



Clay Bullard | Chief Executive Officer

J. Kevin Stitt | Governor

State Plan Amendment Rate Committee (SPARC)

Agenda

June 22, 2026

1:00 PM

OHCA Board Room

4345 N. Lincoln Blvd

Oklahoma City, OK

I. Welcome and Roll Call: **Chair, Heather Cox**

This meeting will occur at the OHCA building at 4345 N. Lincoln Blvd., Oklahoma City, OK 73105. All Committee members will participate in person.

Committee Members:

- Heather Cox (Chair, OHCA)
- Stephanie Mavredes (OHCA)
- Bernard Rhone (OHCA)
- Sally Tucker (OHCA)
- Sharon Butler (OSDH)
- Josh Bouye (ODMHSAS)
- Danielle Durkee (OHS)

Public access via Zoom:

https://www.zoomgov.com/webinar/register/WN_o58loX-RRiWeo_AEMkkS2g

*Please note: Since the physical address for the OHCA SPARC Meeting has resumed, any live-streaming option provided is provided as a courtesy. Should such live-streaming option fail or have technical issues, the OHCA SPARC Meeting will not be suspended or reconvened because of this failure or technical issue.

II. Public Comments (2-minute limit): **Chair, Heather Cox**

III. Rate issues to be addressed: Presentation, discussion, and vote

- A. Regular Nursing Facility Rates
(Presented by **Fred Mensah**, OHCA)
- B. AIDS Rate
(Presented by **Fred Mensah**, OHCA)
- C. Regular ICF Rate



ADDRESS

4345 N. Lincoln Blvd.
Oklahoma City, OK 73105



WEBSITES

oklahoma.gov/ohca
mysoonercare.org



PHONE

Admin: 405-522-7300
Helpline: 800-987-7767



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(Presented by **Fred Mensah**, OHCA)

D. Acute ICF Rate

(Presented by **Fred Mensah**, OHCA)

E. PACE Rate

(Presented by **Rosalyn Karl**, OHCA)

F. Lodging and Meals Rate

(Presented by **Marcus Ayers**, OHCA)

IV. Adjournment: **Chair, Heather Cox**

FUTURE SPARC MEETING

September 8, 2026

10:00 am



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STATE PLAN AMENDMENT RATE COMMITTEE

REGULAR NURSING FACILITIES RATE INCREASE

1. IS THIS A RATE CHANGE OR A METHOD CHANGE?

Rate Change

2. IS THIS CHANGE AN INCREASE, DECREASE, OR NO IMPACT?

Increase

3. PRESENTATION OF ISSUE – WHY IS THIS CHANGE BEING MADE?

The change is being made to increase the Quality of Care (QOC) fee for Regular Nursing Facilities per 56 O.S. 2011, Section 2002. This change allows the Oklahoma Health Care Authority (OHCA) to collect additional QOC fees from providers and match them with federal funds, which provides rate increases to facilities. Additionally, the change allows OHCA to calculate the annual reallocation of the pool for the “Direct Care” and “Other Cost” components of the rate as per the State Plan.

4. CURRENT METHODOLOGY AND/OR RATE STRUCTURE.

The current rate methodology for Regular Nursing Facilities calls for the establishment of a prospective rate that consists of four components. The current components are as follows:

A. Base Rate Component is \$159.56 per patient day.

B. A Pay for Performance (PFP) Component defined as the dollars earned under the incentive payment program for Nursing Facilities with an average payment of \$5.00 per patient day.

C. An “Other Cost” Component which is defined as the per day amount derived from dividing 30% of the pool of funds available after meeting the needs of the Base and PFP Components by the total estimated Medicaid days for the rate period. This component once calculated is the same for each facility.

D. A “Direct Care” Component which is defined as the per day amount derived from allocating 70% of the pool of funds available after meeting the needs of the Base and PFP Components to the facilities. This component is determined separately and is different for each facility. The method (as approved in the State Plan) allocates the 70% pool of funds to each facility (on a per day basis) based on their relative expenditures for direct care costs. The current combined pool amount for “Direct Care” and “Other Cost” components is \$369,759,658. The current Quality of Care (QOC) fee is \$16.65 per patient day.

STATE PLAN AMENDMENT RATE COMMITTEE

5. NEW METHODOLOGY OR RATE STRUCTURE.

There is no change in methodology; however, the rate for Regular Nursing Facilities is changing due to the required annual recalculation of the Quality of Care (QOC) fee and reallocation of the pool for “Direct Care” and “Other Cost” components of the rate as per the State Plan. The new Base Rate Component will be \$160.48 per patient day. The new combined pool amount for the “Direct Care” and “Other Cost” components will be \$398,014,154. The new Quality of Care (QOC) fee will be \$17.57 per patient day.

