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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 24-0013

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S3-14-28
Baltimore, Maryland 21244-1850



Financial Management Group

November 7, 2024

Traylor Rains
State Medicaid Director 4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

RE: TN 24-0013

Dear Traylor Rains:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Oklahoma state plan amendment (SPA) to Attachment 4.19-D OK 24-0013, which was submitted to CMS on September 25, 2024. This plan amendment increases the base rate for standard nursing facilities, nursing facilities serving patients with Acquired Immune Deficiency Syndrome (AIDS), and standard private and specialized private intermediate care facilities for individuals with intellectual disabilities (ICF/IIDs).

We reviewed your SPA submission for compliance with statutory requirements, including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2) of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of July 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Diana Dinh at 670-290-8857 or via email at diana.dinh@cms.hhs.gov.

Sincerely,



Rory Howe
Director
Financial Management Group

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 4 — 0 0 1 3

2. STATE

O K3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACTTO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR § 440.155

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 16,206,313.00b. FFY 2025 \$ 64,825,252.00

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-D page 3
Attachment 4.19-D page 5
Attachment 4.19-D page 11
Attachment 4.19-D page 25
Attachment 4.19-D page 388. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)Attachment 4.19-D page 3; TN # 23-0024
Attachment 4.19-D page 5; TN # 23-0024
Attachment 4.19-D page 11; TN # 23-0024
Attachment 4.19-D page 25; TN # 23-0024
Attachment 4.19-D page 38; TN # 23-0024

9. SUBJECT OF AMENDMENT

Annual Nursing Facility Rate Rebased for regular nursing facilities, nursing facilities serving AIDs patients, and acute and regular
Intermediate Care Facilities (ICF/IIDs)

10. GOVERNOR'S REVIEW (Check One)

☐

GOVERNOR'S OFFICE REPORTED NO COMMENT

☐

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒

OTHER, AS SPECIFIED:

The governor's office does not review state plan
material.

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

Traylor Rains

13. TITLE

State Medicaid Director

14. DATE SUBMITTED

September 25, 2024

15. RETURN TO

Oklahoma Health Care Authority

Attn: Traylor Rains

4345 N. Lincoln Blvd.

Oklahoma City, OK 73105

cc: Kasie McCarty; Heather Cox; Lauren Johnson

FOR CMS USE ONLY

16. DATE RECEIVED

September 25, 2024

17. DATE APPROVED

November 7, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Rory Howe

21. TITLE OF APPROVING OFFICIAL

Director, FMG

22. REMARKS

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
FOR NURSING FACILITIES**

STANDARD NURSING FACILITIES SERVING ADULTS *(continued)***B. RATE SETTING PROCESS**

Beginning July 1, 2007, the Oklahoma Health Care Authority uses the following method to adjust rates of payment for nursing facilities:

1. DEFINITIONS:

Base Rate Component is the rate in effect on June 30, 2005, defined as \$103.20 per day. Included in the base rate is the QOC Fee. Any changes to the base rate will be made through future Plan changes if required. For the rate period beginning September 01, 2012, the base rate will be \$106.29. For the rate period beginning July 1, 2013, the base rate will be \$107.24. For the rate period beginning July 1, 2016, the base rate will be \$107.57 per patient day. For the rate period beginning July 1, 2017, the base rate will be \$107.79 per patient day. For the rate period beginning July 1, 2018, the base rate will be \$107.98 per patient day. For the rate period beginning October 1, 2018, the base rate will be \$108.12 per patient day. For the rate period beginning July 1, 2019, the base rate will be \$108.31 per patient day. For the rate period beginning October 1, 2019, fifty percent (50%) of new funding shall be allocated toward an increase of the existing base rate and distributed accordingly. For the rate period beginning October 1, 2019, the base rate will be \$120.57 per patient day. For the rate period beginning July 1, 2020, the base rate will be \$121.30 per patient day. For the rate period beginning July 1, 2021, the base rate will be \$123.22 per patient day. For the rate period beginning July 1, 2022, the base rate will be \$123.47 per patient day. For the rate period beginning July 1, 2023, the base rate will be \$158.56 per patient day. For the rate period beginning July 1, 2024, the base rate will be \$158.78 per patient day.

