

HHSC Provider Attestation

Temporary COVID-19 rate increases for Nursing Facilities (NF) and the Home and Community-Based Services (HCS) Waiver Program effective April 1, 2020.

The payment rate add-ons for the HCS waiver only apply to providers delivering in-home day habilitation services to persons with intellectual disabilities or related conditions residing in three or four-bed group homes and receiving Supervised Living or Residential Support Services. These rate increases will apply to the current day habilitation rates so that providers delivering services in group homes can maintain hourly direct care staff wages due to reduced client to staff ratios.

NF providers may utilize the additional funding for COVID-related expenses; including direct care staff salary and wages, personal protective equipment (PPE), and dietary needs/supplies. As it relates to direct care staff salary and wages, NF providers may only use the additional funding to increase staff compensation through reimbursement of overtime or lump sum bonuses, including bonuses for hazard pay, or other methodologies that will not result in future reductions in hourly wages when the temporary rate increases are discontinued.

Per TAC 355.205 - Emergency Rule for Emergency Temporary Reimbursement Rate Increases and Limitations on Use of Emergency Temporary Funds for Medicaid in Response to Novel Coronavirus (COVID-19), HCS and NF providers receiving increased funding associated with add-on payments for COVID-19 must submit an attestation affirming that the rate increases will be used only in the manner prescribed above. HCS and NF providers who receive add-ons but fail to complete the required attestation will be subject to recoupment of the associated payment add-ons.

[The attestation form can be found here. Please utilize Chrome \(Preferred Browser\), Firefox or Safari.](#)

*The following is a list of Nursing Facility (NF) providers who have submitted the requested attestation as of **September 30, 2020**. The deadline to submit the attestation is **September 30, 2020** and HHSC will be recouping the rate add-ons if attestation is not received.*

Nursing Facility Vendor/Facility ID	Provider Name	Attestation Received (Yes/No)
000400001	SEVEN ACRES JEWISH SENIOR CAR	Yes
000403104	HERITAGE CONVALESCENT CENTER	Yes
000404801	EDEN HOME INC	Yes
000407502	MENARD MANOR	Yes
000407904	COON MEMORIAL HOME	Yes
000408402	JOHN PAUL II NURSING HOME	Yes
000409002	ST FRANCIS NURSING HOME	Yes
000409501	ROBERT LEE CARE CENTER	Yes
000415903	HIGHLAND NURSING CENTER	Yes
000416101	HOLIDAY HILL INC	Yes
000417603	TOWN HALL ESTATES-HILLSBORO,	Yes
000417903	SAN JOSE NURSING CENTER	Yes
000418305	WINDSOR CARE CENTER	Yes
000420206	KENT COUNTY NURSING HOME	Yes
000421004	PARKVIEW NURSING CARE CENTER	Yes
000422101	MITCHELL COUNTY HOSPITAL	Yes
000422703	HOUSTON COUNTY NURSING HOME	Yes
000426102	COUNTRY VILLAGE CARE INC	Yes

HHSC Provider Attestation

The following is a list of Nursing Facility (NF) providers who have submitted the requested attestation as of **September 30, 2020**. The deadline to submit the attestation is **September 30, 2020** and HHSC will be recouping the rate add-ons if attestation is not received.

Nursing Facility Vendor/Facility ID	Provider Name	Attestation Received (Yes/No)
000427201	MILLERS NURSING HOME	Yes
000436301	CEDAR LAKE NURSING HOME	Yes
000437301	SARAH ROBTS FRENCH HOME INC	Yes
000440202	TOWN HALL ESTATES-KEENE	Yes
000445204	SHADY ACRES HEALTH & REHAB	Yes
000446304	SENIOR VILLAGE NURSING HOME	Yes
000449901	AUTUMN LEAVES NURSING & REHAB	Yes
000451204	LAURENWOOD NURSING & REHABILI	Yes
000454002	SAN JUAN NURSING HOME INC	Yes
000455003	VALLEY VIEW CARE CENTER	Yes
000460901	JULIETTE FOWLER COMMUNITIES	Yes
000464001	C C YOUNG MEMORIAL HOME	Yes
000465403	GOLDEN AGE NURSING HOME	No
000467501	SCHLEICHER COUNTY MEDICAL CTR	Yes
000472709	THE ATRIUM REHABILITATION CEN	Yes
000480903	TOWN HALL ESTATES-WHITNEY, IN	Yes
000486101	TWILIGHT HOME	Yes
000488901	STERLING COUNTY NURSING HOME	Yes
000490001	BRONTE HEALTH AND REHAB	Yes
000490304	LBJ MEDICAL CENTER	Yes
000490505	INSPIRATION HILLS REHABILITAT	Yes
000497101	CHRISTIAN CARE CENTER	Yes
000501905	COLLINWOOD CARE CENTER	Yes
000502401	MCCAMEY CONVALESCENT CENTER	Yes
000504803	PASADENA CARE CENTER	Yes
000506401	CROCKETT COUNTY CARE CENTER	Yes
000509302	FARWELL CARE AND REHAB	Yes
000511001	COLDWATER MANOR NURSING HOME	Yes
000516001	GRANDVIEW NURSING AND REHABIL	Yes
000517601	HANSFORD MANOR	Yes
000518001	WHITE ACRES GOOD SAMARITAN	No
000518701	REAGAN COUNTY CARE CENTER	Yes
000518903	WOOLDRIDGE PLACE NURSING CTR	Yes
000519101	MARBRIDGE VILLA	Yes
000523501	PARK PLACE MANOR INC	Yes
000524601	TWIN OAKS MANOR	Yes
000524901	MEMORIAL NURSING AND REHABILI	Yes
000528401	BRIARCLIFF HEALTH CENTER	Yes
000528701	SCHULENBURG REGENCY NSG CTR	Yes
000530301	REGENT CARE CENTER OF LAREDO	Yes
000531801	RUNNINGWATER DRAW CARE CENTER	Yes
000533201	MEMORIAL HEALTH CARE CENTER	Yes
000536601	REGENT CARE CENTER OF THE WOO	Yes

HHSC Provider Attestation

The following is a list of Nursing Facility (NF) providers who have submitted the requested attestation as of **September 30, 2020**. The deadline to submit the attestation is **September 30, 2020** and HHSC will be recouping the rate add-ons if attestation is not received.

Nursing Facility Vendor/Facility ID	Provider Name	Attestation Received (Yes/No)
000537501	WARE MEMORIAL CARE CENTER	Yes
000538001	MOUNTAIN VILLA NURSING CENTER	Yes
000538401	MABEE HEALTH CARE CENTER	Yes
001000459	SAINT DOMINIC VILLAGE	Yes
001000765	LENNWOOD NURSING & REHABILITA	Yes
001000846	RENAISSANCE PARK MULTI CARE C	Yes
001001122	LAKE WORTH NURSING CENTER	No
001001123	DECATUR NURSING & REHABILITAT	Yes
001001207	LIFE CARE CENTER OF PLANO	Yes
001001701	CARRIAGE HOUSE MANOR	Yes
001001761	CREATIVE SOLUTIONS IN HEALTH	Yes
001001770	PINE RIDGE HEALTH CARE LLP	Yes
001001771	SILSBEE OAKS HEALTH CARE LLP	Yes
001001772	MAGNOLIA PLACE HEALTH CARE LL	Yes
001001790	AFTON OAKS HEALTHCARE AND REH	Yes
001002987	REGENT CARE OF MEDICAL CENTER	Yes
001002989	KNOPP HEALTHCARE REHAB CENTER	Yes
001002990	THE MEADOWS	Yes
001002993	KNOPP NURSING & REHAB CENTER	Yes
001003191	PLEASANT VALLEY HEALTHCARE CE	Yes
001003207	VILLAGE CREEK NURSING HOME	Yes
001003580	MCKINNEY HEALTHCARE CENTER	Yes
001003700	BISHOP DAVIES NURSING CENTER	Yes
001003942	HAVENCARE NURSING & REHAB CTR	Yes
001003959	MONTE SIESTA NURSING & REHABI	Yes
001003963	CRESTVIEW RETIREMENT COMMUNIT	Yes
001003965	LINDAN PARK CARE CENTER LP	Yes
001004004	SHINER NURSING AND REHABILITA	Yes
001004051	TERRACE WEST NURSING & REHABI	Yes
001004052	BLUEBONNET NURSING AND REHABI	Yes
001004055	COTTONWOOD NURSING & REHAB	Yes
001004056	Oak Manor Nursing and Rehabil	Yes
001004063	MRC CREEKSIDE	Yes
001004089	REGENT CARE CENTER OF WOODWAY	Yes
001004112	RIVERVIEW NURSING AND REHABIL	Yes
001004117	SPRING CREEK NURSING AND REHA	Yes
001004118	NAVASOTA NURSING AND REHABILI	Yes
001004234	WOODLAND MANOR NURSING & REHA	Yes
001004282	COUNTRYSIDE NURSING AND REHAB	Yes
001004288	CHRISTIAN CARE CENTER	Yes
001004295	SEABREEZE NURSING & REHABILIT	Yes
001004353	LAKE LODGE NURSING AND REHAB	Yes
001004401	LYNWOOD NURSING AND REHAB	Yes

HHSC Provider Attestation

The following is a list of Nursing Facility (NF) providers who have submitted the requested attestation as of **September 30, 2020**. The deadline to submit the attestation is **September 30, 2020** and HHSC will be recouping the rate add-ons if attestation is not received.

