HCFA-PM-95-4

(HSQB)

Attachment 4.35-A

JUNE 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Mississippi

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 42 CFR 488.404 (b) (1):

Not Applicable

TN No. 95-07 Supersedes TN No. 91-10 Approval Date: 10-24-95

HCFA-PM-95-4 (HSQB)

JUNE 1995

Attachment 4.35-B

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Mississippi

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

<u>Termination of Provider Agreement</u>: Describe the criteria (as required at Section 1919 (h) (2) (A)) for applying the remedy.

X Specified Remedy

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

TN No. 95-07 Supersedes TN No. 91-10 Approval Date: 10-24-95

Effective Date: <u>7-1-95</u>

HCFA-PM-95-4 (HSQB)

JUNE 1995

Attachment 4.35-C

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Mississippi

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

<u>Temporary Management</u>: Describe the criteria (as required at Section 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 demonstrate that the alternative remedy is as effective in deterring non-compliance. Notice requirements are as specified in the regulations.)

TN No. 95-07 Supersedes TN No. New Approval Date: 10-24-95

Effective Date: <u>7-/</u>-95

HCFA-PM-95-4

(H\$QB)

Attachment 4,35-D

JUNE 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Mississippi

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

<u>Denial of Payment for New Admissions</u>: Describe the criteria (as required at Section 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 demonstrate that the alternative remedy is as effective in deterring non-compliance. Notice requirements are as specified in the regulations.)

TN No. 95-07 Supersedes TN No. New Approval Date: 10-24-95

HCFA-PM-95-4 (HSQB)

JUNE 1995

Attachment 4.35-E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: <u>Mississippi</u>

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Civil Money Penalty: Describe the criteria (as required at Section 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 demonstrate that the alternative remedy is as effective in deterring non-compliance. Notice requirements are as specified in the regulations.)

TN No. <u>95-07</u> Supersedes TN No. <u>New</u> Approval Date: 10-24-95

Effective Date: <u>7-/-95</u>

HCFA-PM-95-4 (HSQB)

JUNE 1995

Attachment 4.35-F

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Mississippi

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

State Monitoring: Describe the criteria (as required at Section 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 demonstrate that the alternative remedy is as effective in deterring non-compliance. Notice requirements are as specified in the regulations.)

TN No. 95-07 Supersedes TN No. New Approval Date: 10-24-95

HCFA-PM-95-4 (HSQB)

JUNE 1995

Attachment 4.35-G

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Mississippi

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

<u>Transfer of residents: Transfer of residents with closure of facility</u>: Describe the criteria (as required at Section 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 demonstrate that the alternative remedy is as effective in deterring non-compliance. Notice requirements are as specified in the regulations.)

TN No. 95-07 Supersedes TN No. New Approval Date: 10-24-95

HCFA-PM-95-4 (H

(HSQB)

Attachment 4.35-H

JUNE 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Mississippi

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Additional Remedies: Describe the criteria (as required at Section 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).

Ban on Admissions - A ban on all admissions will be imposed for facilities with substandard quality of care. This remedy will be categorized as a Category 2 remedy.

TN No. 95-07 Supersedes TN No. New ____ Approval Date: 10-24-95