Revision: HCFA-PM-95-4 (HSQS) Attachment 4.35-A JUNE 1995

> STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State/Territory: Kentucky

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 S488.404(b)(l):

Effective Date: 7/1/95

None

TN No. 95-13 Supersedes

Approval Date: 1-16-96 TN No. 89-36

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

JUNE 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory:Kentucky
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.

Specified Remedy

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

TN No. 95-13 Supersedes TN No. 89-36

Approval Date: <u>1-16-96</u>

Effective Date: 7/1/95

Revision:

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(HSQB)

Attachment 4.35-C

Effective Date: 7/1/95

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory:	Kentucky	

ELIGIBILITY CONDITIONS AND REQUIREMENTS

	Enforcemen	at of Compliance for Nu	rsing Facilities
Temporary Ma ☑	Specified Remedy (Will use the criteria and requirements specified in regulation.)	notice	Specified 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. <u>95-13</u>

Approval Date: 1-16-96

Supersedes
TN No. None

Re		

HCFA-PM-95-4 (HSQB) JUNE 1995

Attachment 4.35-D

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory	·:	Kentucky

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities			
Denial of Pay	Specified Remedy (Will use the criteria and notice	s required a	Alternative Remedy (Describe the criteria and demonstrate tha
	requirements specified in the regulation.)		the alternative remedy is as effective in deterring non-compliance. Notice requirements are as specified in the regulations.)

TN No. 95-13 Supersedes TN No. None

Approval Date: 1-16-96

Effective Date: 7/1/95

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(HSQ.B)

Attachment 4.35-E

Effective Date: 7/1/95

STATE PLAN UNDER 11TLE XIX OF THE SOCIAL SECURITY ACT

	State/Territory: ELIGIBILITY CONDITION		
	Enforcement of Complia	nce for	Nursing Facilities
Civil l	Money Penalty: Describe the criteria (as required at §19	919(h)(2	(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 demonstrate that the alternative remedy is as effective in deterring non-compliance. Notice requirements are as specified in the regulations.)

Approval Date: <u>1-16-96</u>

TN No. 95-13 Supersedes TN No. None

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

June 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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State/Territory:Kentucky ELIGIBILITY CONDITIONS AND REQUIREMENTS		 UIREMENTS	
Enforcement of Compliance for Nursing Facilities			
State Monitor	ring: Describe the criteria (as required at §1919	9(h)(2)(A)	for applying the remedy.
X	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. 95-13 Supersedes TN No. None

Approval Date: <u>1-16-96</u> Effective Date: <u>7/1/95</u>

Revision

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(HSQB)

Attachment 4.35-G

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory:Kentucky ELIGIBILITY CONDITIONS AND REQUIREMENTS		
Enforcement of Compliance	for Nursing	g Facilities
Transfer of residents: Transfer of residents with closure of facility	: Describe	the criteria (as required at §1919(h)(2)(A))
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. 95-13 Supersedes TN No. None

Approval Date: 1-16-06

Effective Date 7/1/95

Revision HCFA-PM-95-4

June 1995

(HSQB)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory:	Kentucky
ELIGIBILITY CONDITIONS	AND REQUIREMENTS
Enforcement of Compliance	e for Nursing Facilities

Attachment 4.35-H

Effective Date: 7/1/95

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).

Not applicable

TN No. 95-13 Supersedes TN No. None

Approval Date 1-16-96