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

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

State Monitoring: 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 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 Approval Date: 12/11/95 Effective Date: 7/1/95

Supersedes TN No. N/A