

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

Attachment 4.35-F

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: ALASKA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

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Enforcement of Compliance for Nursing Facilities

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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.)

AS Sec. 18.20.080

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TN No. 95-015 Approval Date 10/30/95 Effective Date 7/1/95