Direct Care Cost Component is defined as the component established based on each facilities' relative expenditures for Direct Care which are those expenditures reported on the annual costs reports for salaries (including professional fees and benefits), for registered nurses, licensed practical nurses, nurse aides, and certified medication aides.

Other Cost Component is defined as the component established based on monies available each year for all costs other than direct care and incentive payment totals, i.e., total allowable routine and ancillary costs (including capital and administrative costs) of nursing facility care less the Direct Care Costs and incentive payment totals.

Incentive Rate Component is defined as the component earned each quarter under the Pay-for-Performance (PFP) program.

Rate Period is defined as the period of time between rate calculations.

2. GENERAL:

The estimated total available funds will include the estimated savings or loss to the program as a result of the automatic cost of living adjustment on Social Security benefits as published in the federal register and the resulting effect to the spend-down required of the recipients. For Regular Nursing facilities, the effect is \$.32 per day for each one (1) percent change in the SSI determined from the average effect of SSI increases from CY 2004 to CY 2009.

Individual rates of payment will be established as the sum of the Base Rate plus add-ons for Direct Care, Other Costs, and the Pay-for-Performance (PFP) Quality of Care Rating System.

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES FOR NURSING FACILITIES

STANDARD NURSING FACILITIES SERVING ADULTS *(continued)*

For new facilities beginning operations in the current rate period, the rate will be the median of those established rates for the year.

For the rate period beginning 01/01/12, the total available pool amount for establishing the rate components described in 1 and 2 is \$102,318,569.

For the rate period beginning 09/01/12, the total available pool amount for establishing the rate components described in 1 and 2 is \$147,230,204.

For the rate period beginning 07/01/13, the total available pool amount for establishing the rate components described in 1 and 2 is \$162,205,189.

For the rate period beginning 07/01/14, the total available pool amount for establishing the rate components described in 1 and 2 is \$158,391,182.

For the rate period beginning 07/01/16, the total available pool amount for establishing the rate components described in 1 and 2 is \$158,741,836.

For the rate period beginning 07/01/17, the total available pool amount for establishing the rate components described in 1 and 2 is \$160,636,876.

For the rate period beginning 07/01/18, the total available pool amount for establishing the rate components described in 1 and 2 is \$158,938,847.

For the rate period beginning 10/01/18, the total available pool amount for establishing the rate components described in 1 and 2 is \$174,676,429.

For the rate period beginning 07/01/19, the total available pool amount for establishing the rate components described in 1 and 2 is \$186,146,037.

For the rate period beginning 10/01/19, the total available pool amount for establishing the rate components described in 1 and 2 is \$220,482,316.

For the rate period beginning 07/01/20, the total available pool amount for establishing the rate components described in 1 and 2 is \$250,302,699.

For the rate period beginning 07/01/21, the total available pool amount for establishing the rate components described in 1 and 2 is \$251,196,155.

For the rate period beginning 07/01/22, the total available pool amount for establishing the rate components described in 1 and 2 is \$242,806,077.

For the rate period beginning 07/01/23, the total available pool amount for establishing the rate components described in 1 and 2 is \$251,077,470.

For the rate period beginning 07/01/24, the total available pool amount for establishing the rate components described in 1 and 2 is \$351,403,013.

3. Since July 1, 2007, Nursing Facilities Serving Adults and AIDS Patients have been able to earn additional reimbursement for "points" earned in an Oklahoma Quality Rating Program. This program, which was originally called "Focus on Excellence," was revised by statute in 2019, and is now called "Pay-for-Performance".