Nursing Facility Vendor/Facility ID	Provider Name	Attestation Received (Yes/No)
001004411	FALFURRIAS NURSING AND REHAB	Yes
001004430	TOWN HALL ESTATES-ARLINGTON,	Yes
001004432	REGENCY VILLAGE CARE CENTER	Yes
001004439	LAWRENCE STREET HEALTH CARE C	Yes
001004440	SUGAR LAND HEALTH CARE CENTER	Yes
001004442	RICHMOND HEALTH CARE CENTER	Yes
001004444	WEST JANISCH HEALTH CARE CENT	Yes
001004445	CONROE HEALTH CARE CENTER	Yes
001004448	CLEVELAND HEALTH CARE CENTER	Yes
001004449	HUNTSVILLE HEALTH CARE CENTER	Yes
001004450	LIBERTY HEALTH CARE CENTER	Yes
001004452	BEAUMONT HEALTH CARE CENTER	Yes
001004468	FREDERICKSBURG NURSING & REHA	Yes
001004469	COUNTRY CLUB NURSING & REHABI	Yes
001004482	NOLAN NURSING & REHABILITATIO	Yes
001004487	WILLIS NURSING & REHABILITATI	Yes
001004488	BONHAM NURSING & REHABILITAT	Yes
001004489	DENISON NURSING & REHABILITAT	Yes
001004515	LA BAHIA NURSING & REHABILITA	Yes
001004526	PERMIAN RESIDENTIAL CARE CENT	Yes
001004655	MCCULLOUGH HALL NURSING CENTE	Yes
001004778	RANGER CARE CENTER	Yes
001004795	MISSION CARE CENTERS - ALL SE	Yes
001004816	WOODVILLE II ENTERPRISES LLC	Yes
001004826	TWIN OAKS HEALTH & REHABILITA	Yes
001004827	PINE TREE LODGE NURSING CENTE	Yes
001004849	UNIVERSITY PARK NURSING AND R	Yes
001004850	BLANCO VILLA NURSING & REHABI	Yes
001004851	BROWNWOOD NURSING & REHABILIT	Yes
001004854	BIRCHWOOD NURSING & REHABILIT	Yes
001004855	WELLINGTON OAKS NURSING & REH	Yes
001004858	PINEHURST NURSING & REHABILIT	Yes
001004859	HERITAGE VILLA NURSING & REHA	Yes
001004863	CLIFTON NURSING & REHABILITAT	Yes
001004865	WESTRIDGE NURSING & REHABILIT	Yes
001004869	NORTH POINTE NURSING & REHABI	Yes
001004871	OAKWOOD NURSING & REHABILITAT	Yes
001004873	MANSFIELD NURSING & REHABILIT	Yes
001004874	GARLAND NURSING & REHABILITAT	Yes
001004875	KEENELAND NURSING & REHABILIT	Yes
001004876	COUNTRY VIEW NURSING & REHABI	Yes
001004877	IRVING NURSING AND REHAB	Yes
001004880	MARINE CREEK NURSING & REHABI	Yes

HHSC Provider Attestation

The following is a list of Nursing Facility (NF) providers who have submitted the requested attestation as of **September 30, 2020**. The deadline to submit the attestation is **September 30, 2020** and HHSC will be recouping the rate add-ons if attestation is not received.

Nursing Facility Vendor/Facility ID	Provider Name	Attestation Received (Yes/No)
001007560	SPANISH MEADOWS	Yes
001012007	WILL-O-BELL	Yes
001012068	SEVEN OAKS NURSING & REHABILI	Yes
001012175	MERKEL NURSING CENTER	Yes
001012218	BIVINS MEMORIAL NURSING HOME	Yes
001012229	ASHTON PARKE CARE CENTER	Yes
001012932	FAITH MEMORIAL NURSING HOME	Yes
001012953	HACIENDA OAKS NURSING AND REH	Yes
001013030	KINGSLAND HILLS CARE CENTER	Yes
001013038	GULF HC CENTER GALVESTON	Yes
001013262	MERIDIAN CARE	Yes
001013347	RETAMA MANOR NSG/SA WEST	Yes
001013355	RETAMA MANOR/ RIO GRANDE CITY	Yes
001013462	BANGS NURSING HOME	Yes
001013529	CORRIGAN LTC PARTNERS	Yes
001013530	HEMPHILL CARE CENTER	Yes
001013537	HURST PLAZA NURSING AND REHAB	Yes
001013538	HACIENDA OAKS OT BEEVILLE	Yes
001013564	CIMARRON PLACE HEALTH AND REH	Yes
001013568	GIBSON CARE CENTER	Yes
001013639	SPANISH MEADOWS NURSING & REH	Yes
001013684	THE ARBORS	Yes
001013717	PARKVIEW NURSING AND REHABILI	Yes
001013802	TRUMAN W SMITH CHILDRENS CARE CENTER	Yes
001013854	FALCON LAKE NURSING HOME	Yes
001014062	THE VILLAGE AT RICHARDSON	Yes
001014143	MATAGORDA HOUSE HEALTHCARE CE	Yes
001014208	CASTLE PINES HEALTH & REHABIL	Yes
001014307	SUMMER MEADOWS	Yes
001014345	CHISOLM TRAIL NURSING AND REH	Yes
001014428	FAIRFIELD NURSING & REHABILIT	Yes
001014465	SALADO CREEK LIVING & REHAB	Yes
001014479	HERITAGE TRAILS NURSING AND R	Yes
001014519	ALVARADO MEADOWS	Yes
001014774	AZALEA TRAIL NURSING HOME	Yes
001014787	SAN MARCOS NRSG & REHAB	Yes
001014815	HYGULEY NRSG & REHAB	Yes
001014992	GREENBRIER NURSING & REHABILI	Yes
001014994	GREENBRIER NURSING & REHABILI	Yes
001015118	COURTYARD GARDENS	Yes
001015135	LIFE CARE CENTER OF HALTOM	Yes
001015186	BALLINGER HEALTHCARE AND REHA	Yes
001015187	NORMANDY TERRACE HEALTHCARE A	Yes

HHSC Provider Attestation

The following is a list of Nursing Facility (NF) providers who have submitted the requested attestation as of **September 30, 2020**. The deadline to submit the attestation is **September 30, 2020** and HHSC will be recouping the rate add-ons if attestation is not received.

Nursing Facility Vendor/Facility ID	Provider Name	Attestation Received (Yes/No)
001015188	DIVERSICARE OF LAKE HIGHLANDS	Yes
001015228	ESTATES HEALTHCARE AND REHAB	Yes
001015229	TREEMONT HEALTHCARE AND REHAB	Yes
001015231	OAKMONT HEALTHCARE AND REHAB	Yes
001015296	REGENT CARE CENTER OF LEAGUE	Yes
001015340	REGENT CARE CENTER OF KINGWOOD	Yes
001015376	BRENTWOOD TERRACE NURSING	Yes
001015400	CASTRO CNTY NANDR	Yes
001015682	MADISONVILLE CARE CENTER	Yes
001015690	FRANKLIN NURSING CENTER	Yes
001015868	AVANTE REHABILITATION CENTER	Yes
001015874	HUNTINGTON HEALTH CARE	Yes
001015917	MILLBROOK HEALTHCARE & REHABI	Yes
001016043	GOLDEN ESTATES REHABILITATION	Yes
001016103	THE GRACE CARE CENTER OF KATY	Yes
001016127	LYTLE NURSING HOME	Yes
001016152	CEDAR MANOR NURSING AND REHAB	Yes
001016156	HERITAGE PARK OF KATY	Yes
001016157	MERIDIAN CARE OF HEBBRONVILLE	Yes
001016297	GRACE CARE CENTER OF CYPRESS	Yes
001016370	GROVETON NURSING HOME	Yes
001016371	CORNERSTONE GARDENS HEALTH	Yes
001016429	ROLLING MEADOWS	Yes
001016458	EDEN II ENTERPRISES LLC	Yes
001016477	MERIDIAN CARE OF ALICE	Yes
001016577	BAYOU PINES CARE CENTER	Yes
001016642	GEORGIA MANOR NURSING HOME	Yes
001016653	WELLINGTON CARE CENTER	Yes
001016678	MCLEAN CARE CENTER	Yes
001016679	SLATON CARE CENTER	Yes
001016680	MEMPHIS CONVALESCENT CENTER	Yes
001016719	WINDCREST NURSING AND REHABIL	Yes
001016908	VINTAGE HEALTH CARE CENTER	Yes
001016926	MULLICAN CARE CENTER	Yes
001016938	WHITESBORO HEALTH & REHAB CTR	Yes
001016941	OASIS NURSING & REHABILITATIO	Yes
001016942	EL PASO I ENTERPRISES LLC	Yes
001016944	RED OAK HEALTH AND REHABILITA	Yes
001016945	ROCKWALL NURSING CARE CENTER	Yes
001016956	SENIOR CARE HEALTH AND REHABI	Yes
001016957	SENIOR CARE BELTLINE	Yes
001016966	HONEY GROVE NURSING CENTER	Yes
001016967	SENIOR CARE HEALTH & REHAB CT	Yes

HHSC Provider Attestation

The following is a list of Nursing Facility (NF) providers who have submitted the requested attestation as of **September 30, 2020**. The deadline to submit the attestation is **September 30, 2020** and HHSC will be recouping the rate add-ons if attestation is not received.

Nursing Facility Vendor/Facility ID	Provider Name	Attestation Received (Yes/No)
001017009	PARK PLAZA	Yes
001017097	SUMMIT AT LAKEWAY HEALTHCARE	Yes
001017145	SAN JACINTO MANOR	Yes
001017186	HAMPTON AT WILLOWBROOK	Yes
001017208	KENDALL HOUSE WELLNESS AND RE	Yes
001017625	CIBOLO CREEK	Yes
001017743	VIDOR I ENTERPRISES LLC	Yes
001017816	GRACE CARE CENTER AT NORTHPOI	Yes
001017847	SULPHUR SPRINGS HEALTH AND RE	Yes
001017848	ROSENBERG SNF LLC	Yes
001017850	EL PASO HEALTH AND REHABILITA	Yes
001017859	VISTA HILLS HEALTH CARE CENTE	Yes
001017861	HENDERSON HEALTH AND REHABILI	Yes
001017863	COLONIAL MANOR	Yes
001017864	MCALLEN SNF LLC	Yes
001017865	SOUTHEAST SNF LLC	Yes
001017866	ADVANCED REHABILITATION & HEA	Yes
001017867	BALCH SPRINGS NURSING HOME	Yes
001017868	GREENVILLE HEALTH AND REHABIL	Yes
001017872	THE RENAISSANCE AT KESSLER PA	Yes
001017873	MESQUITE NH SNF LLC	Yes
001017884	CLARKSVILLE NURSING CENTER	Yes
001017889	THE LAKES AT TEXAS CITY	Yes
001017908	LONGHORN VILLAGE	Yes
001017912	ALTA VISTA REHAB & HEALTHCARE	Yes
001017924	GRAND TERRACE REHAB & HEALTHC	Yes
001017994	MERIDIAN CARE MONTE VISTA	Yes
001018006	SENIOR SUITE CARE & REHAB LLC	Yes
001018127	VICTORIA GARDENS OF ALLEN	Yes
001018128	THE HOMESTEAD OF DENISON	Yes
001018129	VISTA RIDGE NURSING AND REHAB	Yes
001018130	WINTERS PARK NSG & REHAB CTR	Yes
001018132	VICTORIA GARDENS OF FRISCO	Yes
001018315	ADVANCED HEALTHCARE AND REHAB	Yes
001018369	THE MERIDIAN	Yes
001018472	SHINNERY OAKS COMMUNITY	Yes
001018522	KENEDY I ENTERPRISES LLC	Yes
001018546	DEVINE HEALTH & REHABILITATIO	Yes
001018708	VILLAGES OF LAKE HIGHLANDS	Yes
001018741	BROWNWOOD II ENTERPRISES LLC	Yes
001018774	PARKVIEW NURSING AND REHABILI	Yes
001018853	OAK PARK NURSING AND REHABILI	Yes
001018855	BROWNWOOD III ENTERPRISES LLC	Yes

HHSC Provider Attestation

The following is a list of Nursing Facility (NF) providers who have submitted the requested attestation as of **September 30, 2020**. The deadline to submit the attestation is **September 30, 2020** and HHSC will be recouping the rate add-ons if attestation is not received.

