

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: LOUISIANA

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):

N/A

|          |                  |   |
|----------|------------------|---|
| STATE    | <i>Louisiana</i> |   |
| DATE     | SEP 12 1995      |   |
| DATE     | OCT 9            | A |
| DATE     |                  |   |
| HCFA 179 | <i>95-17</i>     |   |

TN No. 95-17 Approval Date: OCT 9 Effective Date:       
Supersedes  
TN No. 90-15

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: LOUISIANA

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.)

|          |                  |   |
|----------|------------------|---|
| STATE    | <u>Louisiana</u> |   |
| DATE     | SEP 12 1995      |   |
| DATE     | OCT 9 1995       | A |
| DATE EFF |                  |   |
| HCFA 119 | <u>95-17</u>     |   |

TN No. 95-17 Approval Date: OCT 9 Effective Date: JUL - 1 1995  
 Supersedes  
 TN No. 90-15

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: LOUISIANA

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.

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.)

|        |                  |   |
|--------|------------------|---|
| STATE  | <i>Louisiana</i> | A |
| DATE   | SEP 12 1995      |   |
| DATE   | OCT 19 1995      |   |
| DATE   | " - 1 1995       |   |
| HCFA # | <i>95-17</i>     |   |

TN No. *95-17* Approval Date: OCT 19 1995 Effective Date: " - 1 1995  
 Supersedes  
 TN No. *90-15*

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: LOUISIANA

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.)

|          |                    |   |
|----------|--------------------|---|
| STATE    | <u>Louisiana</u>   | A |
| DATE     | <u>SEP 12 1995</u> |   |
| DATE     | <u>OCT 19 1995</u> |   |
| DATE     | <u>" " - " - "</u> |   |
| HCFA 174 | <u>95-17</u>       |   |

TN No. 95-17 Approval Date: OCT 9 1995 Effective Date: " " - " - "  
 Supersedes  
 TN No. 90-15

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: LOUISIANA

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.

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.)

|          |                  |   |
|----------|------------------|---|
| STATE    | <i>Louisiana</i> |   |
| DATE     | SEP 12 1995      |   |
| DATE     | OCT 9 1995       | A |
| DATE     | JUL 1 1995       |   |
| HCFA 194 | <i>95-17</i>     |   |

TN No. *95-17* Approval Date: OCT 9 1995 Effective Date: " " - 1  
 Supersedes  
 TN No. *90-15*

JUNE 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY

State/Territory: LOUISIANA

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.

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.)

|          |                  |              |   |
|----------|------------------|--------------|---|
| STATE    | <i>Louisiana</i> | SEP 12 1995  | A |
| DATE     |                  | OCT 9 1995   |   |
| DATE     |                  | JUL 1 1995   |   |
| HCFA 179 |                  | <i>95-17</i> |   |

TN No. 95-17 Approval Date: OCT 9 1995 Effective Date: JUL 1 1995  
 Supersedes TN No. 90-15

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: LOUISIANA

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).

N/A

|          |                  |   |
|----------|------------------|---|
| STATE    | <i>Louisiana</i> |   |
| DATE     | SEP 19 1995      |   |
| DATE     | OCT 19 1995      | A |
| DATE     | JUL - 1 1995     |   |
| HCFA 177 | <i>95-17</i>     |   |

TN No. 95-17 Approval Date: OCT 19 1995 Effective Date: JUL - 1 1995  
 Superseded  
 TN No. 90-15