Revision: HCFA-PM-95-4

JUNE 1995

ATTACHMENT 4.35-A

Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory:

FLORIDA

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 Section 488.404(b)(1):

CRITERIA FOR THE APPLICATION OF SPECIFIED REMEDIES FOR NURSING FACILITIES (When and how each remedy is applied, the amounts of any fines, and the severity of the remedies)

Denial of Payment for New Admissions - An immediate moratorium on admissions is imposed by the agency when it is determined that any condition in the facility presents a threat to the health, safety, or welfare of the residents in the facility.

Closure/Transfer - State law allows the department to deny or revoke a state license when a licensee:

- Intentionally or negligently acts to affect resident safety.
- 0 Misappropriates a resident's property.
- Violates any standards, rules or regulations.  $\cap$
- Commits an act that constitutes grounds for license denial. 0

TN No. <u>95-10</u> Supersedes TN No. 90-16

Approval Date 7-30-96

Effective 7/1/95

Revised Submission 4/24/96

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

JUNE 1995

Attachment 4.35-B

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: FLORIDA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

<u>Termination of Provider Agreement</u>: Describe the criteria (as required at  $\overline{S1919(h)(2)(A)}$ ) for applying the remedy.

X Specified Remedy

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

TN No. 95-10 Supersedes TN No. NEW

Approval Date: 7-30-96

Revision: HCFA-PM-95-4

JUNE 1995

ATTACHMENT 4.35-C

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory:

FLORIDA

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.

<u>X</u> 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 7-30-96

REVISION - NORA-PM-95-4

MIIMCHMENT 4.35-D

STATE	PLAN	UNDER	TITLE	XIX	OF	THE	SOCIAL	SECURITY	ACT
st	State/Territory:					LORII	<u> </u>		

Enforcement of Compliance for Nursing Facilities

ELIGIBILITY CONDITIONS AND REQUIREMENTS

<u>Denial of Payment for New Admissions:</u> Describe the criteria (as required at Section 1919(h)(2)(A)) for applying the remedy.

Specified Remedy

X 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.

## ALTERNATIVE REMEDY: Moratorium on Admissions:

The Medicaid agency established a Moratorium on Admissions in place of Denial of Payment for New Admissions. Description: A moratorium on admissions is a ban placed by the Agency prohibiting the facility from admitting any new residents, regardless of the source of payment.

General Requirements/Assurances:

- The Medicaid agency will use the timing and notice requirements specified in the regulation for Denial of Payment for New Admissions.
- The alternative remedy satisfies the statutory intent of the specified remedy. By placing a ban on new admissions, the facility is prevented from obtaining reimbursement for new admissions.
- The alternative remedy will be applied whenever Denial of Payment is the specified remedy.
- The alternative remedy is as effective as the specified remedy because the outcome is the same, i.e., the facility receives no reimbursement for new admissions.
- Factors considered in selecting the remedy are those specified in the regulation for Denial of Payment for New Admissions.
- The remedy is established in State law at s.400.121(4)(a) and (b), Florida Statutes.
- The State's categorization of deficiencies results in the same scope and harm assignment.

TN No. 95-10 Supersedes	Approval Date	7-30-96	Effective 7/1/95
TN NO. NEW		• .	

Revision: HCFA-PM-95-4 JUNE 1995

in the regulation.)

(HSQB)

Attachment 4.35-E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: FLORIDA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Civil Money Penalty: Describe the criteria (as required at 51919(h)(2)(A)) for applying the remedy.

X Specified Remedy

Alternative Remedy

(Will use the criteria and notice requirements specified demonstrate that the alternative

(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. 95-10 Supersedes

Supersedes . Approval Date: \_
TN No. NEW

7-30-96

Revision: HCFA-PM-95-4 JUNE 1995

(HSQB)

Attachment 4.35-F

STATE	PLAN	UNDER	TITLE	XIX	OF	THE	SOCIAL	SECURITY	ACT

FLORIDA State/Territory:

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.

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. Supersedes

IN No. NEW

Approval Date: <u>7-30-96</u>

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

JUNE 1995

Attachment 4.35-G

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: FLORIDA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Transfer of residents; Transfer of residents with closure of facility: Describe the criteria (as required at  $$1919(h)(2)(\lambda)$) for applying the remedy.$ 

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. 95-10 Supersedes

TN NO. NEW

Approval Date: 7-30-16

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

JUNE 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: FLORIDA

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).

TN No. 95-10
Supersedes Approval Date: 7-30-96
Effective Date: 7/1/95

TN NO. NEW