Nursing Facility Vendor/Facility ID	Provider Name	Attestation Received (Yes/No)
001018883	OAK GROVE NURSING HOME	Yes
001018911	SILVER TREE NURSING & REHABIL	Yes
001018943	COLONIAL BELLE NURSING HOME	Yes
001018947	BRIARWOOD MANOR CARE CENTER	Yes
001018948	COLONIAL BELLE NURSING HOME S	Yes
001018970	MISSION NURSING AND REHABILIT	Yes
001018971	REMARKABLE HEALTHCARE OF SEGU	Yes
001018974	ABRI AT STEPHENVILLE	Yes
001019000	RAYBURN HEALTH CARE &REHAB	Yes
001019001	COUNTY OF LA SALLE	Yes
001019201	PARKVIEW MANOR NURSING AND RE	Yes
001019296	THE ROSEWOOD RETIREMENT COMMU	Yes
001019309	DECATUR I ENTERPRISES LLC	Yes
001019310	INDIAN OAKS LIVING CENTER	Yes
001019311	HILL COUNTRY REHAB AND NURSIN	Yes
001019318	CROWN POINT HEALTH SUITES	Yes
001019340	SOUTH DALLAS NURSING AND REHA	Yes
001019361	REMARKABLE HEALTHCARE OF FORT	Yes
001019424	BROOKHAVEN NURSING	Yes
001019484	THE ATRIUM OF BELLMEAD, L.L.C	Yes
001019486	BALLINGER I ENTERPRISES LLC	Yes
001019722	MERIDIAN CARE AT GRAYSON SQUA	Yes
001019736	SENIOR CARE OF HEWITT	Yes
001019739	HOLLY HALL	Yes
001019880	GREEN OAKS NURSING & REHAB	Yes
001019881	HARBOR LAKES NURSING & REHAB	Yes
001019884	SENIOR CARE OF STALLINGS COUR	Yes
001019885	SENIOR CARE OF CROWLEY	Yes
001019888	CARTHAGE LTC PARTNER	Yes
001019892	HERITAGE HOUSE NURSING AND RE	Yes
001019897	BEAUMONT NURSING AND REHABILI	Yes
001019945	GLEN ROSE I ENTERPRISES LLC	Yes
001020082	WINNIE L NURSING AND REHAB	Yes
001020121	ROCK CREEK HEALTH & REHABILIT	Yes
001020141	BAYWOOD CROSSING	Yes
001020253	EAGLE PASS I ENTERPRISES LLC	Yes
001020257	DEL RIO I ENTERPRISES LLC	Yes
001020268	SOUTHERN SPECIALTY REHABILITA	Yes
001020378	GREAT PLAINS NURSING & REHABI	Yes
001020554	ABRI AT BROWNWOOD	Yes
001020654	HIGHLAND SPRINGS INC	Yes
001020691	STEPHENVILLE NURSING AND REHA	Yes
001020783	WESTWARD NURSING & REHAB	Yes

HHSC Provider Attestation

The following is a list of Nursing Facility (NF) providers who have submitted the requested attestation as of **September 30, 2020**. The deadline to submit the attestation is **September 30, 2020** and HHSC will be recouping the rate add-ons if attestation is not received.

Nursing Facility Vendor/Facility ID	Provider Name	Attestation Received (Yes/No)
001020805	CONTINUING CARE-EAGLES TRACE	Yes
001020831	LUBBOCK II ENTERPRISES LLC	Yes
001020841	HONDO NURSING AND REHABILITAT	Yes
001020856	REMARKABLE HEALTHCARE OF DALL	Yes
001020860	THE MEDICAL RESORT AT BAY ARE	Yes
001020867	MINERAL WELLS NURSING & REHAB	Yes
001020870	GLEN ROSE NURSING AND REHAB C	Yes
001020877	MUNDAY NURSING CENTER	Yes
001020909	WILLOW REHAB & NURSING	Yes
001020948	TREEMONT HEALTHCARE CENTER	Yes
001020961	HERITAGE HOUSE AT PARIS REHAB	Yes
001021009	CAPROCK NURSING & REHABILITAT	Yes
001021028	CEDAR CREEK NURSING AND REHAB	Yes
001021085	GILMER NURSING & REHABILITATI	Yes
001021138	ABRI AT EDINBURG	Yes
001021148	WHISPERING OAKS REHAB & NURSI	Yes
001021151	ROCK HAVEN NURSING HOME	Yes
001021200	SAN RAFAEL NURSING AND REHABI	Yes
001021230	HICO NURSING AND REHAB	Yes
001021250	CHEROKEE TRAILS NURSING HOME	Yes
001021281	MOUNT MORIAH NURSING & REHAB	Yes
001025385	AMARILLO CENTER FOR SKILLED N	Yes
001025390	AZLE MANOR HEALTH CARE	Yes
001025414	EAGLE LAKE NURSING & REHABILI	Yes
001025439	LOCKNEY HEALTH AND REHABILITA	Yes
001025440	STONEMERE REHABILITATION CENT	Yes
001025448	THE SPRINGS NURSING CENTER	Yes
001025459	HUEBNER CREEK HEALTH & REHABI	Yes
001025476	HILLTOP ON MAIN	Yes
001025483	PARKWOOD PLACE HEALTHCARE	Yes
001025489	TULIA HEALTH AND REHABILITAT	Yes
001025490	WINDSOR PLACE NURSING CENTER	Yes
001025492	ARLINGTON RESIDENCE	Yes
001025518	HOLMGREEN CENTER	Yes
001025553	THE REHABILITATION & WELLNESS	Yes
001025580	COPPERAS HALLOW NURSING AND R	Yes
001025586	SENIOR CARE OF CORPUS CHRISTI	Yes
001025631	THE PARK IN PLANO	Yes
001025632	WELLS LTC NURSING AND REHAB	Yes
001025635	GIDDINGS RESIDENCE	Yes
001025657	THE HEIGHTS OF GONZALES	Yes
001025686	WHARTON NURSING AND REHABILIT	Yes
001025687	CUERO NURSING AND REHABILITAT	Yes

HHSC Provider Attestation

The following is a list of Nursing Facility (NF) providers who have submitted the requested attestation as of **September 30, 2020**. The deadline to submit the attestation is **September 30, 2020** and HHSC will be recouping the rate add-ons if attestation is not received.

Nursing Facility Vendor/Facility ID	Provider Name	Attestation Received (Yes/No)
001025692	TWIN PINES NORTH NURSING AND	Yes
001025697	THE RIO AT MAINLAND CENTER	Yes
001025701	CORNERSTONE RETIREMENT COMMUN	Yes
001025706	LUBBOCK HEALTH CARE CENTER	Yes
001025709	WESTVIEW MANOR	Yes
001025710	PORT LAVACA NURSING AND REHAB	Yes
001025711	STEVENS NURSING AND REHABILIT	Yes
001025756	SOUTHBROOKE MANOR NURSING AND	Yes
001025771	SHADY OAK NURSING AND REHABIL	Yes
001025772	TWIN PINES NURSING AND REHABI	Yes
001025773	GANADO NURSING AND REHABILITA	Yes
001025779	MATAGORDA NURSING AND REHABIL	Yes
001025824	HEREFORD NURSING & REHAB	Yes
001025829	BURLESON COUNTY HOSPITAL	Yes
001025841	ST. JOSEPH MANOR	Yes
001025843	REUNION PLAZA	Yes
001025849	THE WATERTON HEALTHCARE	Yes
001025881	HARMONEE HOUSE	Yes
001025904	LUBBOCK HOSPITAL NURSING	Yes
001025911	CRANE NURSING & REHAB CENTER	Yes
001025912	TRINITY NURSING & REHABILITAT	Yes
001025915	TRINITY NURSING & REHABILITAT	Yes
001025917	TRINITY NURSING & REHABILITAT	Yes
001025918	CEDAR HILLS GERIATRIC CENTER	Yes
001025919	GUADALUPE VALLEY NURSINC CENT	Yes
001025929	TOWN AND COUNTRY MANOR	Yes
001025945	THE CLAIRMONT TYLER	Yes
001025953	TRINITY NURSING & REHABILITAT	Yes
001025954	TRINITY NURSING & REHABILITAT	Yes
001025957	TRINITY NURSING & REHABILITAT	Yes
001025967	GALLERIA RESIDENCE AND REHABI	Yes
001025969	COPPERAS COVE NURSING	Yes
001025975	OAK CREST NURSING CENTER	Yes
001025976	CLAIRMONT LONGVIEW	Yes
001025977	LIVE OAK NURSING CENTER	Yes
001025984	HOPKINS COUNTY HOSPITAL	Yes
001026005	WINNIE-STOWELL HOSPITAL	Yes
001026006	MEDINA COUNTY HOSP DISTRICT	Yes
001026023	FORT WORTH TRANSITIONAL CARE	Yes
001026028	SPRING BRANCH TRANSITIONAL	Yes
001026029	MONUMENT REHABILITATION	Yes
001026030	HALLETTSVILLE REHABILITATION	Yes
001026035	BRIARCLIFF NURSING & REHAB	Yes

HHSC Provider Attestation

The following is a list of Nursing Facility (NF) providers who have submitted the requested attestation as of **September 30, 2020**. The deadline to submit the attestation is **September 30, 2020** and HHSC will be recouping the rate add-ons if attestation is not received.

