

Revision: HCFA-PM-95-4 (HSQB)  
June 1995

ATTACHMENT 4.35-D

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:                             UTAH                            

ELIGIBILITY CONDITIONS AND REQUIREMENTS

ENFORCEMENT OF COMPLIANCE FOR NURSING FACILITIES

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DENIAL OF PAYMENT FOR NEW ADMISSIONS:

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

X

Specified Remedy

    

Alternative Remedy

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

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

T.N. #                             95-13                            

Approval Date             9-28-95            

Supersedes T.N. #             New            

Effective Date             7-1-95