



TEXAS
Health and Human
Services

Texas Health and Human Services Commission

Cecile Erwin Young
Executive Commissioner

December 1, 2022

Ms. Clara Berry
Jack County Hospital District
dba Park View Care Center
3301 View Street
Fort Worth, Texas 76103

Dear Ms. Berry,

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, installation, installation materials, shipping costs, and/or indoor portable fans, indoor portable air cleaners, shipping costs)	Cost per Visitation Aid	Number of Visitation Aids	Total Cost per Facility
Jack County Hospital District dba Park View Care C	455606	179	mod air purifier	600	5	3000
						0
						0
						0
						0
						0
						0
TOTAL PROJECT COST						3000

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 **November 30, 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 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
Health and Human Services Commission
701 West 51st Street; MC 1075
Austin, Texas 78751
cmpapplication@hhsc.state.tx.us

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.

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**Texas Health and Human Services
Commission**

DocuSigned by:

22310AB8AD9B4FA...
Signature

Stephen Pahl
Printed Name

Deputy Executive Commissioner,
Regulatory Services

Title
12/8/2022

Date of Signature

Jack County Hospital District

DocuSigned by:

E2BF21504224492...
Signature

Clara Berry
Printed Name

VP Clinical Services

Title
12/2/2022

Date of Signature