Nursing Facility Vendor/Facility ID	Provider Name	Attestation Received (Yes/No)
001026044	ARBOR TERRACE HEALTH CARE	Yes
001026046	SWEETWATER HEALTHCARE CENTER	Yes
001026049	MARSHALL MANOR WEST	Yes
001026050	ROSE HAVE RETREAT	Yes
001026056	CITYVIEW CARE CENTER	Yes
001026065	GRACE CARE CENTER OF HENRIETT	Yes
001026067	BORGER HEALTHCARE CENTER	Yes
001026068	CORONADO NURSING CENTER	Yes
001026076	SILVER SPRING	Yes
001026080	SAGECREST ALZHEIMER'S CARE CE	Yes
001026081	HERITAGE OAKS NURSING	Yes
001026084	GRANBURY REHAB AND NURSING	Yes
001026090	BRADY WEST REHAB & NURSING	Yes
001026104	OAKLAND MANOR NURSING CENTER	Yes
001026108	CLAIRMONT BEAUMONT	Yes
001026129	REMARKABLE HEALTHCARE OF PRES	Yes
001026130	HASKELL HEALTHCARE CENTER	Yes
001026133	SNYDER OAKS CARE CENTER	Yes
001026137	GRACE CARE CENTER OF OLNEY	Yes
001026138	MARSHALL MANOR NURSING & REHA	Yes
001026152	OAK MANOR NURSING CENTER	Yes
001026161	GRACY WOODS NURSING CENTER	Yes
001026169	HIGHLAND PARK CARE CENTER	Yes
001026184	THE MANOR HEALTHCARE RESIDENC	Yes
001026186	WESTERN HILLS HEALTHCARE RESI	Yes
001026187	CRESTVIEW HEALTHCARE	Yes
001026188	WINDSON HEALTHCARE RESIDENCE	Yes
001026191	FAIRVIEW HEALTHCARE RESIDENCE	Yes
001026192	GARRISON NURSING HOME & REHAB	Yes
001026193	GOLDEN VILLA	Yes
001026197	CORONADO HEALTHCARE CENTER	Yes
001026204	MIDLOTHIAN HEALTHCARE CENTER	Yes
001026206	CHILDRESS HEALTHCARE CENTER	Yes
001026211	BIG SPRING CENTER FOR SKILLED	Yes
001026213	COLONIAL MANOR NURSING CENTER	Yes
001026215	WALNUT HILLS NURING	Yes
001026227	COLEMAN HEALTHCARE CENTER	Yes
001026234	QUALITY CARE OF WACO	Yes
001026235	PRAIRIE HOUSE LIVING CENTER	Yes
001026239	PALO PINTO NURSING CENTER	Yes
001026240	WEDGEWOOD NURSING HOME	Yes
001026241	GRACE CARE CENTER OF NOCONA	Yes
001026242	WHITE SETTLEMENT NURSING CENT	Yes

HHSC Provider Attestation

The following is a list of Nursing Facility (NF) providers who have submitted the requested attestation as of **September 30, 2020**. The deadline to submit the attestation is **September 30, 2020** and HHSC will be recouping the rate add-ons if attestation is not received.

Nursing Facility Vendor/Facility ID	Provider Name	Attestation Received (Yes/No)
001026243	CLYDE NURSING CENTER	Yes
001026245	PAMPA NURSING CENTER	Yes
001026246	GOLDEN YEARS NURSING AND REHA	Yes
001026247	LEVELLAND NURSING AND REHABIL	Yes
001026248	GARDENT TERRACE HEALTHCARE	Yes
001026252	LAKE SHORE VILLAGE HEALTHCAR	Yes
001026254	JACKSBORO HEALTHCARE CENTER	Yes
001026260	FLORESVILLE RESIDENCE & REHAB	Yes
001026266	WEATHERFORD HEALTHCARE CENTER	Yes
001026267	PEACH TREE PLACE	Yes
001026268	GREENVIEW MANOR	Yes
001026274	SANTA FE HEALTH & REHABILITAT	Yes
001026275	BROOKSHIRE HEALTH AND REHAB C	Yes
001026276	HERITAGE HOUSE AT KELLER REHA	Yes
001026277	SEYMOUR REHABILITATION	Yes
001026281	STOCKDALE HEALTH AND REHAB CE	Yes
001026283	BENBROOK NURSING & REHAB	Yes
001026285	PARK VIEW CARE CENTER	Yes
001026286	ADVANCED REHABILITATION AND H	Yes
001026287	ADVANCED REHABILITATION AND	Yes
001026295	SAGE HEALTHCARE CENTER	Yes
001026301	CYPRESS WOODS CARE CENTER	Yes
001026308	PLAINVIEW HEALTHCARE CENTER	Yes
001026313	GRAPEVINE MEDICAL LODGE	Yes
001026314	HILLSIDE HEIGHTS REHABILITATI	Yes
001026315	EVERGREEN HEALTHCARE CENTER	Yes
001026318	RIDGMAR MEDICAL LODGE	Yes
001026352	LAKESIDE REHABILITATION AND C	Yes
001026410	APEX SECURE CARE BROWNFIELD	Yes
001026414	WINDSOR NURSING AND REHABILIT	Yes
001026415	LAKE JACKSON HEALTHCARE CENTE	Yes
001026416	HAMILTON HEALTHCARE CENTER	Yes
001026417	RALLS NURSING HOME	Yes
001026418	MANSFIELD MEDICAL LODGE	Yes
001026419	CORPUS CHRISTI NURSING AND RE	Yes
001026421	ELECTRA HEALTHCARE CENTER	Yes
001026432	EDWARD ABRAHAM MEMORIAL	Yes
001026433	PATHWAYS MEMORY CARE AT VILLA	Yes
001026455	COLLEGE PARK REHAB	Yes
001026457	COLLEGE STREET HEALTH CARE CE	Yes
001026481	PALO DURO NURSING HOME	Yes
001026483	KINGSVILLE NURSING AND REHABI	Yes
001026487	SENIOR REHAB & SKILLED NRSG	Yes

HHSC Provider Attestation

The following is a list of Nursing Facility (NF) providers who have submitted the requested attestation as of **September 30, 2020**. The deadline to submit the attestation is **September 30, 2020** and HHSC will be recouping the rate add-ons if attestation is not received.

Nursing Facility Vendor/Facility ID	Provider Name	Attestation Received (Yes/No)
001026494	JEFFERSON NURSING AND REHABIL	Yes
001026504	DFW NURSING AND REHAB	Yes
001026514	BASTROP LOST PINES NURSING AN	Yes
001026515	MAGNOLIA MANOR	Yes
001026516	ASHFORD GARDENS	Yes
001026517	CORONADO AT STONE OAK	Yes
001026518	PALMA REAL	Yes
001026523	MAGOLIA LIVING & REHAB	Yes
001026524	THE BROADMOOR AT CREEKSIDE PA	Yes
001026525	WOODVILLE HEALTH AND REHAB CE	Yes
001026537	TEXAN NURSING & REHAB	Yes
001026541	WINDSOR NURSING AND REHABILIT	Yes
001026546	CRESTVIEW COURT	Yes
001026547	THE MADISON ON MARSH	Yes
001026551	GOLDEN ACRES LIVING	Yes
001026561	LEGACY REHABILITATION AND LIV	Yes
001026565	THE VILLA AT MOUNTAIN VIEW	Yes
001026566	NORTHERN OAKS LIVING & REHABI	Yes
001026568	COLONNADES AT REFLECTION BAY	Yes
001026569	LA PALOMA NURSING CENTER	Yes
001026574	GRAHAM OAKS CARE CENTER	Yes
001026577	RETAMA MANOR - LAREDO WEST	Yes
001026578	RETAMAN MANOR NURSING CENTER/	Yes
001026582	RETAMA MANOR - LAREDO SOUTH	Yes
001026583	LAREDO NURSING & REHABILITATI	Yes
001026584	THE CRESCENT	Yes
001026585	SOLERA AT WEST HOUSTON	Yes
001026586	FORT BEND HEALTHCARE CENTER	Yes
001026587	BEL AIR AT TERAVISTA	Yes
001026595	HILLTOP VILLAGE N & R CENTER	Yes
001026597	RIO GRANDE CITY NURSING AND R	Yes
001026598	WILLOW PARK REHABILITATION AN	Yes
001026599	GARNET HILL REHAB & SKILLED C	Yes
001026602	WOODLAND SPRINGS NURSING HOME	Yes
001026605	WISTERIA PLACE	Yes
001026606	SILSBEE CONVALESCENT CENTER	Yes
001026607	MAVERICK NURSING AND REHABILI	Yes
001026610	CROSS COUNTRY HEALTHCARE CENT	Yes
001026611	ELGIN NURSING AND REHABILITAT	Yes
001026614	NESBIT LIVING AND RECOVERY	Yes
001026617	SOUTHPARK MEADOWS NURSING	Yes
001026618	CARECHOICE OF BOERNE	Yes
001026627	HILLTOP PARK REHABILITATION A	Yes

HHSC Provider Attestation

The following is a list of Nursing Facility (NF) providers who have submitted the requested attestation as of **September 30, 2020**. The deadline to submit the attestation is **September 30, 2020** and HHSC will be recouping the rate add-ons if attestation is not received.

Nursing Facility Vendor/Facility ID	Provider Name	Attestation Received (Yes/No)
001026628	THE HEIGHTS ON HUEBNER	Yes
001026639	DUNCANVILLE HEALTHCARE AND RE	Yes
001026641	DEER CREEK OF WIMBERLEY	Yes
001026642	MULBERRY MANOR	Yes
001026643	THE VILLAGES ON MACARTHUR	Yes
001026644	CISCO NURSING AND REHABILITAT	Yes
001026646	CAMBRIDGE HEALTH	Yes
001026647	RETIREMENT AND NURSING CENTER	Yes
001026648	BRENTWOOD PLACE THREE	Yes
001026653	PARK HAVEN NURSING & REHAB	Yes
001026657	AMISTAD NURSING AND REHABILIT	Yes
001026658	WESTCHASE H R CTR	Yes
001026660	THE PLAZA AT RICHARDSON	Yes
001026661	WILLIAMSBURG VILLAGE HEALTHCA	Yes
001026664	RETAMA MANOR NURSING	Yes
001026665	ALPINE TERRACE	Yes
001026666	NORTHGATE HEALTH AND REHABILI	Yes
001026669	DEL RIO NURSING AND REHABILIT	Yes
001026670	PFLUGERVILLE NURSING AND REHA	Yes
001026671	SENIOR CARE HEALTH & REHAB	Yes
001026673	CISCO NURSING & REHABILITATIO	Yes
001026675	WINDSOR GARDENS	Yes
001026677	BRENTWOOD PLACE FOUR	Yes
001026678	RETAMA MANOR - ALICE	Yes
001026679	WINDFLOWER HEALTH CENTER	Yes
001026681	LAUREL COURT	Yes
001026683	SOUTHLAND REHABILITATION	Yes
001026684	TIMBERWOOD NURSING	Yes
001026685	RETAMA MANOR NURSING CENTER-	Yes
001026686	RETAMA MANOR NC - PLEASANTON	Yes
001026687	TOWN EAST REHAB & HEALTHCARE	Yes
001026689	SETTLERS RIDGE CARE CENTER	Yes
001026693	COUNTRY CARE MANOR	Yes
001026694	THE HEIGHTS	Yes
001026695	KIRKWOOD MANOR	Yes
001026698	BRAZOSVIEW HEALTHCARE CENTER	Yes
001026699	PRAIRIE ESTATES	Yes
001026700	THE WESTBURY PLACE	Yes
001026701	FIRST COLONY HEALTH AND REHAB	Yes
001026702	BRENHAM NURSING AND REHABILIT	Yes
001026703	EDGEWATER CARE CENTER	Yes
001026705	OCEANVIEW HEALTHCARE	Yes
001026706	WEST SIDE CAMPUS OF CARE	Yes

HHSC Provider Attestation

The following is a list of Nursing Facility (NF) providers who have submitted the requested attestation as of **September 30, 2020**. The deadline to submit the attestation is **September 30, 2020** and HHSC will be recouping the rate add-ons if attestation is not received.

