



TEXAS
Health and Human
Services

Texas Health and Human Services Commission

Cecile Erwin Young
Executive Commissioner

September 7, 2022

Laurey Riney
Runningwater Draw Care Center, Inc.
P. O. Box 409
Olton, Texas 79064-0409

Dear Ms. Riney,

The Texas Health and Human Services Commission (HHSC) has reviewed your application for Civil Money Penalty (CMP) Reinvestment funds to be utilized to provide in person visitation for residents in certified Texas nursing facilities.

This notice confirms approval of your application and the total award of **\$3,000.00** for the facilities listed below:

Facility Name	CMS Certification Number (CCN)	Number of Certified Facility Beds	Type of Visitation Aids (e.g., tents, clear dividers)	Cost per Visitation Aid	Number of Items	Total Cost per Facility
Runningwater Draw Care Center Inc.	675117	75	Indoor Portable Air Cleaner	\$600.00	5	\$3,000.00
TOTAL PROJECT COST						\$3,000.00

This award covers qualified purchases for the express purpose of enhancing quality of care and quality of life in nursing homes certified to participate in Title 18 and Title 19 of the Social Security Act. To be eligible for reimbursement using CMP Reinvestment funds, all purchases must be made between the date of this award notice and **September 6, 2023**. The deadline for submitting invoices is 30 days after the end date stated.

The Texas CMP program is a cost reimbursement program and as such you must meet the following requirements:

(1) Must have received an approval email from the Texas CMP program.

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- (2) Cannot exceed approved budget.
- (3) Submit an invoice for reimbursement to the CmpApplication@hhsc.state.tx.us with the information below:
- A. HHSC contract number;
 - B. Department Identification Number ("ID") for Contractor (*Provided by HHSC once assigned*);
 - C. Contractor's legal name and "remit to" address, telephone number, and fax number;
 - D. A uniquely assigned invoice number;
 - E. An invoice date;
 - F. A description of the items purchased;
 - G. The correct invoice amount (*invoices that contain an incorrect amount or a disputed amount must be revised and resubmitted*);
 - H. The name of HHSC's Representative;
 - I. The identification of Regulatory Services as the HHSC "customer;" and
 - J. Any supporting documentation that may be reasonably requested by HHSC to verify the accuracy of the invoiced amounts.

If you applied for multiple facilities not shown here, a separate award notice will be sent.

Should you have any questions or need additional information, please contact the authorized representatives.

Susan Powell, CTCM and/or Marticia Lee, CTCM
P.O. Box 149030; Mail Code E-351
Austin, Texas 78714-9030
(512) 438-2652 or (512) 438-4854
cmpapplication@hhsc.state.tx.us

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Please sign below to confirm receipt of this award notice and acknowledgment of acceptance of the CMP Reinvestment funds in compliance with all applicable CMS, HHSC and CMP program requirements. Please return the signed acknowledgement via DocuSign or to cmpapplication@hhsc.state.tx.us within 5 business days.

Texas Health and Human Services

Commissioner

DocuSigned by:


22310AB9AD9B4FA...
Signature

Stephen Pahl

Printed Name

Deputy Executive Commissioner,
Regulatory Services

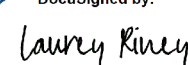
Title

9/8/2022

Date of Execution

Runningwater Draw Care Center, Inc.

DocuSigned by:



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Signature

Laurey Riney

Printed Name

Administrator

Title

9/7/2022

Date of Execution