

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

ATTACHMENT 4.35-D

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: ARIZONA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Denial of Payment for New Admissions: Describe the criteria (as required at §1919(h)(2)(A)) for applying the remedy.

Specified Remedy
(Will use the criteria and notice requirements specified in the regulation.)

Alternative Remedy
(Describe the criteria 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. None

Approval Date NOV 8 1 1995 Effective Date July 1, 1995