

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

ATTACHMENT 4.35-G

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

ELIGIBILITY CONDITIONS AND REQUIREMENTS

ENFORCEMENT OF COMPLIANCE FOR NURSING FACILITIES

TRANSFER OF RESIDENTS; TRANSFER OF RESIDENTS WITH CLOSURE OF FACILITY:

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

<u>X</u>	Specified Remedy	<u> </u>	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