

Revision: HCFA-PM-95-4 (HQSB)  
June 1995

ATTACHMENT 4.35-B

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:                                  UTAH

ELIGIBILITY CONDITIONS AND REQUIREMENTS

ENFORCEMENT OF COMPLIANCE FOR NURSING FACILITIES

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TERMINATION OF PROVIDER AGREEMENT:

Describe the criteria (as required at §1919(h)(2)(A) for applying the remedy. X Specified

X Specified Remedy

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

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T.N. #                                  95-13

Approval Date                          9-28-95

Supersedes T.N. #                          90-06

Effective Date                          7-1-95