

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: OKLAHOMA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Additional Remedies: Describe the criteria (as required at §1919(h)(2)(A)) for applying the additional remedy. Include the enforcement category in which the remedy will be imposed (i.e., category 1, category 2, or category 3 as described at 42 CFR 488.408).

NOT APPLICABLE

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

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