for Oklahoma.

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

- 15 a. ~~percentage of long-stay,~~ percent of high-risk
16 residents with pressure ulcers,
- 17 b. ~~percentage of long-stay~~ percent of residents who lose
18 too much weight,
- 19 c. ~~percentage of long-stay~~ percent of residents with a
20 urinary tract infection, and
- 21 d. ~~percentage of long-stay~~ percent of residents who ~~get~~
22 received an antipsychotic medication.

23 B. The Oklahoma Health Care Authority shall negotiate with the
24 Centers for Medicare and Medicaid Services to include the authority

1 to base provider reimbursement rates for nursing facilities on the
2 criteria specified in subsection A of this section.

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

5 D. The Oklahoma Health Care Authority shall ~~provide~~
6 electronically submit an annual report of the incentive
7 reimbursement rate plan to the Governor, the Speaker of the House of
8 Representatives, and the President Pro Tempore of the Senate by
9 December 31 of each year. The report shall include, but not be
10 limited to, an analysis of the previous fiscal year including
11 incentive payments, ratings, and notable trends.

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

14 Section 1-1925.2. A. The Oklahoma Health Care Authority shall
15 fully recalculate and reimburse nursing facilities and ~~Intermediate~~
16 ~~Care Facilities for Individuals with Intellectual Disabilities~~
17 intermediate care facilities for individuals with intellectual
18 disabilities (ICFs/IID) from the Nursing Facility Quality of Care
19 Fund beginning October 1, 2000, the average actual, audited costs
20 reflected in previously submitted cost reports for the cost-
21 reporting period that began July 1, 1998, and ended June 30, 1999,
22 inflated by the federally published inflationary factors for the two
23 (2) years appropriate to reflect present-day costs at the midpoint
24 of the July 1, 2000, through June 30, 2001, rate year.

1 1. The recalculations provided for in this subsection shall be
2 consistent for both nursing facilities and ~~Intermediate Care~~
3 ~~Facilities for Individuals with Intellectual Disabilities~~
4 intermediate care facilities for individuals with intellectual
5 disabilities (ICFs/IID).

6 2. The recalculated reimbursement rate shall be implemented
7 September 1, 2000.

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

- 13 a. from 7:00 a.m. to 3:00 p.m., one direct-care staff to
14 every eight residents, or major fraction thereof,
- 15 b. from 3:00 p.m. to 11:00 p.m., one direct-care staff to
16 every twelve residents, or major fraction thereof, and
- 17 c. from 11:00 p.m. to 7:00 a.m., one direct-care staff to
18 every seventeen residents, or major fraction thereof.

19 2. From September 1, 2001, through August 31, 2003, nursing
20 facilities subject to the Nursing Home Care Act and ~~Intermediate~~
21 ~~Care Facilities for Individuals with Intellectual Disabilities~~
22 intermediate care facilities for individuals with intellectual
23 disabilities (ICFs/IID) with seventeen or more beds shall maintain,
24 in addition to other state and federal requirements related to the

1 staffing of nursing facilities, the following minimum direct-care-
2 staff-to-resident ratios:

- 3 a. from 7:00 a.m. to 3:00 p.m., one direct-care staff to
4 every seven residents, or major fraction thereof,
- 5 b. from 3:00 p.m. to 11:00 p.m., one direct-care staff to
6 every ten residents, or major fraction thereof, and
- 7 c. from 11:00 p.m. to 7:00 a.m., one direct-care staff to
8 every seventeen residents, or major fraction thereof.

9 3. On and after October 1, 2019, nursing facilities subject to
10 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 shall maintain, in addition to other
14 state and federal requirements related to the staffing of nursing
15 facilities, the following minimum direct-care-staff-to-resident
16 ratios:

- 17 a. from 7:00 a.m. to 3:00 p.m., one direct-care staff to
18 every six residents, or major fraction thereof,
- 19 b. from 3:00 p.m. to 11:00 p.m., one direct-care staff to
20 every eight residents, or major fraction thereof, and
- 21 c. from 11:00 p.m. to 7:00 a.m., one direct-care staff to
22 every fifteen residents, or major fraction thereof.

