

Revision: HCFA-PM-86-20 (BERC)
SEPTEMBER 1986

ATTACHMENT 3.1-B
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State: OKLAHOMA

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S):

The following ambulatory services are provided:

NOT APPLICABLE

THIS STATE PLAN DOES NOT INCLUDE THE MEDICALLY NEEDY

Revised 02-01-03

TN# 03-07 Approval Date 6-17-03 Effective Date 2-1-03
Supersedes
TN# 86-20

SUPERSEDES: TN- 86-20

STATE <u>Oklahoma</u>	A
DATE REC'D <u>3-26-03</u>	
DATE APPV'D <u>6-17-03</u>	
DATE EFF <u>2-1-03</u>	
HCFA 179 <u>OK 03-06</u>	