

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: OKLAHOMA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Termination of Provider Agreement: Describe the criteria (as required at §1919(h)(2)(A)) for applying the remedy.

Specified Remedy

(Will use the criteria and notice requirements specified in the regulation.)

STATE	<i>Oklahoma</i>	A
DATE RECD	SEP 26 1995	
DATE APVD	JUN 20 1996	
DATE EFF	JUL 01 1995	
HCFA 179	<i>95-17</i>	

TN No. *95-17* New 07-01-95
Supersedes *None-New Page* Approval Date: *6/20/96* Effective Date: *7/1/95*
TN No.