

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

Attachment 4.35-B

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: District of Columbia

ELIGIBILITY CONDITIONS AND REQUIREMENTS

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Enforcement of Compliance for Nursing Facilities

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Termination of Provider Agreement: 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.)

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TN No. 95-08

Supersedes \_\_\_\_\_ Approval Date 10/24/95 Effective Date 7/1/95

TN No. \_\_\_\_\_