Pay-for-Performance (PFP) Program

For the period beginning October 1, 2019 and until changed by amendment, qualifying facilities participating in the pay-for-performance program have the potential to earn an average of the \$5.00 quality incentive per Medicaid patient per day. Facility(s) baseline is calculated annually and will remain the same for a 12-month period. Facility(s) will meet or exceed five-percent (5%) relative improvement or the CMS national average each quarter for the following metrics:

- (1) Decrease percent of high risk/unstageable pressure ulcer for long stay residents;
- (2) Decrease percent of unnecessary weight loss for long stay residents;
- (3) Decrease percent of use of anti-psychotic medications for long stay residents; and
- (4) Decrease percent of urinary tract infection for long stay residents.

If either quality metric listed above is substituted or removed by CMS; an alternative CMS Long Stay quality metric may be chosen.

Payment to nursing facilities for meeting the metrics will be awarded quarterly as follows:

- A facility may earn a minimum of \$1.25 per Medicaid patient per day for each qualifying metric.
- A facility receiving a scope and severity tag deficiency of "I" or greater from the Oklahoma State Department of Health will forfeit the PFP incentive for the quarter out of compliance.
- Funds that remain as a result of payment not earned, shall be pooled and redistributed to facilities who achieve the metrics each quarter based on facilities' individual performance in the PFP program.

Revised 07-01-24

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
FOR NURSING FACILITIES**

STANDARD NURSING FACILITY SERVING AIDS PATIENTS *(continued)***B. RATE SETTING PROCESS****1. DEFINITIONS AND METHODOLOGY**

Base Rate Component is the rate component representing the allowable cost of the services rendered in an AIDS nursing facility and for the period beginning November 1, 2010 is \$178.64, the difference in the costs reported for aids facilities and regular nursing facilities plus the average rate for November 1, 2010 for regular nursing facilities, not including the incentive payment component (\$193.79 less \$138.17 plus \$123.02); or \$178.64 per patient day. For the rate period beginning September 1, 2012, the Base Rate Component will be \$192.50. For the rate period beginning July 1, 2013, the Base Rate Component will be \$196.95. For the rate period beginning July 1, 2014, the Base Rate Component will be \$197.49. For the rate period beginning July 1, 2016, the Base Rate Component will be \$199.19 per patient day. For the rate period beginning July 1, 2017, the Base Rate Component will be \$200.01 per patient day. For the rate period beginning July 1, 2018, the Base Rate Component will be \$201.32 per patient day. For the rate period beginning October 1, 2018, the Base Rate Component will be \$207.86 per patient day. For the rate period beginning July 1, 2019, the Base Rate Component will be \$209.50 per patient day. For the rate period beginning October 1, 2019, the Base Rate Component will be \$213.10 per patient day. For the rate period beginning July 1, 2020, the Base Rate Component will be \$215.00 per patient day. For the rate period beginning July 1, 2021, the Base Rate Component will be \$224.05 per patient day. For the rate period beginning July 1, 2022, the Base Rate Component will be \$229.76 per patient day. For the rate period beginning July 1, 2023, the Base Rate Component will be \$265.16 per patient day. For the rate period beginning July 1, 2024, the Base Rate Component will be \$286.32 per patient day.

- (A) *56 Okla. Stat. § 2002* requires that all licensed nursing facilities pay a statewide average per patient day *Quality of Care assessment fee* based on maximum percentage allowed under federal law of the average gross revenue per patient day. Gross revenues are defined as Gross Receipts (i.e., total cash receipts less donations and contributions). *The assessment is an allowable cost as it relates to Medicaid services and a part of the base rate component.*

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES**

**STANDARD PRIVATE INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES
(ICFs/IID) (continued)****A. COST ANALYSES (continued)****4. RATE ADJUSTMENTS BETWEEN REBASING PERIODS**

Beginning January 1, 2010, the rates will be adjusted annually on January 1, in an amount equal to the estimated savings or loss to the program as a result of the automatic cost of living adjustment on Social Security benefits as published in the Federal Register and the resulting effect to the spend-down required of the recipients. The estimated total funds will include the estimated savings or loss to the program as a result of the automatic cost of living adjustment on Social Security benefits as published in the federal register and the resulting effect to the spend-down required of the recipients. For Standard Private Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID) the effect is \$.22 per day for each one (1) percent change in the SSI determined from the average effect of SSI increases from CY 2004 to CY 2009.