Nursing Facility Vendor/Facility ID	Provider Name	Attestation Received (Yes/No)
001026707	SUNNY SPRINGS NURSING AND REH	Yes
001026709	BRENTWOOD PLACE ONE	Yes
001026710	BRENTWOOD PLACE TWO	Yes
001026711	BAYBROOKE VILLAGE CARE AND RE	Yes
001026712	ACCEL AT WILLOW BEND	Yes
001026716	OAKS NURSING CENTER	Yes
001026717	WINDSOR HOUSTON	Yes
001026719	FORTH WORTH SOUTHWEST NURSING	Yes
001026720	ROSEWOOD REHABILITATION AND C	Yes
001026721	WILLOWBEND NURSING AND REHAB	Yes
001026723	THE PLAZA AT LUBBOCK	Yes
001026724	VILLA TOSCANA AT CYPRESS WOOD	Yes
001026726	WINDSOR QUAIL VALLEY POST-ACU	Yes
001026727	ABORETUM NURSING	Yes
001026728	PLUM CREEK HEALTHCARE CENTE	Yes
001026751	THE MANOR AT SEAGOVILLE	Yes
001026800	ALAMEDA OAKS NURSING CENTER	Yes
001026802	CROSSROADS NURSING & REHABILI	Yes
001026807	TREVISO TRANSITIONAL CARE	Yes
001026825	HIGH HOPE CARE CENTER OF BREN	Yes
001026832	THE MEDICAL RESORT AT SUGARLA	Yes
001026844	COUNTRY TRAILS WELLNESS AND R	Yes
001026850	IMMANUELS HEALTHCARE	Yes
001026854	CHELSEA GARDENS NH	Yes
001026860	THE VILLA AT TEXARKANA	Yes
001026891	COTTONWOOD CREEK HEALTHCARE C	Yes
001026906	BRUSH CUNTRY NURSING AND REHA	Yes
001026925	WEST REST HAVEN	Yes
001026926	THE PAVILION AT CREEKWOOD	Yes
001026961	SCC AT VALLEY GRANDE	Yes
001026963	LEXINGTON MEDICAL LODGE	Yes
001026964	MERIDIAN OF TEMPLE	Yes
001026977	ST. CATHERINE CENTER	Yes
001026994	HERITAGE OAKS	Yes
001026996	RIDGECREST RETIREMENT AND HEA	Yes
001026999	SCC AT CLEAR BROOK CROSSING R	Yes
001027008	SWEENY HOUSE	Yes
001027009	COLUMBUS OAKS HEALTHCARE COMM	Yes
001027044	THE ARBORS HEALTHCARE AND REH	Yes
001027060	RETAMA MANOR NURSING	Yes
001027203	RETAMA MANOR NURSING CENTER -	Yes
001027208	WOODLAND PLACE REHAB	Yes
001027258	VISTA LIVING OF VERNON	Yes

HHSC Provider Attestation

The following is a list of Nursing Facility (NF) providers who have submitted the requested attestation as of **September 30, 2020**. The deadline to submit the attestation is **September 30, 2020** and HHSC will be recouping the rate add-ons if attestation is not received.

Nursing Facility Vendor/Facility ID	Provider Name	Attestation Received (Yes/No)
001027269	MANORCARE HEALTH SERVICES	Yes
001027296	WEST HOUSTON REHABILITATION	Yes
001027313	THE HEALTHCARE RESORT OF PLAN	Yes
001027318	VISTA LIVING OF ARCHER	Yes
001027377	SENIOR CARE AT HOLLAND LAKE	Yes
001027382	GOLDEN AGE HEALTHCARE	No
001027383	STONEGATE NURSING & REHAB	Yes
001027384	THE LODGE AT BEAR CREEK	Yes
001027407	LAS PALMAS HEALTHCARE CENT	Yes
001027420	SAN ANTONIO RESIDENCE & REHAB	Yes
001027423	EBONY LAKE NURSING AND REHABI	Yes
001027424	MRC THE CROSSINGS	Yes
001027434	SHARPVIEW RESIDENCE & REHAB C	Yes
001027448	HARLINGEN NURSING AND REHABIL	Yes
001027453	BROWNSVILLE NURSING AND REHAB	Yes
001027469	WINDSOR CALALLEN	Yes
001027489	THE LEGACY AT WILLOW BEND	Yes
001027493	STONE OAK CARE CENTER	Yes
001027527	TOWERS NURSING HOME	Yes
001027545	PINECREST RETIREMENT COMMUNIT	Yes
001027555	ONPOINTE TEXAS HEALTH ARLINGT	Yes
001027576	RENAISSANCE VILLA	Yes
001027596	PARMER COUNTY HOSPITAL	Yes
001027626	WALNUT PLACE	Yes
001027695	EDINBURG NURSING AND REHABILI	Yes
001027726	CRYSTAL CREEK AT PRESTON HOLL	No
001027823	GRACE CARE CENTER AT VETERANS	Yes
001027911	THE BRAZOS OF WACO	Yes
001027954	OAKCREST NURSING AND REHAB	Yes
001027972	FALL CREEK REHAB & HC	Yes
001027973	CLARENDON NURSING HOME	Yes
001028068	WOODLAND PARK NURSING AND REH	Yes
001028176	PINECREST NURSING & REHAB CTR	Yes
001028205	HIGHLAND PINES NURSING HOME	Yes
001028208	THE ENCLAVE	Yes
001028287	BRIGHTPOINTE AT RIVERSHIRE	Yes
001028328	PECAN MANOR NURSING AND REHAB	Yes
001028346	SHERIDAN MEDICAL LODGE	Yes
001028351	TRINITY NURSING AND REHAB	Yes
001028393	KLEMENT HEALTHCARE INC	Yes
001028396	E F & BERTHA KRUSE MEM L V	Yes
001028408	SENIOR CARE HEALTH & REHAB	Yes
001028430	WOODLAKE NURSING CENTER	Yes

HHSC Provider Attestation

The following is a list of Nursing Facility (NF) providers who have submitted the requested attestation as of **September 30, 2020**. The deadline to submit the attestation is **September 30, 2020** and HHSC will be recouping the rate add-ons if attestation is not received.

Nursing Facility Vendor/Facility ID	Provider Name	Attestation Received (Yes/No)
001028442	SENIOR CARE HEALTH & REHAB	Yes
001028447	BROADMOOR MEDICAL LODGE	Yes
001028448	STERLING OAKS REHABILITATION	Yes
001028455	PALOMINO PLACE	Yes
001028456	PENNSYLVANIA NURSING & REHAB	Yes
001028457	NORTHWEST HEALTH AND REHABILI	Yes
001028459	ROYSE CITY HEALTH AND REHABIL	Yes
001028461	OAK BROOK HEALTH CARE CENTER	Yes
001028462	VAN HEALTHCARE	Yes
001028466	WINDSONG CARE CENTER	Yes
001028477	ONPOINTE TRANSITIONAL CARE	Yes
001028503	THE HALLMARK	Yes
001028506	COMMUNITY CARE CENTER OF HOND	Yes
001028517	FOCUSED CARE AT LINDEN	Yes
001028518	FOCUSED CARE AT HUNTSVILLE	Yes
001028520	FOCUSED CARE AT HUMBLE	Yes
001028521	FOCUSED CARE AT BAYTOWN	Yes
001028523	FOCUSED CARE OF WAXAHACHIE	Yes
001028526	FOCUSED CARE OF CENTER	Yes
001028528	LA HACIENDA DE PAZ REHABILITA	Yes
001028531	FOCUSED CARE AT ALLENBROOK	Yes
001028533	CARE INN OF LA GRANGE	Yes
001028534	WINCHESTER LODGE HEALTHCARE C	Yes
001028539	SHERMAN HEALTHCARE CENTER	Yes
001028543	FOCUSED CARE AT BEECHNUT	Yes
001028545	FOCUSED CARE AT MOUNT PLEASAN	Yes
001028546	HOMESTEAD NUR&REHAB OF ITASCA	Yes
001028547	HOMESTEAD NURSING AND REHAB	Yes
001028554	FOCUSED CARE OF GILMER	Yes
001028567	WINDCREST HEALTH AND REHABILI	Yes
001028570	HOMESTEAD NURSING AND REHAB	Yes
001028573	LULING CARE CENTER	Yes
001028575	AUTUMN WINDS LIVING & REHAB	Yes
001028576	WINDSOR ATRIUM	Yes
001028584	TRAIL LAKE NURSING & REHAB	Yes
001028585	SIGNATURE POINTE	Yes
001028591	ARBOR GRACE WELLNESS CENTER	Yes
001028592	LEGEND OAKS H&R OF ENNIS	Yes
001028596	WELLINGTON REHAB & HEALTHCARE	Yes
001028599	GREEN VALLEY HEALTHCARE AND R	Yes
001028600	BROOKDALE GUADALUPE RIVER	No
001028601	PARADIGM AT WOODWIND LAKES	Yes
001028602	BAY VILLA HCC	Yes

HHSC Provider Attestation

The following is a list of Nursing Facility (NF) providers who have submitted the requested attestation as of **September 30, 2020**. The deadline to submit the attestation is **September 30, 2020** and HHSC will be recouping the rate add-ons if attestation is not received.

Nursing Facility Vendor/Facility ID	Provider Name	Attestation Received (Yes/No)
001028603	KOUNTZE NURSING CENTER	Yes
001028604	BASTROP NURSING CENTER	Yes
001028605	GOLDEN CREEK HEALTHCARE	Yes
001028606	PARK MANOR OF QUAIL	Yes
001028607	MEMORIAL MEDICAL NURSING CENT	Yes
001028608	MONAHANS MANAGED CARE CENTER	Yes
001028609	TEXOMA HCC	Yes
001028610	THE BRADFORD AT BROOKSIDE	Yes
001028611	PARK HIGHLAND N&R CENTER	Yes
001028612	EASTLAND MEMORIAL HOSPITAL DI	Yes
001028613	THE MEADOWS HEALTH & REHAB	Yes
001028614	FOCUSED CARE AT FORT STOCKTON	Yes
001028615	PINE ARBOR	Yes
001028616	PFLUGERVILLE CARE CENTER	Yes
001028617	PARK PLACE CARE CENTER	Yes
001028618	SEABURY NURSING & REHAB	Yes
001028619	HOGAN PARK NURSING & REHAB	Yes
001028620	TEXHOMA CHRISTIAN CARE CENTER	Yes
001028621	MILDRED & SHIRLEY	Yes
001028622	ROCKWOOD MANOR	Yes
001028623	LARKSPUR NP	Yes
001028624	THE COURTYARD REHAB & HC CTR	Yes
001028627	LEGEND OAKS HC & REHAB - KYLE	Yes
001028628	SAN MARCOS REHAB	Yes
001028629	THE WESLEYAN A SCENIC	Yes
001028630	MORNINGSIDE MANOR	Yes
001028631	MESA SPRINGS HEALTHCARE CENTE	Yes
001028635	LAS COLINAS OF WESTOVER	Yes
001028636	SKILLED CARE OF MEXIA	Yes
001028637	WINDSOR ARBOR VEW	Yes
001028638	GRANITE MESA HEALTHCARE CENTE	Yes
001028640	PARK MANOR HEALTH CARE	Yes
001028641	LEGEND OAKS HC & REHAB N AUST	Yes
001028643	ALAMO HEIGHTS HEALTH AND REHA	Yes
001028648	S.P.J.S.T. REST HOME 2	Yes
001028651	LEGEND OAKS HEALTHCARE	Yes
001028655	HERITAGE AT TURNER PARK H&R	Yes
001028656	LAPORTE HEALTHCARE CENTER	Yes
001028657	LEGEND OAKS HC & RE - W SAN A	Yes
001028658	TRAYMORE NURSING CENTER	Yes
001028660	RICHLAND HILLS REHAB & HC CTR	Yes
001028667	HERITAGE GARDENS REHAB & H C	Yes
001028668	CARROLLTON HEALTH & REHAB CT	Yes

HHSC Provider Attestation

The following is a list of Nursing Facility (NF) providers who have submitted the requested attestation as of **September 30, 2020**. The deadline to submit the attestation is **September 30, 2020** and HHSC will be recouping the rate add-ons if attestation is not received.

