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

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	
Civil Money Penalty: Describe the criteria (as requ	nired 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 notice requirements and demonstrate that the alternative remedy is as effective in deterring non-compliance. Notice requirements are as specified in the

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regulations.)

TN No. <u>95-08</u> Supersedes TN No. <u>N/A</u>