6. BUDGET ESTIMATE.

The estimated budget impact for SFY 2027 will be an increase in the total amount of \$15,551,321, with \$5,285,894 in state share. The state share is paid by providers from the increased QOC fees.

OHCA attests that it has adequate funds to cover the state share of the projected cost of services.

7. AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.

The Oklahoma Health Care Authority does not anticipate any negative impact on access to care.

8. RATE OR METHOD CHANGE IN THE FORM OF A MOTION.

The Oklahoma Health Care Authority requests the State Plan Amendment Rate Committee to approve the following for Regular Nursing Facilities:

- An increase to the base rate component from \$159.56 per patient day to \$160.48 per patient day.
- An increase to the combined pool amount for “Direct Care” and “Other Cost” Components from \$369,759,658 to \$398,014,154 for the annual reallocation of the Direct Care Cost Component as per the State Plan.

9. EFFECTIVE DATE OF CHANGE.

July 1, 2026, upon approval by CMS

STATE PLAN AMENDMENT RATE COMMITTEE

**ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS) NURSING
FACILITIES RATE INCREASE**

1. IS THIS A RATE CHANGE OR A METHOD CHANGE?

Rate Change

2. IS THIS CHANGE AN INCREASE, DECREASE, OR NO IMPACT?

Increase

3. PRESENTATION OF ISSUE – WHY IS THIS CHANGE BEING MADE?

The change is being made to increase the Quality of Care (QOC) fee for nursing facilities serving residents with AIDS per 56 O.S. 2011, Section 2002. This change allows the Oklahoma Health Care Authority (OHCA) to collect additional QOC fees from providers and match them with federal funds, which provides rate increases to facilities.

4. CURRENT METHODOLOGY AND/OR RATE STRUCTURE.

The current rate methodology for nursing facilities serving residents with AIDS requires the establishment of a prospective rate which is based on the reported allowable cost per day. The current rate for this provider type is \$290.96 per patient day. The Quality of Care (QOC) fee is \$16.65 per patient day

5. NEW METHODOLOGY OR RATE STRUCTURE.

There is no change in methodology; however, the rate for nursing facilities serving residents with AIDS is changing due to the required annual recalculation of the Quality of Care (QOC) fee. The rate for this provider type will be \$294.30 per patient day. The recalculated Quality of Care (QOC) fee will be \$17.57 per patient day.

6. BUDGET ESTIMATE.

The estimated budget impact for SFY 2027 will be an increase in the total amount of \$17,966; with \$6,107 in state share. The state share is paid by providers from the increased QOC fees.

OHCA attests that it has adequate funds to cover the state share of the projected cost of services.



STATE PLAN AMENDMENT RATE COMMITTEE

7. AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.

The Oklahoma Health Care Authority does not anticipate any negative impact on access to care.

8. RATE OR METHOD CHANGE IN THE FORM OF A MOTION.

The Oklahoma Health Care Authority requests the State Plan Amendment Rate Committee to approve the following for nursing facilities serving residents with AIDS:

- An increase to the AIDS rate from \$290.96 per patient day to \$294.30 per patient day.

9. EFFECTIVE DATE OF CHANGE.

July 1, 2026, upon approval by CMS

STATE PLAN AMENDMENT RATE COMMITTEE

**REGULAR INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH
INTELLECTUAL DISABILITIES (ICF/IID) RATE INCREASE**

1. IS THIS A RATE CHANGE OR A METHOD CHANGE?

Rate Change

2. IS THIS CHANGE AN INCREASE, DECREASE, OR NO IMPACT?

Increase

3. PRESENTATION OF ISSUE – WHY IS THIS CHANGE BEING MADE?

The change is being made to increase the Quality of Care (QOC) fee for Regular ICF/IID per 56 O.S. 2011, Section 2002. This change allows the Oklahoma Health Care Authority (OHCA) to collect additional QOC fees from providers and match them with federal funds, which provide rate increases to facilities.

4. CURRENT METHODOLOGY AND/OR RATE STRUCTURE.

The current rate methodology for Regular ICF/IID facilities requires the establishment of a prospective rate which is based on the reported allowable cost per day.

The current rate for this provider type is \$173.09 per patient day.

The Quality of Care (QOC) fee is \$10.24 per patient day.

5. NEW METHODOLOGY OR RATE STRUCTURE.

There is no change in methodology; however, the rate for Regular ICF/IID facilities is changing due to the required annual recalculation of the Quality of Care (QOC) fee.