23 4. Effective immediately, facilities shall have the option of
24 varying the starting times for the eight-hour shifts by one (1) hour

1 before or one (1) hour after the times designated in this section
2 without overlapping shifts.

3 5. a. On and after January 1, 2020, a facility may implement
4 twenty-four-hour-based staff scheduling; provided,
5 however, such facility shall continue to maintain a
6 direct-care service rate of at least two and ~~nine~~
7 ~~tenths~~ nine-tenths (2.9) hours of direct-care service
8 per resident per day, the same to be calculated based
9 on average direct care staff maintained over a twenty-
10 four-hour period.

11 b. At no time shall direct-care staffing ratios in a
12 facility with twenty-four-hour-based staff-scheduling
13 privileges fall below one direct-care staff to every
14 fifteen residents or major fraction thereof, and at
15 least two direct-care staff shall be on duty and awake
16 at all times.

17 c. As used in this paragraph, ~~"twenty-four-hour-based-~~
18 ~~scheduling"~~ "twenty-four-hour-based staff scheduling"
19 means maintaining:

20 (1) a direct-care-staff-to-resident ratio based on
21 overall hours of direct-care service per resident
22 per day rate of not less than ~~two and ninety one-~~
23 ~~hundredths (2.90)~~ two and nine-tenths (2.9) hours
24 per day,

- 1 (2) a direct-care-staff-to-resident ratio of at least
2 one direct-care staff person on duty to every
3 fifteen residents or major fraction thereof at
4 all times, and
5 (3) at least two direct-care staff persons on duty
6 and awake at all times.

7 6. a. On and after January 1, 2004, the State Department of
8 Health shall require a facility to maintain the shift-
9 based, staff-to-resident ratios provided in paragraph
10 3 of this subsection if the facility has been
11 determined by the Department to be deficient with
12 regard to:

- 13 (1) the provisions of paragraph 3 of this subsection,
14 (2) fraudulent reporting of staffing on the Quality
15 of Care Report, or
16 (3) a complaint or survey investigation that has
17 determined substandard quality of care as a
18 result of insufficient staffing.

19 b. The Department shall require a facility described in
20 subparagraph a of this paragraph to achieve and
21 maintain the shift-based, staff-to-resident ratios
22 provided in paragraph 3 of this subsection for a
23 minimum of three (3) months before being considered
24 eligible to implement twenty-four-hour-based staff

1 scheduling as defined in subparagraph c of paragraph 5
2 of this subsection.

3 c. Upon a subsequent determination by the Department that
4 the facility has achieved and maintained for at least
5 three (3) months the shift-based, staff-to-resident
6 ratios described in paragraph 3 of this subsection,
7 and has corrected any deficiency described in
8 subparagraph a of this paragraph, the Department shall
9 notify the facility of its eligibility to implement
10 twenty-four-hour-based staff-scheduling privileges.

11 7. a. For facilities that utilize twenty-four-hour-based
12 staff-scheduling privileges, the Department shall
13 monitor and evaluate facility compliance with the
14 twenty-four-hour-based staff-scheduling staffing
15 provisions of paragraph 5 of this subsection through
16 reviews of monthly staffing reports, results of
17 complaint investigations and inspections.

18 b. If the Department identifies any quality-of-care
19 problems related to insufficient staffing in such
20 facility, the Department shall issue a directed plan
21 of correction to the facility found to be out of
22 compliance with the provisions of this subsection.

23 c. In a directed plan of correction, the Department shall
24 require a facility described in subparagraph b of this

1 paragraph to maintain shift-based, staff-to-resident
2 ratios for the following periods of time:

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

6 (2) the second determination within a two-year period
7 shall require that shift-based, staff-to-resident
8 ratios be maintained for a minimum period of
9 twelve (12) months, and

10 (3) the third determination within a two-year period
11 shall require that shift-based, staff-to-resident
12 ratios be maintained. The facility may apply for
13 permission to use twenty-four-hour staffing
14 methodology after two (2) years.

