Bill Summary
1st Session of the 57th Legislature

Bill No.:	**SB 280**
Version:	**CS1**
Request No.:	**1913**
Author:	**Sen. Simpson**
Date:	**02/19/2019**

Committee Substitute (CS)

The CS for SB 280 removes various requirements for the incentive reimbursement rate plan for nursing facilities developed by the Oklahoma Health Care Authority (OKHCA). The measure authorizes the OKHCA to reserve $5.00 per resident day to determine funding for quality assurance at long-term care facilities. Two dollars will be deducted from the facilities per diem matched with $3.00 per by the OHCA.

Facilities that meet metrics established by an advisory group created by this measure will receive $5.00 quality incentive payments. Payments to facilities may be made quarterly. Should the state receive federal approval, funds will be pooled and distributed to facilities that meet the metrics established by the advisory group. Without federal approval, the state will deposit the remaining funds into the Quality of Care fee fund.

The measure also authorizes the Department of Human Services to employ fifteen ombudsmen. The measure increases the required amount of direct-care service per resident per day at care facilities to 2.9 hours and applies this standard to staff subject to twenty-four hour service. SB 280 requires facilities to maintain a 15:1 resident to staff ratio as well. Current law requires a 16:1 ratio. Administrators will not be counted as staff as it pertains to calculating the ratio of residents to staff at a facility.

The measure also directs the Authority to restore rates to a level in excess of statewide average cost if the reimbursement rate falls below 95% of the average cost. Under this measure, the OHCA must calculate the upper payment limit by utilizing the Medicare equivalent payment rate. Additionally, the measure requires the OHCA to establish a new rate for nursing facilities statewide average cost as derived from audited cost reports for the fiscal year, ending June 30, 2018, after adjustment for inflation. The rate increase may not exceed the upper payment limit established by the Medicare rate equivalent. After January 1, 2021, the rate will increase based on a similar methodology on an annual basis.

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