The proposed rate for this provider type is \$174.35 per patient day.

The Quality of Care (QOC) fee will be \$10.65 per patient day.

6. BUDGET ESTIMATE.

The estimated budget impact for SFY 2027 will be an increase in the total amount of \$147,606; with \$50,171 in state share. The state share is paid by providers from the increased QOC fees.

OHCA attests that it has adequate funds to cover the state share of the projected cost of services.



STATE PLAN AMENDMENT RATE COMMITTEE

7. AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.

The Oklahoma Health Care Authority does not anticipate any negative impact on access to care.

8. RATE OR METHOD CHANGE IN THE FORM OF A MOTION.

The Oklahoma Health Care Authority requests the State Plan Amendment Rate Committee to approve the following for Regular ICF/IID facilities:

- An increase in rate from \$173.09 per patient day to \$174.35 per patient day.

9. EFFECTIVE DATE OF CHANGE.

July 1, 2026, upon approval by CMS

STATE PLAN AMENDMENT RATE COMMITTEE

**ACUTE (16 BED-OR-LESS) INTERMEDIATE CARE FACILITIES FOR
INDIVIDUALS WITH INTELLECTUAL DISABILITIES (ICF/IID) RATE
INCREASE**

1. IS THIS A RATE CHANGE OR A METHOD CHANGE?

Rate Change

2. IS THIS CHANGE AN INCREASE, DECREASE, OR NO IMPACT?

Increase

3. PRESENTATION OF ISSUE – WHY IS THIS CHANGE BEING MADE?

The change is being made to increase the Quality of Care (QOC) Fee for Acute ICF/IID Facilities per 56 O.S. 2011, Section 2002. This change allows the Oklahoma Health Care Authority (OHCA) to collect additional QOC fees from providers and match them with federal funds, which provides rate increases to facilities.

4. CURRENT METHODOLOGY AND/OR RATE STRUCTURE.

The current rate methodology for Acute ICF/IID facilities requires the establishment of a prospective rate which is based on the reported allowable cost per day.

The current rate for this provider type is \$209.92 per patient day.

The Quality of Care (QOC) fee is \$11.96 per patient day.

5. NEW METHODOLOGY OR RATE STRUCTURE.

There is no change in methodology; however, the rate for Acute ICF/IID facilities is changing due to the annual recalculation of the Quality of Care (QOC) fee. The proposed rate for this provider type is \$213.10 per patient day. The recalculated Quality of Care (QOC) fee is \$13.05 per patient day.

6. BUDGET ESTIMATE.

The estimated budget impact for SFY 2027 will be an increase in the total amount of \$1,110,195; with \$377,355 in state share.

OHCA attests that it has adequate funds to cover the state share of the projected cost of services.



STATE PLAN AMENDMENT RATE COMMITTEE

7. AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.

The Oklahoma Health Care Authority does not anticipate any negative impact on access to care.

8. RATE OR METHOD CHANGE IN THE FORM OF A MOTION.

The Oklahoma Health Care Authority requests the State Plan Amendment Rate Committee to approve the following for Acute ICF/IID facilities:

- An increase in rate from \$209.92 per patient day to \$213.10 per patient day.

9. EFFECTIVE DATE OF CHANGE.

July 1, 2026, upon approval by CMS

STATE PLAN AMENDMENT RATE COMMITTEE

PROGRAM OF ALL INCLUSIVE CARE FOR THE ELDERLY

1. IS THIS A RATE CHANGE OR A METHOD CHANGE?

Rate Change

2. IS THIS CHANGE AN INCREASE, DECREASE, OR NO IMPACT?

Increase

3. PRESENTATION OF ISSUE – WHY IS THIS CHANGE BEING MADE?

The Oklahoma Health Care Authority (OHCA) is seeking to implement new reimbursement rates for the Program of All Inclusive Care for the Elderly (PACE), as authorized by House Bill 2268. The reimbursement rates, which are paid to PACE Organizations on a per member per month (PMPM) basis, were determined based upon medical and administrative costs for PACE-eligible beneficiaries receiving long term care services, either in a nursing facility or through the ADvantage 1915c Home- and Community-Based Services (HCBS) waiver program. Separate reimbursement rates are established for beneficiaries who are dually-eligible for Medicare and Medicaid and beneficiaries who are eligible only for Medicaid.

4. CURRENT METHODOLOGY AND/OR RATE STRUCTURE.

The current reimbursement rates are \$2,877.65 PMPM for dual-eligible beneficiaries and \$4,506.44 Medicaid-only beneficiaries.

