

STATE OF OKLAHOMA

1st Session of the 60th Legislature (2025)

SENATE BILL 947

By: Rosino

AS INTRODUCED

An Act relating to long-term care; amending 56 O.S. 2021, Section 2002, which relates to the Nursing Facilities Quality of Care Fee; updating statutory language; amending 63 O.S. 2021, Section 1-2216, as amended by Section 17, Chapter 339, O.S.L. 2024 (63 O.S. Supp. 2024, Section 1-2216), which relates to the Oklahoma State Council on Aging and Adult Protective Services; updating statutory language; and declaring an emergency.

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

SECTION 1. AMENDATORY 56 O.S. 2021, Section 2002, is amended to read as follows:

Section 2002. A. For the purpose of providing quality care enhancements, the Oklahoma Health Care Authority is authorized to and shall assess a Nursing Facilities Quality of Care Fee pursuant to this section upon each nursing facility licensed in this state. Facilities operated by the Oklahoma Department of Veterans Affairs shall be exempt from this fee. Quality of care enhancements include, but are not limited to, the purposes specified in this section.

1       B. As a basis for determining the Nursing Facilities Quality of  
2 Care Fee assessed upon each licensed nursing facility, the Authority  
3 shall calculate a uniform per-patient day rate. The rate shall be  
4 calculated by dividing six percent (6%) of the total annual patient  
5 gross receipts of all licensed nursing facilities in this state by  
6 the total number of patient days for all licensed nursing facilities  
7 in this state. The result shall be the per-patient day rate.  
8 Beginning July 15, 2004, the Nursing Facilities Quality of Care Fee  
9 shall not be increased unless specifically authorized by the  
10 Legislature.

11       C. Pursuant to any approved Medicaid waiver and pursuant to  
12 subsection N of this section, the Nursing Facilities Quality of Care  
13 Fee shall not exceed the amount or rate allowed by federal law for  
14 nursing home licensed bed days.

15       D. The Nursing Facilities Quality of Care Fee owed by a  
16 licensed nursing facility shall be calculated by the Authority by  
17 adding the daily patient census of a licensed nursing facility, as  
18 reported by the facility for each day of the month, and by  
19 multiplying the ensuing figure by the per-patient day rate  
20 determined pursuant to the provisions of subsection B of this  
21 section.

22       E. Each licensed nursing facility which is assessed the Nursing  
23 Facilities Quality of Care Fee shall be required to file a report on  
24 a monthly basis with the Authority detailing the daily patient  
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1 census and patient gross receipts at such time and in such manner as  
2 required by the Authority.

3 F. 1. The Nursing Facilities Quality of Care Fee for a  
4 licensed nursing facility for the period beginning October 1, 2000,  
5 shall be determined using the daily patient census and annual  
6 patient gross receipts figures reported to the Authority for the  
7 calendar year 1999 upon forms supplied by the Authority.

8 2. Annually the Nursing Facilities Quality of Care Fee shall be  
9 determined by:

- 10 a. using the daily patient census and patient gross  
11 receipts reports received by the Authority for the  
12 most recent available twelve (12) months, and  
13 b. annualizing those figures.

14 Each year thereafter, the annualization of the Nursing  
15 Facilities Quality of Care Fee specified in this paragraph shall be  
16 subject to the limitation in subsection B of this section unless the  
17 provision of subsection C of this section is met.

18 G. The payment of the Nursing Facilities Quality of Care Fee by  
19 licensed nursing facilities shall be an allowable cost for Medicaid  
20 reimbursement purposes.

21 H. 1. There is hereby created in the State Treasury a  
22 revolving fund to be designated the "Nursing Facility Quality of  
23 Care Fund".  
24  
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1        2. The fund shall be a continuing fund, not subject to fiscal  
2 year limitations, and shall consist of:

- 3            a. all monies received by the Authority pursuant to this  
4                section and otherwise specified or authorized by law,
- 5            b. monies received by the Authority due to federal  
6                financial participation pursuant to Title XIX of the  
7                Social Security Act, and
- 8            c. interest attributable to investment of money in the  
9                fund.

