

1 STATE OF OKLAHOMA

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

3 SENATE BILL 640

By: Treat

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6 AS INTRODUCED

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

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

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

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

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

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

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.
24

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

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