

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: OKLAHOMA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

State Monitoring: 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.)

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 RECD	SEP 26 1995	
DATE APPLD	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.