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

18 D. The State Commissioner of Health shall promulgate rules
19 prescribing staffing requirements for ~~Intermediate Care Facilities~~
20 ~~for Individuals with Intellectual Disabilities~~ intermediate care
21 facilities for individuals with intellectual disabilities serving
22 six or fewer clients (ICFs/IID-6) and for ~~Intermediate Care~~
23 ~~Facilities for Individuals with Intellectual Disabilities~~

1 intermediate care facilities for individuals with intellectual
2 disabilities serving sixteen or fewer clients (ICFs/IID-16).

3 E. Facilities shall have the right to appeal and to the
4 informal dispute resolution process with regard to penalties and
5 sanctions imposed due to staffing noncompliance.

6 F. 1. When the state Medicaid program reimbursement rate
7 reflects the sum of Ninety-four Dollars and eleven cents (\$94.11),
8 plus the increases in actual audited costs over and above the actual
9 audited costs reflected in the cost reports submitted for the most
10 current cost-reporting period and the costs estimated by the
11 Oklahoma Health Care Authority to increase the direct-care, flexible
12 staff-scheduling staffing level from two and eighty-six one-
13 hundredths (2.86) hours per day per occupied bed to three and two-
14 tenths (3.2) hours per day per occupied bed, all nursing facilities
15 subject to the provisions of the Nursing Home Care Act and
16 ~~Intermediate Care Facilities for Individuals with Intellectual~~
17 ~~Disabilities~~ intermediate care facilities for individuals with
18 intellectual disabilities (ICFs/IID) with seventeen or more beds, in
19 addition to other state and federal requirements related to the
20 staffing of nursing facilities, shall maintain direct-care, flexible
21 staff-scheduling staffing levels based on an overall three and two-
22 tenths (3.2) hours per day per occupied bed.

23 2. When the state Medicaid program reimbursement rate reflects
24 the sum of Ninety-four Dollars and eleven cents (\$94.11), plus the

1 increases in actual audited costs over and above the actual audited
2 costs reflected in the cost reports submitted for the most current
3 cost-reporting period and the costs estimated by the Oklahoma Health
4 Care Authority to increase the direct-care flexible staff-scheduling
5 staffing level from three and two-tenths (3.2) hours per day per
6 occupied bed to three and eight-tenths (3.8) hours per day per
7 occupied bed, all nursing facilities subject to the provisions of
8 the Nursing Home Care Act and ~~Intermediate Care Facilities for~~
9 ~~Individuals with Intellectual Disabilities~~ intermediate care
10 facilities for individuals with intellectual disabilities (ICFs/IID)
11 with seventeen or more beds, in addition to other state and federal
12 requirements related to the staffing of nursing facilities, shall
13 maintain direct-care, flexible staff-scheduling staffing levels
14 based on an overall three and eight-tenths (3.8) hours per day per
15 occupied bed.

16 3. When the state Medicaid program reimbursement rate reflects
17 the sum of Ninety-four Dollars and eleven cents (\$94.11), plus the
18 increases in actual audited costs over and above the actual audited
19 costs reflected in the cost reports submitted for the most current
20 cost-reporting period and the costs estimated by the Oklahoma Health
21 Care Authority to increase the direct-care, flexible staff-
22 scheduling staffing level from three and eight-tenths (3.8) hours
23 per day per occupied bed to four and one-tenth (4.1) hours per day
24 per occupied bed, all nursing facilities subject to the provisions

1 of the Nursing Home Care Act and ~~Intermediate Care Facilities for~~
2 ~~Individuals with Intellectual Disabilities~~ intermediate care
3 facilities for individuals with intellectual disabilities (ICFs/IID)
4 with seventeen or more beds, in addition to other state and federal
5 requirements related to the staffing of nursing facilities, shall
6 maintain direct-care, flexible staff-scheduling staffing levels
7 based on an overall four and one-tenth (4.1) hours per day per
8 occupied bed.

