

SUPPLEMENT TO THE APPLICATION FOR CIVIL MONETARY PENALTY FUNDS

The requirement that an Applicant comply with Section 1 of this Supplement does not affect Applicant's obligation to adhere to any requirement of the "Application for Civil Monetary Penalty ("CMP") Funds" (the "Application"). However, a failure by an Applicant to comply with a requirement or instruction listed within Section 1 may result in the denial of an Application as non-responsive.

1. Requirements and General Instructions

1.1. Requirements. Upon the Centers for Medicare and Medicaid Services ("CMS") approval of an Application, the Health and Human Services Commission ("HHSC") will initiate award process by contracting with the Applicant. To aid in the preparation of the appropriate resulting CMP Agreement, HHSC requires Applicants to respond to the following items (the "Required Information"):

- (a) Provide the full legal name of the entity, including assumed name, if applicable, with whom HHSC will contract;
- (b) Provide the name of the individual with authority to contractually bind the Applicant, and that person's title;
- (c) Submit a work plan with key dates and milestones for project implementation; *(Please ensure that timeframes to perform identified tasks are realistic and attainable.)*

The work plan must include:

- (i) Identification of tasks to be performed;
- (ii) For projects shorter than one year, monthly time frames to perform the identified tasks (# of months calculated from the Agreement effective date);
- (iii) For projects longer than one year, Time frames to perform the identified tasks (# of days calculated from the Agreement effective date); and
- (iv) To the extent applicable, the cost allocated for each entry to the work plan.

The submitted work plan will be incorporated into the resulting CMP Agreement, subject to HHSC's review and acceptance.

- (d) Disclose any pending CMPs imposed against any facility participating in the proposed project and the status of those CMPs; and
- (e) Provide an Excel spreadsheet with the itemized budget expenses for the project, along with a narrative explanation of the cost.

1.2. Instructions. Submit the required information identified in Section 1.1 of this Supplement, with the Application as a searchable pdf document; using Times New Roman, 12 point font. The document should be entitled "Response to HHSC Supplement to the Application for Civil Monetary Penalty Funds" (the "**Response**"). HHSC suggests the Response follow the following format:

Task to be Performed	Time Frame to Perform the Identified Task	Cost Allocation, if applicable

2. Other Application Guidelines and CMP Agreement Requirements

- 2.1. HHSC will not consider joint or collaborative Applications that require it to contract with more than one Applicant.
- 2.2. If the Applicant or any subcontractor is not a health care provider already required to comply with the Health Insurance Portability and Accountability Act (“HIPAA”) and your project contemplates contact with nursing facility residents or their families, you will be required to enter into a Data Use Agreement (“DUA”) as prescribed by the Health and Human Services Commission. Prior to signing the DUA, the Applicant must complete a Security and Privacy Initial Inquiry (“SPI”). In order to proceed to the execution of a CMP Agreement, the Applicant must adhere to all requirements of the SPI.
- 2.3. If approved for a CMP award, Applicants will be required to agree to the HHSC Uniform Terms and Conditions and HHSC Special Conditions for CMP Funded Contracts (collectively, “Conditions”). If an Application submitted by a governmental entity is approved, the foregoing Conditions and the DUA will be revised accordingly.
- 2.4. If a CMP Application is approved, the Applicant must first enter into a CMP Agreement with HHSC before receiving CMP funds. HHSC will not disburse CMP funds for any expenses incurred by a Applicant prior to the execution of a CMP Agreement between HHSC and the Applicant.
- 2.5. HHSC will not disburse CMP funds under a CMP Agreement for future expenditures.
- 2.6. If your project involves any type of construction (i.e. building a green house, courtyard, awning, installing a kitchenette) you must provide a plan and specifications to HHSC Life Safety Code (“LSC”) staff for review prior to submitting your Application. You must then provide their response with your Application. Please also ensure that your Application is specific and states how you will follow through with HHSC LSC staff if your proposal is approved by CMS.

Disclaimer: This document shall not be considered legal advice from HHSC and applicants should consult their legal counsel as they deem appropriate.