For the rate period beginning July 1, 2006, the statewide rate will be increased by 10.32%.

For the rate period beginning July 1, 2008, the statewide rate will be increased by 4.57%.

For the rate period beginning April 1, 2010, the statewide rate will be decreased by 2.81%.

For the rate period beginning September 1, 2012, the statewide rate will be increased by 1.93%.

For the rate period beginning July 1, 2013, the statewide rate will be increased by 0.56%.

For the rate period beginning July 1, 2016, the statewide rate will be increased by 0.2951%, resulting in a rate of \$122.32 per patient per day.

For the rate period beginning July 1, 2017, the statewide rate will be increased by 0.3104%, resulting in a rate of \$122.77 per patient per day.

For the rate period beginning October 1, 2018, the statewide rate will be increased by 3.47%, resulting in a rate of \$127.49 per patient per day.

For the rate period beginning July 1, 2020, the statewide rate will be increased by 0.2024% resulting in a rate of \$128.72 per patient per day.

For the rate period beginning July 1, 2021, the statewide rate will be increased by 0.6046% resulting in a rate of \$129.79 per patient per day.

For the rate period beginning July 1, 2022, the statewide rate will be increased by 3.45% resulting in a rate of \$135.61 per patient per day.

For the rate period beginning July 1, 2023, the statewide rate will be increased by 12.36% resulting in a rate of \$154.53 per patient per day.

For the rate period beginning July 1, 2024, the statewide rate will be increased by 9.80% resulting in a rate of \$170.44 per patient per day.

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES**

SPECIALIZED PRIVATE ICFs/IID 16 BED OR LESS**A. COST ANALYSES** *(continued)***4. RATE ADJUSTMENTS BETWEEN REBASING PERIODS**

Beginning January 1, 2010, the rates will be adjusted annually on January 1, in an amount equal to the estimated savings or loss to the program as a result of the automatic cost of living adjustment on Social Security benefits as published in the Federal Register and the resulting effect to the spend-down required of the recipients. The estimated total funds will include the estimated savings or loss to the program as a result of the automatic cost of living adjustment on Social Security benefits as published in the federal register and the resulting effect to the spend-down required of the recipients. For Specialized Private Intermediate Care Facilities for Individuals with Intellectual Disabilities 16 Bed or Less, the effect is \$.20 per day for each one (1) percent change in the SSI determined from the average effect of SSI increases from CY 2004 to CY 2009.

For the rate period beginning July 1, 2006, the statewide rate will be increased by 10.90%.

For the rate period beginning July 1, 2008, the statewide rate will be increased by 3.90%

For the rate period beginning April 1, 2010, the statewide rate will be decreased by 2.93%.

For the rate period beginning September 1, 2012, the statewide rate will be increased by 1.86%.

For the rate period beginning July 1, 2013, the statewide rate will be increased by 0.30%.

For the rate period beginning July 1, 2016, the statewide rate will be increased by 0.2048%, resulting in a rate of \$156.51 per patient per day.

For the rate period beginning July 1, 2017, the statewide rate will be increased by 0.2937%, resulting in a rate of \$157.03 per patient per day.

For the rate period beginning October 1, 2018, the statewide rate will be increased by 3.56%, resulting in a rate of \$163.04 per patient per day.

For the rate period beginning July 1, 2020, the statewide rate will be increased by 0.0122% resulting in a rate of \$163.94 per patient per day.

For the rate period beginning July 1, 2021, the statewide rate will be increased by 0.2557% resulting in a rate of \$164.62 per patient per day.

For the rate period beginning July 1, 2022, the statewide rate will be increased by 0.4885% resulting in a rate of \$166.61 per patient per day.

For the rate period beginning July 1, 2023, the statewide rate will be increased by 10.49% resulting in a rate of \$186.00 per patient per day.

For the rate period beginning July 1, 2024, the statewide rate will be increase by 10.39% resulting in a rate of \$206.02 per patient per day.

The state has a public process in place which complies with the requirements of Section 1902(a)(13)(A) of the Social Security Act.