Nursing Facility Vendor/Facility ID	Provider Name	Attestation Received (Yes/No)
001028669	CEDAR HILL HEALTHCARE CENTER	Yes
001028671	THE RESORT AT TEXAS CITY	Yes
001028673	AVALON PLACE WHARTON	Yes
001028674	BRIARCLIFF SKILLED NURSING FA	Yes
001028677	PARK MANOR OF CYFAIR	Yes
001028678	THE COURTYARDS AT PASADENA	Yes
001028683	LEGEND OAKS HEALTH- EULESS	Yes
001028684	SILVER CREEK MANOR	Yes
001028688	PARK MANOR OF CYPRESS STATION	Yes
001028690	PARK MANOR OF HUMBLE	Yes
001028691	OAKWOOD MANOR NURSING HOME	Yes
001028692	LLANO NURSING AND REHAB	Yes
001028694	COLONIAL NURSING & REHAB CENT	No
001028695	SONTERRA HEALTH CENTER	Yes
001028697	POST NURSING AND REHABILITATI	Yes
001028698	WESLACO NURSING & REHAB CTR	Yes
001028699	CROSS TIMERS REHAB AND HC	Yes
001028700	LEGEND HEALTHCARE-GREENVILLE	Yes
001028701	PARK PLACE NURSING & REHAB CT	Yes
001028702	LA DORA NURSING & REHAB CTR	Yes
001028704	FARMERSVILLE HEALTH & REHAB	Yes
001028706	PARK MANOR OF WESTCHASE	Yes
001028707	LONGMEADOW HCC	Yes
001028711	PONDEROSA NURSING AND REHAB	Yes
001028712	MIDWESTERN HEALTHCARE CENTER	Yes
001028715	BROWNFIELD REHABILITATION AND	Yes
001028724	VILLAGE CREEK REHAB & N CTR	Yes
001028725	AUTUMN LEAVES	Yes
001028727	HERITAGE HOUSE OF MARSHALL	Yes
001028728	PARK MANOR OF CONROE	Yes
001028730	WILLOW SPRINGS HEALTH & REHAB	Yes
001028736	KIRKLAND COURT HEALTH & REHAB	Yes
001028740	LEGEND OAKS HC & REHAB W HOUS	Yes
001028742	PLEASANT SPRINGS HCC	Yes
001028743	PINE GROVE NURSING CENTER	Yes
001028744	CANTON OAKS	Yes
001028745	CROSBYTON NURSING & REHAB CTR	Yes
001028746	CORINTH REHABILITATION SUITES	Yes
001028749	RIDGECREST HEALTHCARE & REHAB	Yes
001028750	LEGACY AT JACKSONVILLE	Yes
001028751	THE HEIGHTS OF TOMBALL	Yes
001028757	MIRA VISTA COURT	Yes
001028758	TWIN LAKES REHABILITATION	Yes

HHSC Provider Attestation

The following is a list of Nursing Facility (NF) providers who have submitted the requested attestation as of **September 30, 2020**. The deadline to submit the attestation is **September 30, 2020** and HHSC will be recouping the rate add-ons if attestation is not received.

Nursing Facility Vendor/Facility ID	Provider Name	Attestation Received (Yes/No)
001028761	CREEKSIDE TERRACE REHABILITAT	Yes
001028762	THE HOMESTEAD OF SHERMAN	Yes
001028766	MEADOWBROOK CARE CENTER	Yes
001028767	COLONIAL PINES HEALTHCARE CTR	Yes
001028768	FOUNDERS PLAZA NURS & REHAB	Yes
001028769	HERITAGE PLAZA NURSING CTR	Yes
001028770	THE HEIGHTS OF TYLER	Yes
001028771	EDGEWOOD REHABILITATION AND C	Yes
001028776	AVALON PLACE TRINITY	Yes
001028778	MONARCH PAVILION REHAB SUITES	Yes
001028779	EMERALD HILLS REHAB & H C CTR	Yes
001028781	HERITAGE AT LONGVIEW HC	Yes
001028783	RIDGEVIEW REHAB & SKILLED NUR	Yes
001028786	ESTRELLA OAKS REHABILITATION	Yes
001028789	DENTON REHAB & NURSING CTR	Yes
001028792	RIVER VALLEY HEALTH AND REHAB	Yes
001028793	THE TERRACE AT DENISON	Yes
001028795	SANDY LAKE REHABILITATION AND	Yes
001028808	GRACE HILL NURSING CENTER	Yes
001028811	AVALON PLACE KIRBYVILLE	Yes
001028812	BRIDGECREST REHABILITATION SU	Yes
001028813	THE HILLCREST OF NORTH DALLAS	Yes
001028814	INTERLOCHEN HEALTH & REHAB CTR	Yes
001028815	VILLA HAVEN HEALTH AND REHABI	Yes
001028816	LEGEND HC&REHAB CTR GALDWATER	Yes
001028817	GREEN OAK REHAB AND NURSING	Yes
001028818	SAN GABRIEL REHABILITATION AN	Yes
001028819	RISING STAR NURSING CENTER	Yes
001028821	PRESTONWOOD REHAB	Yes
001028822	WINFIELD REHAB & NURSING	Yes
001028823	CROWELL NURSING CENTER	Yes
001028824	STILLHOUSE REHAB & HC CENTER	Yes
001028826	NEW HOPE MANOR	Yes
001028830	DOWNTOWN HEALTH & REHAB CTR	Yes
001028835	BREMOND NURSING AND REHABILIT	Yes
001028836	LAKEWEST REHAB & SKILLED CARE	Yes
001028837	COLONIAL CARE CENTER	Yes
001028838	CENTERVILLE HEALTHCARE CENTER	Yes
001028839	GRACY WOODS II LIVING CENTER	Yes
001028841	COMMUNINTY CARE CTR CROCKETT	Yes
001028842	LEGEND HCARE & REHAB-PARIS	Yes
001028843	NORTH PARK HEALTH & REHAB CTR	Yes
001028844	IOWA PARK HEALTHCARE CENTER	Yes

HHSC Provider Attestation

The following is a list of Nursing Facility (NF) providers who have submitted the requested attestation as of **September 30, 2020**. The deadline to submit the attestation is **September 30, 2020** and HHSC will be recouping the rate add-ons if attestation is not received.

Nursing Facility Vendor/Facility ID	Provider Name	Attestation Received (Yes/No)
001028845	WESLEY WOODS	Yes
001028846	WHITEHALL REHAB & NURSING	Yes
001028847	THE HEIGHTS OF NORTH HOUSTON	Yes
001028848	SAN PEDRO MANOR	Yes
001028849	RIVER HILLS HEALTH&REHAB CTR	Yes
001028850	SOUTH PLACE REHAB & SKILLED	Yes
001028856	LEGEND OAKS HEALTH AND REHAB	Yes
001028858	LEGEND OAKS HEALTHCARE	Yes
001028859	MISTY WILLOW HEALTHCARE AND R	Yes
001028861	LEGEND OAKS HC & REHAB CTR	Yes
001028864	REUNION PLAZA SR CARE & REHA	Yes
001028895	BRAZOS VALLEY CARE HOME	Yes
001028910	VISTA NURSING AND REHAB	Yes
001028915	PARKS HEALTH CENTER	Yes
001028955	CARRARA	Yes
001028961	GRACE POINTE WELLNESS CENTER	Yes
001028964	OAK VILLAGE HEALTHCARE	Yes
001028967	CREEKSIDE VILLAGE	Yes
001028994	VALLEY GRANDE MANOR	Yes
001028997	JACINTO NURSING AND REHAB CE	Yes
001028998	VIBRALIFE OF EL PASO REHAB	Yes
001029000	SUNRISE NURSING & REHAB CTR	Yes
001029011	CEDAR POINTE HEALTH & WELLNES	Yes
001029032	HOMEPLACE MANOR	Yes
001029051	ASHTON MEDICAL LODGE	Yes
001029071	KENNEDY REHAB AND HC LLC	Yes
001029108	FOCUSED CARE AT PECOS	Yes
001029109	KILGORE HEALTH AND REHABILITA	Yes
001029110	HILLSIDE MEDICAL LODGE	Yes
001029111	BELTERRA HEALTH AND REHAB	Yes
001029130	MPD BENDER TERRACE OF LUBBOCK	Yes
001029166	PARKWOOD HEALTHCARE COMMUNITY	Yes
001029179	MOUNTAIN VIEW HEALTH & REHABI	Yes
001029186	THE MEDICAL RESORT AT PEARLAN	Yes
001029187	NORTH HOUSTON TRANSITIONAL	Yes
001029204	HOMESTEAD NURSING & REHABILIT	Yes
001029213	HOUSTONIDENCE OPCO LLC	Yes
001029252	THE MEDICAL RESORT AT WILLOWB	Yes
001029268	COURTYARD NURSING & REHAB	Yes
001029286	TRUCARE LIVING CENTERS	Yes
001029289	SPJST REST HOME 1	Yes
001029290	KAUFMAN HEALTHCARE CENTER	Yes
001029291	S.P.J.S.T. REST HOME 3	Yes

HHSC Provider Attestation

The following is a list of Nursing Facility (NF) providers who have submitted the requested attestation as of **September 30, 2020**. The deadline to submit the attestation is **September 30, 2020** and HHSC will be recouping the rate add-ons if attestation is not received.

