



**TEXAS**  
Health and Human  
Services

Texas Health and Human Services Commission

**Cecile Erwin Young**  
Executive Commissioner

September 16, 2022

Christopher Antillon  
Muleshoe Area Hospital District  
dba Park View Nursing Care Center  
1100 West Avenue J  
Muleshoe, Texas 79347-4424

Dear Mr. Antillon,

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
Park View Nursing Care Center	676079	74	Mod Jr Air Purifier	\$400.00	3	\$1,200.00
Park View Nursing Care Center	676079	74	Mod 3 Air Purifier	\$600.00	3	\$1,800.00
<b>TOTAL PROJECT COST</b>						<b>\$3,000.00</b>

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 15, 2023**. The deadline for submitting invoices is 30 days after the end date stated.

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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.
- (2) Cannot exceed approved budget.
- (3) Submit an invoice for reimbursement to the [CmpApplication@hhsc.state.tx.us](mailto: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](mailto: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](mailto:cmpapplication@hhsc.state.tx.us) within 5 business days.

**Texas Health and Human Services**

DocuSigned by:  
*Stephen Pahl*  
22310AB9AD9B4FA...  
**Signature**

Stephen Pahl  
**Printed Name**

Deputy Executive Commissioner,  
Regulatory Services

**Title**  
9/19/2022

**Date of Execution**

**Muleshoe Area Hospital District**

DocuSigned by:  
*Chris Antillon*  
AAB0766F047E46B...  
**Signature**

Chris Antillon  
**Printed Name**

Administrator

**Title**  
9/16/2022

**Date of Execution**