

1 STATE OF OKLAHOMA

2 1st Session of the 55th Legislature (2015)

3 COMMITTEE SUBSTITUTE

4 FOR

5 SENATE BILL NO. 640

By: Treat of the Senate

and

6 Cox of the House

7
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9 COMMITTEE SUBSTITUTE

10 An Act relating to the Oklahoma Medicaid Program;
11 providing standards for certain payments issued by
12 Oklahoma Health Care Authority; providing guidelines
13 for determination of eligibility for certain persons;
14 extending certain eligibility to certain persons;
15 directing Authority to use certain guidelines for
16 determining medical necessity; requiring Authority to
17 obtain certain information from certain entity;
18 requiring Authority to retain certain services by
19 certain date; requiring quarterly redetermination of
20 eligibility; providing implementation of act by
21 certain date; providing certain exception; providing
22 for codification; and providing an effective date.

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

24 SECTION 1. NEW LAW A new section of law to be codified
in the Oklahoma Statutes as Section 5028 of Title 63, unless there
is created a duplication in numbering, reads as follows:

A. The Oklahoma Health Care Authority shall make payments to
nursing facilities pursuant to the state Medicaid plan for

1 individuals who meet applicable financial requirements and are
2 determined to require at least the following services and supports:

3 1. Skilled nursing services or rehabilitation therapy on a
4 daily basis ordered by a physician for the treatment of one or more
5 conditions of sufficient severity that the individual's needs exceed
6 the routine care that can be given by an untrained person and
7 require the assessment, supervision, planning, and intervention of
8 licensed nurses; or

9 2. Substantial or complete assistance in four or more
10 activities of daily living or in any one of three critical
11 activities of daily living that require twenty-four-hour staff
12 availability, including toileting, positioning, and transferring; or

13 3. Twenty-four-hour supervision and assistance necessitated by
14 severe or moderate cognitive impairment that places the individual
15 at risk or presents a risk to others.

16 B. 1. The requirements of subsection A of this act shall also
17 be adopted in determining initial and continued eligibility of aged
18 and disabled individuals to receive Medicaid services under waivers
19 approved by the Centers for Medicare and Medicaid Services pursuant
20 to Section 1915(c) of the Social Security Act as an alternative to
21 nursing facility admission.

22 2. Eligibility for home and community-based waiver services
23 shall be extended to individuals who meet the requirements of
24 subsection A and elect to receive waiver services and who are

1 determined by the Authority to be at high risk for nursing home
2 admission but for the expeditious provision of such services.

3 C. 1. In applying the requirements of subsection A to
4 determine medical necessity for nursing facility services and home-
5 and community-based waiver services, the Authority shall utilize the
6 Minimum Data Set 3.0 Resident Assessment Instrument (MDS-RAI) to
7 assemble pertinent medical and functional information relative to
8 individual applicant health status, medical needs, and cognitive and
9 functional deficits.

10 2. Prior to implementing the medical necessity determination
11 requirements of subsection A, the Authority shall obtain the advice
12 of a technical expert panel and from essential stakeholders with
13 respect to the most appropriate and efficient use of the MDS-RAI and
14 an associated acuity scale and scoring mechanism.

15 3. Not later than January 1, 2016, the Authority shall retain
16 the services of a qualified independent contractor organization to
17 administer the requirements of this section.

18 D. Following an initial determination of medical necessity and
19 commencement of nursing facility services or home- and community-
20 based waiver services, the Authority shall provide for a
21 redetermination of the recipient's need for continuation of services
22 on a quarterly basis or upon a significant change in the recipient's
23 condition.
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1 E. The provisions of this act shall be implemented with respect
2 to Medicaid-eligible individuals initially applying for nursing
3 facility or home-based or community-based services on or after
4 January 1, 2016.

5 F. The provisions of this act shall not apply to individuals
6 with intellectual disabilities.

7 SECTION 2. This act shall become effective September 1, 2015.

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