

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No. 0938-

State/Territory: OKLAHOMA

SECTION 7 - GENERAL PROVISIONS

Citation

7.1 Plan Amendments

42 CFR 430.12(c)

The plan will be amended whenever necessary to reflect new or revised Federal statutes or regulations or material change in State law, organization, policy or State agency operation.

Revised 10-01-91

TN No. 92-01
Supersedes 71-21 Approval Date FEB 28 1992 Effective Date OCT 01 1991
TN No. 71-21

HCFA ID: 7982E

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|-----------|--------------------|---|
| STATE | <u>OKlahoma</u> | A |
| DATE PROC | <u>JAN 29 1992</u> | |
| DATE REVD | <u>FEB 28 1992</u> | |
| DATE EFF | <u>OCT 01 1991</u> | |
| HCFA ID# | <u>92-01</u> | |

Revision: HCFA-PM-91-4 (BPD)
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Citation 7.2 Nondiscrimination

45 CFR Parts
80 and 84

In accordance with title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et. seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 70b), and the regulations at 45 CFR Parts 80 and 84, the Medicaid agency assures that no individual shall be subject to discrimination under this plan on the grounds of race, color, national origin, or handicap.

The Medicaid agency has methods of administration to assure that each program or activity for which it receives Federal financial assistance will be operated in accordance with title VI regulations. These methods for title VI are described in ATTACHMENT 7.2-A.

Revised 10-01-91

TN No. 92-01 Approval Date FEB 28 1992 Effective Date OCT 01 1991
Supersedes 79-3
TN No. 79-3

HCFA ID: 7982E

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|------------|--------------------|---|
| STATE | <u>OKlahoma</u> | A |
| DATE REC'D | <u>JAN 29 1992</u> | |
| DATE APP'D | <u>FEB 28 1992</u> | |
| DATE EFF | <u>OCT 01 1991</u> | |
| HCFA 179 | <u>92-01</u> | |

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No. 0938-

State/Territory: OKLAHOMA

Citation 7.3 Maintenance of AFDC Efforts

1902(c) of
the Act

The State agency has in effect under its approved
AFDC plan payment levels that are equal to or more than
the AFDC payment levels in effect on May 1, 1988.

Revised 10-01-91

TN No. 92-01
Supersedes _____ Approval Date FEB 28 1992 Effective Date OCT 01 1991
TN No. _____

HCFA ID: 7982E

| | | |
|------------|--------------------|---|
| STATE | <u>Oklahoma</u> | A |
| DATE REC'D | <u>JAN 29 1992</u> | |
| DATE ADJ'D | <u>FEB 28 1992</u> | |
| DATE LTR | <u>OCT 01 1991</u> | |
| HCFA 177 | <u>92-01</u> | |

Revision: HCFA-PM-01-4 (BPD)
January 1995

OMB NO. 0938

State/Territory: OKLAHOMA

Citation 7.4 State Governor's Review

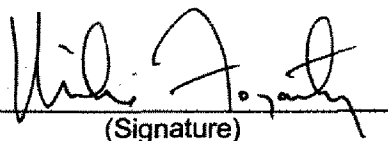
42 CFR 430.12(b) The Medicaid Agency will provide opportunity for the Office of the Governor to review State plan amendments, long-range program planning projections, and other periodic reports there-on, excluding periodic statistical, budget and fiscal reports. Any comments made will be transmitted to the Health Care Financing Administration with such documents.

- Not applicable. The Governor...
- Does not wish to review any plan material
- Wishes to review only the plan materials specified in the enclosed document.

I hereby certify that I am authorized to submit this plan on behalf of:

The Oklahoma Health Care Authority
(Designated Single State Agency)

Date: 09/02/99


(Signature)

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|----------------------------|---|
| STATE <u>Oklahoma</u> | A |
| DATE REC'D: <u>1-28-00</u> | |
| DATE APP'VD: <u>2-2-00</u> | |
| DATE EFF: <u>9-2-99</u> | |
| HCFA 179 <u>99-21</u> | |

CEO, Oklahoma Health Care Authority
(Title)

Revised 09-02-99

TN # 99-21 Approval Date 2/7/00 Effective Date 9-2-99
Supersedes
TN # 95-06 HCFA ID: 7982E