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449.99935 Authorized recommendations in addition to available sanctions

For a facility that participates in Medicaid, in addition to imposing any sanction authorized by NAC 449.99863, the Bureau may recommend to the Division of Health Care Financing and Policy:

1.

That the provider agreement of the facility be terminated.

2.

That Medicaid payment for new admissions be denied.

3.

That Medicaid payment for certain diagnostic categories or certain types of specialized care be denied.

4.

That all or part of the Medicaid payments to the facility be suspended.

5.

That the facility be allowed to continue to participate as a Medicaid facility for 6 months after the date of the survey if: (a) The Bureau finds that it is more appropriate to impose alternative sanctions than to recommend termination of the facility from the Medicaid program; (b) The facility has submitted an acceptable plan of correction; (c) The Bureau approves the plan of correction; and (d) The facility agrees to repay the Federal Government for any payments received under

the Medicare or Medicaid program if timely corrective action is not taken in accordance with the approved plan of correction. If the facility does not substantially correct the cited deficiencies within 6 months after the last day of the survey, the Bureau shall recommend that the Division of Health Care Financing and Policy terminate the Medicaid agreement of any facility whose participation was continued under these conditions.

(a)

The Bureau finds that it is more appropriate to impose alternative sanctions than to recommend termination of the facility from the Medicaid program;

(b)

The facility has submitted an acceptable plan of correction;

(c)

The Bureau approves the plan of correction; and

(d)

The facility agrees to repay the Federal Government for any payments received under the Medicare or Medicaid program if timely corrective action is not taken in accordance with the approved plan of correction. If the facility does not substantially correct the cited deficiencies within 6 months after the last day of the survey, the Bureau shall recommend that the Division of Health Care Financing and Policy terminate the Medicaid agreement of any facility whose participation was continued under these conditions.