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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

ELIGIBILITY CONDITIONS AND REQUIREMENTS

ENFORCEMENT OF COMPLIANCE FOR NURSING FACILITIES

ADDITIONAL REMEDIES:

Describe the criteria (as required at §1919(h)(2)(A) for applying the remedy. Include the enforcement category in which the remedy will be imposed (i.e., category 1, category 2, or category 3 as described at 42 CFR 488.408).

N/A

T.N. # ______95-13

Approval Date <u>9-28-95</u>

Supersedes T.N. # <u>New</u>

Effective Date 7-1-95