Nursing Facility Vendor/Facility ID	Provider Name	Attestation Received (Yes/No)
001029292	TRUCARE LIVING CENTERS-COLUMB	Yes
001029294	THE HIGHLANDS OF DALLAS	Yes
001029295	ENNIS CARE CENTER	Yes
001029296	MAGNOLIA PLACE SK NURS & REHA	Yes
001029297	TRINITY HEALTHCARE RESIDENCE	Yes
001029298	SORRENTO	Yes
001029300	LAKERIDGE NURSING AND REHAB	Yes
001029301	TRINITY REHABILITATION	Yes
001029302	LEGACY AT TOWN CREEK	Yes
001029311	SILVER PINES NURSING & REHAB	Yes
001029312	TOMBALL REHAB & NURSING	Yes
001029313	PARK MANOR OF TOMBALL	Yes
001029314	RETAMA MANOR NUR - VICTORIA S	Yes
001029318	DEERBROOK SKILLED NUR & REHAB	Yes
001029323	STARR COUNTY HOSPITAL DISTRIC	Yes
001029324	ROBSTOWN NURSING & REHAB CTR	Yes
001029325	MEMORIAL CITY HEALTH & REHAB	Yes
001029326	RETAMA MANOR NUR CTR HARLINGE	Yes
001029327	ROLLINGBROOK REHAB & HC	Yes
001029329	TERRELL HEALTHCARE CENTER	Yes
001029330	GAINESVILLE CONVALESCENT	Yes
001029334	RETAMA MANOR NURSING	Yes
001029343	THE HEIGHTS OF ALAMO	Yes
001029344	PARK MANOR OF THE WOODLANDS	Yes
001029346	MEXIA LTC NURSING AND REHAB	Yes
001029347	TEAGUE NURSING AND REHAB	Yes
001029351	GROESBECK NURSING AND REHAB	Yes
001029352	PARK MANOR OF SOUTH BELT	Yes
001029353	NAZARETH LIVING CARE CENTER	Yes
001029360	WHISPERING PINES NURSING AND	Yes
001029367	MATADOR H&R CTR	Yes
001029387	MI CASITA NURSING AND REHAB	Yes
001029406	LEONARD MANOR NURSING & REHAB	Yes
001029410	WHEELER NURSING	Yes
001029440	REFUGIO NURSING AND REHAB	Yes
001029441	LEGACY NURSING AND REHABILITA	Yes
001029461	FOCUSED CARE AT CLARKSVILLE	Yes
001029481	LANCASTER LTC PARTNERS INC	Yes
001029505	CORPUS NURSING AND REHABILITA	Yes
001029513	ST GILES NURSING AND REHAB	Yes
001029532	ANDERSON NURSING CENTER	Yes
001029535	BER NURSING AND REHAB LP	Yes
001029559	FRIENDSHIP HAVEN HC & REHAB	Yes

HHSC Provider Attestation

The following is a list of Nursing Facility (NF) providers who have submitted the requested attestation as of **September 30, 2020**. The deadline to submit the attestation is **September 30, 2020** and HHSC will be recouping the rate add-ons if attestation is not received.

Nursing Facility Vendor/Facility ID	Provider Name	Attestation Received (Yes/No)
001029568	PREMONT NURSING & REHAB	Yes
001029569	ELKHART OAKS CARE CENTER	Yes
001029572	DESOTO LTC PARTNERS INC	Yes
001029636	TERRA BELLA HEALTH	Yes
001029647	ALLEGIANT WELLNESS	Yes
001029669	ADORA MIDTOWN PARK	Yes
001029671	THE RESERVE AT RICHARDSON	Yes
001029676	HOLIDAY NURSING & REHAB	Yes
001029683	ATHENS HEALTHCARE & REHAB	Yes
001029722	MISSION VALLEY NURSING	Yes
001029739	POTEET NURSING AND REHAB	Yes
001029795	SAN SABA REHABILITATION, L.P.	Yes
001029809	SAN ANTONIO WELLNESS & REHAB	Yes
001029824	SIMPSON PLACE	Yes
001029864	GLENVIEW WELLNESS AND REHABIL	Yes
001029923	MADISON MEDICAL RESORT	Yes
001029926	PALESTINE HEALTHCARE CENTER	Yes
001029927	WICHITA FALLS SNF LLC	Yes
001029928	REGENCY I H S OF VAL VERDE LL	Yes
001029930	WINDSOR MISSION OAKS	Yes
001029931	FT.WORTH WELLNESS AND REHABIL	Yes
001029932	REGENCY I H S OF PEARSALL LLC	Yes
001029933	HEARTLAND HEALTH CARE CENTER	Yes
001029934	JACKSONVILLE HEALTHCARE CENTE	Yes
001029939	SLP CARTHAGE LLC	Yes
001029941	OVERTON HEALTHCARE CENTER	Yes
001029942	WINDSOR NURSING AND REHABILIT	Yes
001029945	AUSTIN WELLNESS & REHAB	Yes
001029947	THE BARTLETT SKILLED NURSING	Yes
001029949	VIBRALIFE OF KATY REHAB CTR	Yes
001029956	YOAKUM NURSING AND REHABILITA	Yes
001029959	PARIS HEALTHCARE CENTER	Yes
001029969	AMARILLO VII ENTERPRISES, LLC	Yes
001029979	LINDALE HEALTHCARE CENTER	Yes
001029981	THE MEDICAL RESORT AT WOODLAN	Yes
001029987	SEDONA TRACE HEALTH AND WELLN	Yes
001030006	HERITAGE PARK REHABILITATION	Yes
001030067	KERENS CARE CENTER	Yes
001030071	SHERWOOD HEALTH CARE INC	Yes
001030072	PEBBLE CREEK NURSING CENTER	Yes
001030118	THE RIO AT MISSION TRAILS	Yes
001030120	ROYAL MANOR II LLC	Yes
001030122	KEMP CARE CENTER	Yes

HHSC Provider Attestation

The following is a list of Nursing Facility (NF) providers who have submitted the requested attestation as of **September 30, 2020**. The deadline to submit the attestation is **September 30, 2020** and HHSC will be recouping the rate add-ons if attestation is not received.

Nursing Facility Vendor/Facility ID	Provider Name	Attestation Received (Yes/No)
001030125	GREENHILL VILLAS	Yes
001030127	SONGBIRD LODGE	Yes
001030128	WHISPERING PINES LODGE	Yes
001030207	STAMFORD RESIDENCE & REHAB	Yes
001030236	PITTSBURG NURSING CENTER	Yes
001030237	ARLINGTON VILLAS REHAB & HEAL	Yes
001030238	SUNFLOWER PARK HEALTH CARE	Yes
001030239	LAS BRISAS REHAB AND WELLNESS	Yes
001030240	GOLDTHWAITE HEALTH & REHAB	Yes
001030241	ACCEL AT COLLEGE STATION	Yes
001030242	ST. TERESA NURSING	Yes
001030246	FOX HOLLOW POST ACUTE	Yes
001030247	BAYWIND WILLAGE CONVALESCENT	Yes
001030248	ST. JAMES HOUSE OF BAYTOWN	Yes
001030252	LAS VENTANAS DE SOCORRO	Yes
001030253	RIVER CITY CARE CENTER	Yes
001030299	LANDMARK OF PLANO REHAB	Yes
001030318	WEST WHARTON COUNTY	Yes
001030334	ST ANTHONYS CARE CENTER	Yes
001030339	TIMBERIDGE NURSING	Yes
001030346	CRIMSON HEIGHTS HEALTH AND WE	Yes
001030348	PARK MANOR BEE CAVE	Yes
001030354	EASTLAND MEMORIAL HOSPITAL	Yes
001030357	LEGEND OAKS HC & REHAB - FW	Yes
001030373	MATLOCK PLACE HEALTH	Yes
001030374	THE WATERTON AT COWHORN CREEK	Yes
001030376	WINDMILL NURSING & REHAB CTR	Yes
001030377	MINEOLA HEIGHTS HEALTHCARE CTR	Yes
001030388	HOUSTON HEIGHTS HEALTHCARE CE	Yes
001030390	LS QUITMAN OPERATOR LLC	Yes
001030401	LA HACIENDA NURSING	Yes
001030402	THE VILLAGE AT HERITAGE OAKS	Yes
001030404	LAS ALTURAS NURSING & TRANSIT	Yes
001030406	FOCUSED CARE AT HAMILTON	Yes
001030408	FC AT STONEBRIAR	Yes
001030409	UVALDE COUNTY HOSPITAL AUTHORITY	Yes
001030411	VERANDA REHABILITATION	Yes
001030413	EASTLAND MEMORIAL HOSPITAL	Yes
001030416	ONION CREEK NURSING & REHAB	Yes
001030418	WEST LAKE HEALTHCARE RES	Yes
001030419	FORUM PARKWAY HEALTH & REHAB	Yes
001030420	EPIC NURSING & REHABILITATION	Yes
001030424	HILL COUNTRY NURSING & REHAB	Yes

HHSC Provider Attestation

The following is a list of Nursing Facility (NF) providers who have submitted the requested attestation as of **September 30, 2020**. The deadline to submit the attestation is **September 30, 2020** and HHSC will be recouping the rate add-ons if attestation is not received.

Nursing Facility Vendor/Facility ID	Provider Name	Attestation Received (Yes/No)
001030427	GULF HC CENTER - PORT ARTHUR	Yes
001030429	ARBROOK PLAZA	Yes
001030431	PECAN TREE REHAB & HC CENTER	Yes
001030433	WEST OAKS NURSING & REHAB CTR	Yes
001030435	LEGACY AT JACKSONVILLE	Yes
001030436	SENIOR CARE OF MIDLAND	Yes
001030437	LOS ACROS DEL NORTE CARE CENT	Yes
001030439	LAKESIDE NURSING & REHAB	Yes
001030440	PARK MANOR OF MCKINNEY	Yes
001030441	BLUEBONNET REHAB AT ENNIS	Yes
001030442	RIVERSIDE NURSING & REHAB CTR	Yes
001030443	HILLVIEW NURSING & REHAB	Yes
001030444	BRODIE RANCH NURSING & REHAB	Yes
001030445	GULF POINTE PLAZA	Yes
001030446	LEGACY WEST REHAB & HEALTHCAR	Yes
001030449	SOUTH LIMESTONE HOSPITAL	Yes
001030451	WOOD MEMORIAL NURSING & REHAB	Yes
001030452	BRIARCLIFF HEALTH CENTER	Yes
001030454	FALCON RIDGE REHABILITATION	Yes
001030458	COUNTRY MEADOWS HEALTH	Yes
001030460	THE VILLAGES OF DALLAS	Yes
001030462	DIVERSICARE OF LULING	Yes
001030463	BANDERA NURSING & REHAB	Yes
001030464	THE SPRINGS HEALTHCARE & REHAB	Yes
001030466	MYSTIC PARK NURSING	Yes
001030468	GUADALUPE COUNTY HOSPITAL	Yes
001030469	SAN ANGELO NURSING	Yes
001030470	WINDEMERE AT WESTOVER HILLS	Yes
001030471	FOCUSED CARE AT ORANGE	Yes
001030472	LAMPASAS NURSING AND REHAB CE	Yes
001030474	PARKLANE WEST HEALTHCARE CTR	Yes
001030480	YORKTOWN NURSING AND REHAB CE	Yes
001030483	NORTHGATE PLAZA NURSING & REH	Yes
001030485	HERITAGE NURSING & REHAB	Yes
001030489	ASHFORD HALL	Yes
001030492	THE HEIGHTS OF BULVERDE	Yes
001030497	SLP JEFFERY PLACE LLC	Yes
001030499	COASTAL PALMS NURSING & REHAB	Yes
001030502	WEST OAKS NURSIN & REHAB	Yes
001030506	OAKMONT HEALTHCARE & REHAB	Yes
001030508	RIVER RIDGE NURSING & REHAB	Yes
001030527	FOCUSED CARE AT PASADENA	Yes
001030528	FOCUSED CARE AT SUMMER PLACE	Yes

HHSC Provider Attestation

The following is a list of Nursing Facility (NF) providers who have submitted the requested attestation as of **September 30, 2020**. The deadline to submit the attestation is **September 30, 2020** and HHSC will be recouping the rate add-ons if attestation is not received.

