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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Iowa

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

____ Alternative Remedy

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





TN No. <u>MS-96-8</u> Supersedes Approval Date: <u>MAR 1</u> TN No. <u>MS-90-16</u>

Effective Date: 7-1-95