Revision: HCFA-PM-95-4 (HSQB) ATTACHMENT 4.35-D

JUNE 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT STATE/TERRITORY: NEVADA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities	
Denial of Payment for New Admission applying the remedy.	ons: Describe the criteria (as required at '1919(h)(2)(A)) for
X Specified Remedy	Alternative Remedy
(Will use the criteria and notice requirements specified in the regulation.)	
	(Describe the criterie and notice requirement

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

TN No. 95-08 Supersedes TN No. N/A Approval Date: 12/11/95 Effective Date: 7/1/95