Attachment 4.35-A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

The State uses other factors described below to determine the seriousness of deficiencies in addition to those described at \$488.404(b)(1):

TN No. 96-1	· · F / O/	
Supersedes	Approval Date: 5-6-96	Effective Date: 1/1/96
TN No. 91-32		

Revision: HCFA-PM-95-4 (HSQB) JUNE 1995 Attachment 4.35-B

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Tennessee

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Termination of Provider Agreement: Describe the criteria (as required at \$1919(h)(2)(A)) for applying the remedy.

X Specified Remedy

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

TN No. 96-1 Supersedes TN No. 90-20	Approval Date: 5-6-96	Effective Date: 1/1/96

Attachment 4.35-C

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Tennessee

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Temporary Management: Describe the criteria (as required at \$1919(h)(2)(A)) for applying the remedy.

X Specified Remedy

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____ Alternative Remedy

(Will use the criteria and notice requirements specified in the regulation.) (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. 96-1 Supersedes	Approval Date: 5-6-96	
TN NO. NEW	Approval Date: 000	Effective Date: 1/1/96
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Revision: HCFA-PM-95-4 (HSQB) JUNE 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Tennessee

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Denial of Payment for New Admissions: Describe the criteria (as required at $\frac{1}{1}$) (h)(2)(A)) for applying the remedy.

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X Specified Remedy

Alternative Remedy

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

Attachment 4.35-D

TN NO. 96-1 Supersedes Approval Date: 5-6-96 TN NO. NEW

Effective Date: 1/1/96

Attachment 4.35-E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Tennessee

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Civil Money Penalty: Describe the criteria (as required at \$1919(h)(2)(A)) for applying the remedy.

X Specified Remedy

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____ Alternative Remedy

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

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(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. 96-1 Supersedes TN NO. NEW	Approval Date: 5-6-96	Effective Date: 1/1/96

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Revision: HCFA-PM-95-4 (HSQB) JUNE 1995 Attachment 4.35-F

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Tennessee

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

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____ Alternative Remedy

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

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Approval Date: 5-6-96

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Effective Date: 1/1/96

Attachment 4.35-G

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Tennessee

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Transfer of residents; Transfer of residents with closure of facility: Describe the criteria (as required at 1919(h)(2)(A)) for applying the remedy.

X Specified Remedy

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____ Alternative Remedy

(Will use the criteria and notice requirements specified in the regulation.) (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. 96-1	·	.0/	
Supersedes TN No. NEW	Approval Date: 5-6	Effective Dat	e: <u>1/1/96</u>

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: <u>Tennessee</u>

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 additional 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).

TN NO. 96-1 Supersedes Approval Date: 5-6-96 Effective Date: 1/1/96 TN NO. NEW