

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: OKLAHOMA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Civil Money Penalty: Describe the criteria (as required at §1919(h)(2)(A)) for applying the remedy.

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

 Alternative Remedy
(Describe the criteria and demonstrate that the alternative remedy is as effective in deterring non-compliance. Notice requirements are as specified in the regulations.)

STATE	<i>Oklahoma</i>	A
DATE REC'D	<i>SEP 26 1995</i>	
DATE APP'VD	<i>JUN 20 1996</i>	
DATE EFF	<i>JUL 01 1995</i>	
HCFA 179	<i>95-17</i>	

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