Nursing Facility Vendor/Facility ID	Provider Name	Attestation Received (Yes/No)
001030529	FOCUSED CARE AT CEDAR BAYOU	Yes
001030541	REGENCY MANOR	Yes
001030545	FOCUSED CARE AT BURNET BAY	Yes
001030547	FOCUSED CARE AT CORPUS	Yes
001030552	WILLOW CREEK HEALTHCARE CTR	Yes
001030566	FOCUSED CARE AT WEBSTER	Yes
001030569	PATRIOT REHAB AND WELLNESS	Yes
001030579	COUNTRY VIEW LIVING	Yes
001030586	GOLDEN PALMS REHAB & RETIRE	Yes
001030589	FOCUSED CARE AT WESTWOOD	Yes
001030609	THE PREMIERE SNF OF ALICE	Yes
001030614	CHEYENNE MEDICAL LODGE	Yes
001030625	MESA VISTA INN HEALTH CENTER	Yes
001030627	THE OAKS AT RADFORD HILLS	Yes
001030628	BUENA VIDA NURSING & REHAB OD	Yes
001030643	CYPRESS CREEK REHABILITATION	Yes
001030644	THE EVANGELICAL LUTHERAN	Yes
001030646	RIVER OAKS NURSING	Yes
001030647	STEVENS HEALTH CARE	Yes
001030651	BUENA VIDA NURSING & REHAB	Yes
001030658	RIVERWOOD HEALTHCARE	Yes
001030662	GOODALL WITCHER NURSING	Yes
001030664	HOLLYMEAD	Yes
001030666	SAN REMO	Yes
001030668	BEACON HILL	Yes
001030676	RENAISSANCE CARE CENTER	Yes
001030677	GARDEN VILLA NURSING HOME	Yes
001030678	THE EVANGELICAL LUTHERAN	Yes
001030680	KPC PROMISE SKILLED NURSING	Yes
001030681	THE CARLYLE AT STONEBRIDGE	Yes
001030684	THE HARRISON AT HERITAGE	Yes
001030686	THE BELMONT AT TWIN CREEKS	Yes
001030689	SUNSET HOME	Yes
001030715	EDGEWOOD MANOR	Yes
001030716	ARLINGTON HEIGHTS	Yes
001030717	CEDAR HILL HEALTHCARE CENTRE	Yes
001030719	CYPRESSWOOD TX HEALTHCARE LLC	Yes
001030728	SAGE TERRANCE HEALTHCARE INC	Yes
001030739	FORTRESS NURSING AND REHAB	Yes
001030749	HUNTERS POND REHAB AND H C	Yes
001030752	LAMPSTAND NURSING AND REHAB	Yes
001030753	LE REVE REHAB & MEMORY CARE	Yes
001030760	COLONIAL MANOR CARE	Yes

HHSC Provider Attestation

The following is a list of Nursing Facility (NF) providers who have submitted the requested attestation as of **September 30, 2020**. The deadline to submit the attestation is **September 30, 2020** and HHSC will be recouping the rate add-ons if attestation is not received.

Nursing Facility Vendor/Facility ID	Provider Name	Attestation Received (Yes/No)
001030767	GREEN MOUNTAIN HEALTHCARE INC	Yes
001030773	RETAMA MANOR NURSING CENTER	Yes
001030805	THE HEIGHTS ON VALLEY RANCH	Yes
001030807	FORNEY LAKE HEALTHCARE INC	Yes
001030816	HEARTSTONE NURSING	Yes
001030824	PECAN VALLEY REHABILITATION	Yes
001030825	TRINITY CARE CENTER	Yes
001030826	PARK BEND HEALTH CENTER	Yes
001030828	MYRTLE SPRINGS HEALTHCARE	Yes
001030830	WINDCREST NURSING & REHAB	Yes
001030831	CARADAY TEMPLE WEST LLC	Yes
001030832	CARADAY TEMPLE EAST LLC	Yes
001030833	BLACK RIDGE CANYON HEALTHCARE	Yes
001030834	MEADOW CREEK NURSING & REHAB	Yes
001030835	WESTON INN NURSING & REHAB	Yes
001030836	THE MONTEVISTA OF CORONDO	Yes
001030837	KELLER OAKS HEALTHCARE CTR	Yes
001030838	WURZBACH NURSING & REHAB	Yes
001030841	NORTH RUNNELS COUNTY HOSPITAL	Yes
001030850	PLEASANT MANOR HCARE & REHAB	Yes
001030851	WESTERN HILLS NURSING & REHAB	Yes
001030853	CRESTWOOD HEALTH & REHAB	Yes
001030854	CARADAY SAGEBROOK LLC	Yes
001030855	CARADAY REGENCY LLC	Yes
001030856	MABANK NURSING HOME	Yes
001030884	DEERING NURSING AND REHAB	Yes
001030890	WILLOWBROOK NURSING	Yes
001030895	TUSCANY VILLAGE	Yes
001030901	HARBOR VALLEY HEALTH	Yes
001030917	THE PALMS NURSING & REHAB	Yes
001030918	BRIGHT POINT AT LYTLE LAKE	Yes
001030924	CIMARRON PARK NURSING & REHAB	Yes
001030929	DE LEON NURSING & REHAB	Yes
001030930	HIGHLAND MEADOWS	Yes
001030932	LILY SPRINGS HEALTHCARE	Yes
001030947	MEMORIAL MEDICAL CENTER	Yes
001030949	PRINCETON MEDICAL LODGE	Yes
001030953	SIENNA NURSING AND REHABILITA	Yes
001030955	CYPRESS POINTE HEALTH & WELLN	Yes
001030970	ARDEN PLACE OF BEAUMONT	Yes
001030976	FANNIN COUNTY HOSPITAL	Yes
001030981	PILOT POINT HEALTHCARE	Yes
001030982	SOUTH LIMESTONE HOSPITAL	Yes

HHSC Provider Attestation

The following is a list of Nursing Facility (NF) providers who have submitted the requested attestation as of **September 30, 2020**. The deadline to submit the attestation is **September 30, 2020** and HHSC will be recouping the rate add-ons if attestation is not received.

Nursing Facility Vendor/Facility ID	Provider Name	Attestation Received (Yes/No)
001030986	SUNDANCE INN HEALTH	Yes
001030987	VAL VERDE COUNTY HOSPITAL	Yes
001030988	FANNIN COUNTY HOSPITAL	Yes
001030998	FOCUSED CARE AT BRENHAM	Yes
001031001	LONE STAR RANCH HEALTHCARE	Yes
001031002	ARDEN PLACE OF BEEVILLE	Yes
001031004	ARDEN PLACE OF GRAPEVINE	Yes
001031005	ARDEN HEIGHTS	Yes
001031010	HIGHLAND VILLAGE SKILLED CARE	Yes
001031011	PARK VALLEY INN	Yes
001031012	BONNIE VIE	Yes
001031014	ARDEN WOOD	Yes
001031021	WHISPERING SPRINGS HEALTHCARE	Yes
001031022	KILLEEN NURSING & REHAB	Yes
001031038	PRAIRIE MEADOWS HEALTHCARE	Yes
001031040	STONEBRIDGE HEALTH REHAB	Yes
001031042	MOUNT BELVIEU RHC LLC	Yes
001031045	DALLAS COUNTY HOSPITAL DISTRICT	Yes
001031046	ALTAMONTE CARE OF RICHLAND HI	Yes
001031047	ARDEN PLACE	Yes
001031049	DALLAS COUNTY HOSPITAL DISTRICT	Yes
001031050	CORYELL COUNTY MEMORIAL	Yes
001031051	EL PASO COUNTY HOSPITAL DISTRICT	Yes
001031071	STRATFORD HOSPITAL DISTRICT	Yes
001031073	STRATFORD HOSPITAL DISTRICT	Yes
001031086	CORYELL COUNTY MEMORIAL HOSPITAL AUTHORITY	Yes
001031090	STRATFORD HOSPITAL DISTRICT	Yes
001031091	STRATFORD HOSPITAL DISTRICT	Yes
001031092	MCCULLOCH COUNTY HOSPITAL DISTRICT	Yes
001031093	STRATFORD HOSPITAL DISTRICT	Yes
001031094	STRATFORD HOSPITAL DISTRICT	Yes
001031122	CITY OF ENNIS	Yes
001031124	CITY OF ENNIS	Yes
001031125	BROADMOOR MEDICAL LODGE	Yes
001031128	CITY OF ENNIS	Yes
001031129	HAMILTON COUNTY HOSPITAL DISTRICT	Yes
001031130	HAMILTON COUNTY HOSPITAL DISTRICT	Yes
001031131	HAMILTON COUNTY HOSPITAL DISTRICT	Yes
001031135	GO OPERATIONS 7 LLC	Yes
001031147	SLP JOHNSON CITY LLC	Yes
001031152	HAMILTON COUNTY HOSPITAL DISTRICT	Yes
001031153	HAMILTON COUNTY HOSPITAL DISTRICT	Yes

HHSC Provider Attestation

The following is a list of Nursing Facility (NF) providers who have submitted the requested attestation as of **September 30, 2020**. The deadline to submit the attestation is **September 30, 2020** and HHSC will be recouping the rate add-ons if attestation is not received.

Nursing Facility Vendor/Facility ID	Provider Name	Attestation Received (Yes/No)
001031157	OAK PARK OPERATIONS INC	Yes
001031168	BOERNE NURSING OPERATIONS LLC	Yes
001031169	OAKMONT GUEST CARE CENTER LLC	Yes
001031177	SAN RAFAEL OPERATIONS INC	Yes
001031183	SLP ORANGE LLC	Yes
001031184	SLP LEVELLAND LLC	Yes
001031185	SLP TEXAS CITY LLC	Yes