9 4. The Commissioner shall promulgate rules for shift-based,
10 staff-to-resident ratios for noncompliant facilities denoting the
11 incremental increases reflected in direct-care, flexible staff-
12 scheduling staffing levels.

13 5. In the event that the state Medicaid program reimbursement
14 rate for facilities subject to the Nursing Home Care Act, and
15 ~~Intermediate Care Facilities for Individuals with Intellectual~~
16 ~~Disabilities~~ intermediate care facilities for individuals with
17 intellectual disabilities (ICFs/IID) having seventeen or more beds
18 is reduced below actual audited costs, the requirements for staffing
19 ratio levels shall be adjusted to the appropriate levels provided in
20 paragraphs 1 through 4 of this subsection.

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

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

24

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

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

10 H. 1. The Oklahoma Health Care Authority shall require all
11 nursing facilities subject to the provisions of the Nursing Home
12 Care Act and ~~Intermediate Care Facilities for Individuals with~~
13 ~~Intellectual Disabilities~~ intermediate care facilities for
14 individuals with intellectual disabilities (ICFs/IID) with seventeen
15 or more beds to submit a monthly report on staffing ratios on a form
16 that the Authority shall develop.

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

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

24

- 1 a. administrative penalties shall not accrue until the
2 Authority notifies the facility in writing that the
3 report was not timely submitted as required, and
4 b. a minimum of a one-day penalty shall be assessed in
5 all instances.

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

8 5. Monies collected from administrative penalties shall be
9 deposited in the Nursing Facility Quality of Care Fund established
10 in Section 2002 of Title 56 of the Oklahoma Statutes and utilized
11 for the purposes specified in ~~the Oklahoma Healthcare Initiative Act~~
12 such section.

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

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

- 21 (1) four members selected by ~~the Oklahoma Association~~
22 ~~of Health Care Providers~~ Oklahoma,

1 (2) three members selected by the Oklahoma
2 Association of Homes and Services for the Aging,
3 and

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

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

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

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

18 d. The new methodology will be submitted for approval to
19 the ~~Board of the~~ Oklahoma Health Care Authority Board
20 by January 15, 2005, and shall be finalized by July 1,
21 2005. The new methodology will apply only to new
22 funds that become available for Medicaid nursing
23 facility reimbursement after the methodology of this
24 paragraph has been finalized. Existing funds paid to

1 nursing homes will not be subject to the methodology
2 of this paragraph. The methodology as outlined in
3 this paragraph will only be applied to any new funding
4 for nursing facilities appropriated above and beyond
5 the funding amounts effective on January 15, 2005.

6 e. The new methodology shall divide the payment into two
7 components:

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

15 (2) other costs.

16 f. The Oklahoma Health Care Authority, in calculating the
17 base year prospective direct care rate component,
18 shall use the following criteria:

19 (1) to construct an array of facility per diem
20 allowable expenditures on direct care, the
21 Authority shall use the most recent data
22 available. The limit on this array shall be no
23 less than the ninetieth percentile,

24

1 (2) each facility's direct care base-year component
2 of the rate shall be the lesser of the facility's
3 allowable expenditures on direct care or the
4 limit,

5 (3) the Authority shall transition the payment rate
6 methodology of nursing facilities to a price-
7 based methodology when data for such a
8 methodology becomes available and has been
9 analyzed by the Authority. Under the price-based
10 methodology, the direct care payment amount of
11 each facility shall be adjusted to reflect the
12 resident case mix of each facility using a
13 percentage of funds in the direct care pool as
14 determined by the Authority,

15 (4) other rate components shall be determined by the
16 Oklahoma Nursing Facility Funding Advisory
17 Committee or the Authority in accordance with
18 federal regulations and requirements,