10        3. All monies accruing to the credit of the fund are hereby  
11 appropriated and shall be budgeted and expended by the Authority  
12 for:

- 13            a. reimbursement of the additional costs paid to  
14                Medicaid-certified nursing facilities for purposes  
15                specified by Sections 1-1925.2 and 5022.2 of Title 63  
16                of the Oklahoma Statutes,
- 17            b. reimbursement of the Medicaid rate increases for  
18                intermediate care facilities for individuals with  
19                intellectual disabilities (ICFs/IID),
- 20            c. nonemergency transportation services for Medicaid-  
21                eligible nursing home clients,
- 22            d. eyeglass and denture services for Medicaid-eligible  
23                nursing home clients,

- e. fifteen ombudsmen employed by the ~~Department of Human Services~~ Office of the Attorney General,
- f. ten additional nursing facility inspectors employed by the State Department of Health,
- g. pharmacy and other Medicaid services to qualified Medicare beneficiaries whose incomes are at or below one hundred percent (100%) of the federal poverty level; provided however, pharmacy benefits authorized for such qualified Medicare beneficiaries shall be suspended if the federal government subsequently extends pharmacy benefits to this population,
- h. costs incurred by the Authority in the administration of the provisions of this section and any programs created pursuant to this section,
- i. durable medical equipment and supplies services for Medicaid-eligible elderly adults, and
- j. personal needs allowance increases for residents of nursing homes and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID) from Thirty Dollars (\$30.00) to Fifty Dollars (\$50.00) per month per resident.

4. Expenditures from the fund shall be made upon warrants issued by the State Treasurer against claims filed as prescribed by

1 law with the Director of the Office of Management and Enterprise  
2 Services for approval and payment.

3 5. The fund and the programs specified in this section funded  
4 by revenues collected from the Nursing Facilities Quality of Care  
5 Fee pursuant to this section are exempt from budgetary cuts,  
6 reductions, or eliminations.

7 6. The Medicaid rate increases for intermediate care facilities  
8 for individuals with intellectual disabilities (ICFs/IID) shall not  
9 exceed the net Medicaid rate increase for nursing facilities  
10 including, but not limited to, the Medicaid rate increase for which  
11 Medicaid-certified nursing facilities are eligible due to the  
12 Nursing Facilities Quality of Care Fee less the portion of that  
13 increase attributable to treating the Nursing Facilities Quality of  
14 Care Fee as an allowable cost.

15 7. The reimbursement rate for nursing facilities shall be made  
16 in accordance with Oklahoma's Medicaid reimbursement rate  
17 methodology and the provisions of this section.

18 8. No nursing facility shall be guaranteed, expressly or  
19 otherwise, that any additional costs reimbursed to the facility will  
20 equal or exceed the amount of the Nursing Facilities Quality of Care  
21 Fee paid by the nursing facility.

22 I. 1. In the event that federal financial participation  
23 pursuant to Title XIX of the Social Security Act is not available to  
24 the Oklahoma Medicaid program, for purposes of matching expenditures

1 from the Nursing Facility Quality of Care Fund at the approved  
2 federal medical assistance percentage for the applicable fiscal  
3 year, the Nursing Facilities Quality of Care Fee shall be null and  
4 void as of the date of the nonavailability of such federal funding,  
5 through and during any period of nonavailability.

6 2. In the event of an invalidation of this section by any court  
7 of last resort under circumstances not covered in subsection J of  
8 this section, the Nursing Facilities Quality of Care Fee shall be  
9 null and void as of the effective date of that invalidation.

10 3. In the event that the Nursing Facilities Quality of Care Fee  
11 is determined to be null and void for any of the reasons enumerated  
12 in this subsection, any Nursing Facilities Quality of Care Fee  
13 assessed and collected for any periods after such invalidation shall  
14 be returned in full within sixty (60) days by the Authority to the  
15 nursing facility from which it was collected.

16 J. 1. If any provision of this section or the application  
17 thereof shall be adjudged to be invalid by any court of last resort,  
18 such judgment shall not affect, impair or invalidate the provisions  
19 of the section, but shall be confined in its operation to the  
20 provision thereof directly involved in the controversy in which such  
21 judgment was rendered. The applicability of such provision to other  
22 persons or circumstances shall not be affected thereby.

23 2. This subsection shall not apply to any judgment that affects  
24 the rate of the Nursing Facilities Quality of Care Fee, its

1 applicability to all licensed nursing homes in the state, the usage  
2 of the fee for the purposes prescribed in this section, or the  
3 ability of the Authority to obtain full federal participation to  
4 match its expenditures of the proceeds of the fee.

5 K. The Authority shall promulgate rules for the implementation  
6 and enforcement of the Nursing Facilities Quality of Care Fee  
7 established by this section.

8 L. The Authority shall provide for administrative penalties in  
9 the event nursing facilities fail to:

- 10 1. Submit the Quality of Care Fee;
- 11 2. Submit the fee in a timely manner;
- 12 3. Submit reports as required by this section; or
- 13 4. Submit reports timely.