5. NEW METHODOLOGY OR RATE STRUCTURE.

The new reimbursement rates are \$3,597.06 PMPM for dual-eligible beneficiaries and \$5,633.05 Medicaid-only beneficiaries.

6. BUDGET ESTIMATE.

The estimated budget impact for SFY 2027 will be an increase in the total amount of \$7,275,596; with \$2,472,975 in state share.

OHCA attests that it has adequate funds to cover the state share of the projected cost of services.

7. AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.

The OHCA has determined that this change will have a positive impact by providing increased rate support for PACE organizations.



STATE PLAN AMENDMENT RATE COMMITTEE

8. RATE OR METHOD CHANGE IN THE FORM OF A MOTION.

Oklahoma Health Care Authority requests the State Plan Amendment Rate Committee approve the proposed rate increases per House Bill 2268

9. EFFECTIVE DATE OF CHANGE.

July 1, 2026, upon approval by CMS

STATE PLAN AMENDMENT RATE COMMITTEE

LODGING & MEALS RATE CHANGE

1. IS THIS A RATE CHANGE OR A METHOD CHANGE?

Rate Change

2. IS THIS CHANGE AN INCREASE, DECREASE, OR NO IMPACT?

Increase

3. PRESENTATION OF ISSUE – WHY IS THIS CHANGE BEING MADE?

Oklahoma Health Care Authority (OHCA) is requesting this rate increase request due to two primary factors: inflationary cost-of-living adjustments and evolving market conditions that have significantly increased vendor operating costs. To maintain the quality of our services and sustain equitable partnerships with our room and board providers, a rate adjustment is necessary. This change ensures our providers can continue to meet operational standards despite rising overhead.

4. CURRENT METHODOLOGY AND/OR RATE STRUCTURE.

CODE	CODE DESCRIPTION	UNIT DESCRIPTION	CURRENT RATE
A0180	Non-Emergency Transportation: Ancillary Lodging-Recipient	1 Unit = 1 Day	\$54.00
A0200	Non-Emergency Transportation: Ancillary Lodging-Escort	1 Unit = 1 Day	\$54.00

5. NEW METHODOLOGY OR RATE STRUCTURE.

CODE	CODE DESCRIPTION	UNIT DESCRIPTION	CURRENT RATE
A0180	Non-Emergency Transportation: Ancillary Lodging-Recipient	1 Unit = 1 Day	\$80.00
A0200	Non-Emergency Transportation: Ancillary Lodging-Escort	1 Unit = 1 Day	\$80.00

The increase to \$80 brings the rate significantly closer to the GSA rate of \$116 for Oklahoma County, aligns with rates paid for these services by the SoonerSelect plans (ranging between \$80 and \$84), and aligns with the maximum FFS rate of \$83 that OHCA set for lodging in the 2025 NEMT RFP (EV00000663).

STATE PLAN AMENDMENT RATE COMMITTEE

6. BUDGET ESTIMATE.

The estimated budget impact for SFY 2027 will be an increase in the total amount of \$73,255; with \$26,526.93 in state share.

The estimated budget impact for SFY 2028 will be an increase in the total amount of \$9,810.25 with \$3,091.21 in state share.

OHCA attests that it has adequate funds to cover the state share of the projected cost of services.

7. AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.

Should this rate increase be approved, the Oklahoma Health Care Authority (OHCA) will secure essential lodging and meal coverage for the general population of eligible members. This is particularly critical for high-acuity cases, including NICU and PICU families, and individuals undergoing life-sustaining cancer treatments or transplants.

Legal and regulatory mandate: Under 42 CFR § 440.170, federal law defines "travel expenses" as a required component of Medicaid transportation assurance. This includes:

- Member Costs: meals and lodging enroute to and from care, and while receiving care.
- Attendant Costs: transportation, meals, and lodging for an escort when the member's condition requires assistance.

Current Soonercare reimbursement rates have fallen significantly below the general services administration (GSA) federal per diem rates for the Oklahoma City region.

As a result, the current rate is no longer "appropriate" to ensure access to care.

Furthermore, for members under age 21, EPSDT guidance requires the state to provide any medically necessary service to "correct or ameliorate" a condition, regardless of whether it is typically covered in the state plan. Without a rate increase, the shortage of providers willing to accept these rates creates a barrier to care for Oklahoma's most vulnerable children and families.

8. RATE OR METHOD CHANGE IN THE FORM OF A MOTION.

The Oklahoma Health Care Authority requests the State Plan Amendment Rate Committee to approve the rate change for procedure code A0180 and A0200 from \$54 per unit to \$80 per unit.

9. EFFECTIVE DATE OF CHANGE.

July 1, 2026, upon approval by CMS