19 ~~(4)~~ (5) prior to July 1, 2020, the Authority shall
20 seek federal approval to calculate the upper
21 payment limit under the authority of ~~CMS~~ the
22 Centers for Medicare and Medicaid Services (CMS)
23 utilizing the Medicare equivalent payment rate,
24 and

1 ~~(5)~~ (6) if Medicaid payment rates to providers are
2 adjusted, nursing home rates and ~~Intermediate~~
3 ~~Care Facilities for Individuals with Intellectual~~
4 ~~Disabilities~~ intermediate care facilities for
5 individuals with intellectual disabilities
6 (ICFs/IID) rates shall not be adjusted less
7 favorably than the average percentage-rate
8 reduction or increase applicable to the majority
9 of other provider groups.

- 10 g. (1) Effective October 1, 2019, if sufficient funding
11 is appropriated for a rate increase, a new
12 average rate for nursing facilities shall be
13 established. The rate shall be equal to the
14 statewide average cost as derived from audited
15 cost reports for SFY 2018, ending June 30, 2018,
16 after adjustment for inflation. After such new
17 average rate has been established, the facility
18 specific reimbursement rate shall be as follows:
- 19 (a) amounts up to the existing base rate amount
20 shall continue to be distributed as a part
21 of the base rate in accordance with the
22 existing State Plan, and
 - 23 (b) to the extent the new rate exceeds the rate
24 effective before ~~the effective date of this~~

1 ~~at~~ October 1, 2019, fifty percent (50%) of
2 the resulting increase on October 1, 2019,
3 shall be allocated toward an increase of the
4 existing base reimbursement rate and
5 distributed accordingly. The remaining
6 fifty percent (50%) of the increase shall be
7 allocated in accordance with the currently
8 approved 70/30 reimbursement rate
9 methodology as outlined in the existing
10 State Plan.

11 (2) Any subsequent rate increases, as determined
12 based on the provisions set forth in this
13 subparagraph, shall be allocated in accordance
14 with the currently approved 70/30 reimbursement
15 rate methodology. The rate shall not exceed the
16 upper payment limit established by the Medicare
17 rate equivalent established by the federal CMS.

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

21 (1) effective October 1, 2019, the Oklahoma Health
22 Care Authority shall increase the personal needs
23 allowance for residents of nursing homes and
24 ~~Intermediate Care Facilities for Individuals with~~

1 ~~Intellectual Disabilities~~ intermediate care
2 facilities for individuals with intellectual
3 disabilities (ICFs/IID) from Fifty Dollars
4 (\$50.00) per month to Seventy-five Dollars
5 (\$75.00) per month per resident. The increase
6 shall be funded by Medicaid nursing home
7 providers, by way of a reduction of eighty-two
8 cents (\$0.82) per day deducted from the base
9 rate. Any additional cost shall be funded by the
10 Nursing Facility Quality of Care Fund, and

11 (2) effective January 1, 2020, all clinical employees
12 working in a licensed nursing facility shall be
13 required to receive at least four (4) hours
14 annually of Alzheimer's or dementia training, to
15 be provided and paid for by the facilities.

16 3. The Department of Human Services shall expand its statewide
17 toll-free, ~~Senior-Info-Line~~ Senior Info-line for senior citizen
18 services to include assistance with or information on long-term care
19 services in this state.

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

1 5. The Oklahoma Health Care Authority shall provide access to
2 the detailed Medicaid payment audit adjustments and implement an
3 appeal process for disputed payment audit adjustments to the
4 provider. Additionally, the Oklahoma Health Care Authority shall
5 make sufficient revisions to the nursing facility cost reporting
6 forms and electronic data input system so as to clarify what
7 expenses are allowable and appropriate for inclusion in cost
8 calculations.

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

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

22 3. Upon approval of the waiver, the Authority shall develop a
23 program to implement the provisions of the waiver as it relates to
24 all nursing facilities.

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

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

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

12 COMMITTEE REPORT BY: COMMITTEE ON APPROPRIATIONS
13 February 28, 2024 - DO PASS

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