14 M. As used in this section:

15 1. "Nursing facility" means any home, establishment or  
16 institution, or any portion thereof, licensed by the State  
17 Department of Health as defined in Section 1-1902 of Title 63 of the  
18 Oklahoma Statutes;

19 2. "Medicaid" means the medical assistance program established  
20 in Title XIX of the federal Social Security Act and administered in  
21 this state by the Authority;

22 3. "Patient gross revenues" means gross revenues received in  
23 compensation for services provided to residents of nursing  
24 facilities including, but not limited to, client participation. The



1 term "patient gross revenues" shall not include amounts received by  
2 nursing facilities as charitable contributions; and

3 4. "Additional costs paid to Medicaid-certified nursing  
4 facilities under Oklahoma's Medicaid reimbursement methodology"  
5 means both state and federal Medicaid expenditures including, but  
6 not limited to, funds in excess of the aggregate amounts that would  
7 otherwise have been paid to Medicaid-certified nursing facilities  
8 under the Medicaid reimbursement methodology which have been updated  
9 for inflationary, economic, and regulatory trends and which are in  
10 effect immediately prior to the inception of the Nursing Facilities  
11 Quality of Care Fee.

12 N. 1. As per any approved federal Medicaid waiver, the  
13 assessment rate subject to the provision of subsection C of this  
14 section is to remain the same as those rates that were in effect  
15 prior to January 1, 2012, for all state-licensed continuum of care  
16 facilities.

17 2. Any facilities that made application to the State Department  
18 of Health to become a licensed continuum of care facility no later  
19 than January 1, 2012, shall be assessed at the same rate as those  
20 facilities assessed pursuant to paragraph 1 of this subsection;  
21 provided, that any facility making the application shall receive the  
22 license on or before September 1, 2012. Any facility that fails to  
23 receive such license from the State Department of Health by  
24

1 September 1, 2012, shall be assessed at the rate established by  
2 subsection C of this section subsequent to September 1, 2012.

3 O. If any provision of this section, or the application  
4 thereof, is determined by any controlling federal agency, or any  
5 court of last resort to prevent the state from obtaining federal  
6 financial participation in the state's Medicaid program, such  
7 provision shall be deemed null and void as of the date of the  
8 nonavailability of such federal funding and through and during any  
9 period of nonavailability. All other provisions of the bill shall  
10 remain valid and enforceable.

11 SECTION 2. AMENDATORY 63 O.S. 2021, Section 1-2216, as  
12 amended by Section 17, Chapter 339, O.S.L. 2024 (63 O.S. Supp. 2024,  
13 Section 1-2216), is amended to read as follows:

14 Section 1-2216. A. The Attorney General shall promulgate rules  
15 regarding:

16 1. The powers and official duties of the State Long-Term Care  
17 Ombudsman consistent with applicable federal law and rules or as  
18 provided by the Long-Term Care Ombudsman Act;

19 2. Minimum qualifications for persons to serve as  
20 representatives of the Office of the State Long-Term Care Ombudsman;

21 3. Initial and continuing training requirements for ombudsman  
22 staff and volunteers which shall provide for a minimum of eighteen  
23 (18) hours of continuing education relevant to the care of the aging  
24 and disabled;

1       4. The minimum number of visits that must be made by an  
2 ombudsman to the assigned facilities;

3       5. The proper documentation and reporting of visits made to  
4 facilities by the ombudsman;

5       6. Procedures to ensure that officers, employees, or other  
6 representatives of the Office are not subject to a conflict of  
7 interest which would impair their ability to carry out their  
8 official duties in an impartial manner; and

9       7. The disclosure by the State Long-Term Care Ombudsman or area  
10 or local Ombudsman entities of files maintained by the State Long-  
11 Term Care Ombudsman Program. Such rules shall:

12           a. provide that such files and records may be disclosed  
13               only at the discretion of the State Long-Term Care  
14               Ombudsman or the person designated by the State Long-  
15               Term Care Ombudsman to disclose the files and records,  
16               and

17           b. prohibit the disclosure of the identity of any  
18               complainant or resident with respect to whom the  
19               Office maintains such files or records unless:

20               (1) the complainant or resident, or the legal  
21                   representative of the complainant or resident,  
22                   consents to the disclosure and the consent is  
23                   given in writing,

1 (2) (a) the complainant or resident gives consent  
2 orally, and

3 (b) the consent is documented contemporaneously  
4 in a writing made by a State Long-Term Care  
5 Ombudsman representative of the Office in  
6 accordance with such rules as the Attorney  
7 General shall promulgate, or

8 (3) the disclosure is required by court order.

9 B. The Oklahoma State Council on Aging and Adult Protective  
10 Services, established by the ~~Attorney General~~ Department of Human  
11 Services to review, monitor, and evaluate programs targeted to older  
12 persons, shall serve in an advisory capacity to the State Long-Term  
13 Care Ombudsman through establishment of a committee with equal  
14 provider and consumer representation.

15 SECTION 3. 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.

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