

**NOTICE OF A REGULAR MEETING
OF THE BOARD OF DIRECTORS
MONTGOMERY COUNTY HOSPITAL DISTRICT**

Notice is hereby given to all interested members of the public that the Board of Directors of Montgomery County Hospital District will hold a regular meeting as follows:

Date: May 26, 2020

Time: 4:00 P.M.

Place: MONTGOMERY COUNTY HOSPITAL DISTRICT
ADMINISTRATIVE BUILDING
1400 SOUTH LOOP 336 WEST
CONROE, MONTGOMERY COUNTY, TEXAS 77304

Open to Public: The meeting will be open to the public at all times during which such subjects are discussed, considered, or formally acted upon as required by Texas Open Meetings Act, Chapter 551 of the Government Code.

This Notice in detail was posted at least 72 hours prior to the beginning of said meeting with the County Clerk's Office and is on the Bulletin Board of the Courthouse and in the District's Administrative Office.

Subject: The agenda for such meeting shall include the consideration of, and if deemed advisable, the taking of action upon:

1. Call to Order
2. Invocation
3. Pledge of Allegiance
4. Roll Call
5. Public Comment

District

6. CEO Report to include update on District operations, strategic plan, capital purchases, employee issues and benefits, transition plans and other healthcare matters, grants and any other related district matters.
7. Consider and act on Legal Counsel RFP. (Ms. Whatley, Chairperson – MCHD Board)

Emergency Medical Services

8. Chief of EMS Report to include updates on EMS staffing, performance measures, staff activities, patient concerns, transport destinations, emergency preparedness and fleet.
9. Horton update presentation.
10. Consider and act on purchase of Horton ambulances. (Mr. Spratt, Chair – EMS Committee)

Operations and Health Care Services

11. COO Report to include updates on facilities, radio system, materials management, community paramedicine, and IT
12. Consider and act on ESD 2 Emergency Medical Service Housing Agreement for Station 44. (Ms. Whatley, Chair – PADCOM Committee)
13. Consider and act on ESD 8 Emergency Medical Service Housing Agreement for Station 22. (Ms. Whatley, Chair – PADCOM Committee)

14. Consider and act on ESD 6 Emergency Medical Service Housing Agreement for Station 35. (Ms. Whatley, Chair – PADCOM Committee)
15. Health Care Services Report to include regulatory update, outreach, eligibility, service, utilization, community education, clinical services, epidemiology, and emergency preparedness.
16. Consider and act on Healthcare Assistance Program claims from Non-Medicaid 1115 Waiver providers. (Mrs. Wagner, Chair-Indigent Care Committee)
17. Consider and act on funding uncompensated care voluntary contribution. (Mrs. Wagner, Chair – Indigent Care Committee)
18. Consider and act on ratification of voluntary contributions to the Medicaid 1115 Waiver program of Healthcare Assistance Program claims. (Mrs. Wagner, Chair – Indigent Care Committee)
19. Consider and act on revisions and modifications to Healthcare Assistance Program (HCAP) which is comprised of the Montgomery County Indigent Care Plan and the Medical Assistance Plan Handbooks (Mrs. Wagner, Chair-Indigent Care Committee).

Finance

20. Presentation of preliminary Financial Report for seven months ended April 30, 2020 – Brett Allen, CFO, report to include Financial Summary, Financial Statements, Supplemental EMS Billing Information, and Supplemental Schedules.
21. Consider and act on payment of District invoices. (Mr. Grice, Treasurer – MCHD Board)
22. Consider and act on salvage and surplus. (Mr. Grice, Treasurer – MCHD Board)

Other Items

23. Secretary's Report - Consider and act on minutes for the April 28, 2020 Regular BOD meeting May 5, 2020 Special BOD meeting, May 12, 2020 Special BOD meeting and May 19, 2020 Special BOD meeting. (Mrs. Wagner, Secretary - MCHD Board)
24. Adjourn.

Sandy Wagner, Secretary

The Board will announce it will convene into Executive Session, if necessary, pursuant to Chapter 551 of the Texas Government Code, to receive advice from Legal Counsel, to discuss matters of land acquisition, litigation and personnel matters as specifically listed on this agenda. The Board of Directors may also announce it will go into Executive Session, if necessary, to receive advice from Legal Counsel regarding any item on this agenda.

Agenda Item # 6



We Make a Difference!

To: Board of Directors

From: Randy Johnson, CEO

Date: May 26, 2020

Re: CEO Report

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- As noted at the last Board meeting, Command Staff Stood up a command center in the first floor classroom. Members of command staff have been in the center 7a -7p seven days per week. Logistics is represented in the center. Deputy Chiefs manage their daily duties from there. The Safety officer works with the Quality Chief to assure that crews are safe. The Chief and Assistant Chief of EMS work from there, as do the Medical Directors, the research and best practices analyst, and the supply and tracing manager. Together the team has been very responsive to the needs of our staff, the public, the first responders, the county officials and to the public health personnel.
 - We will plan to slowly unwind the Command Center over the next few weeks. The command center will unwind following the changes in the County Judge's "opening up" orders. As each phase of the "open up" process is begun, the command center will remain in its current operational phase for that process for another seven days to monitor the safety of our citizens', before the command center capabilities are further reduced. We believe that we will begin downsizing in mid-June.
 - We moved all non-essential personnel to a work from home program the last week of March. The employees working from home have continued to be very productive. We tentatively plan on slowly phasing them back to work in their offices at the District beginning at the end of June. We will monitor COVID-19 before we finalize plans. Attached is our rough draft "Recovery Plan" planning document.
 - We have begun first phases of budgeting. I am very concerned about future inflow of revenues. As a result, we are planning to put off those capital projects that need to be done, but can wait until we better understand how the county economic turndown will affect the future economic growth of the county.
 - The voucher program is now successfully being administered in three independent testing sites.
 - We are also working to coordinate a community Telemedicine program for Montgomery County residents who call for assistance, but do not wish to go to the Emergency Department of the Hospital. The initial phase of this project has gone very well, and we believe that this will be an additional way that MCHD can care for needy patients.
 - MCHD is scheduling its next NEOP class to begin in July.
 - MCHD is sourcing PPE and is reusing our PPE, thanks to our Bioquell process, used for disinfecting ambulances. We are asking to order an additional machine (unbudgeted) as we only have one and anticipate needing it routinely for the next year to year and one half for ambulance cabin cleaning and PPE sterilizing.

- Our teams are being deployed by the state to do testing in various locations around the Houston-Galveston SMSA. We have done an exceptional job on each deployment. Chief Campbell will further report on this project.
- We have an outstanding team of employees in each department of this organization and I am so proud of their unmatched work quality. They certainly make a big difference in our community every day!

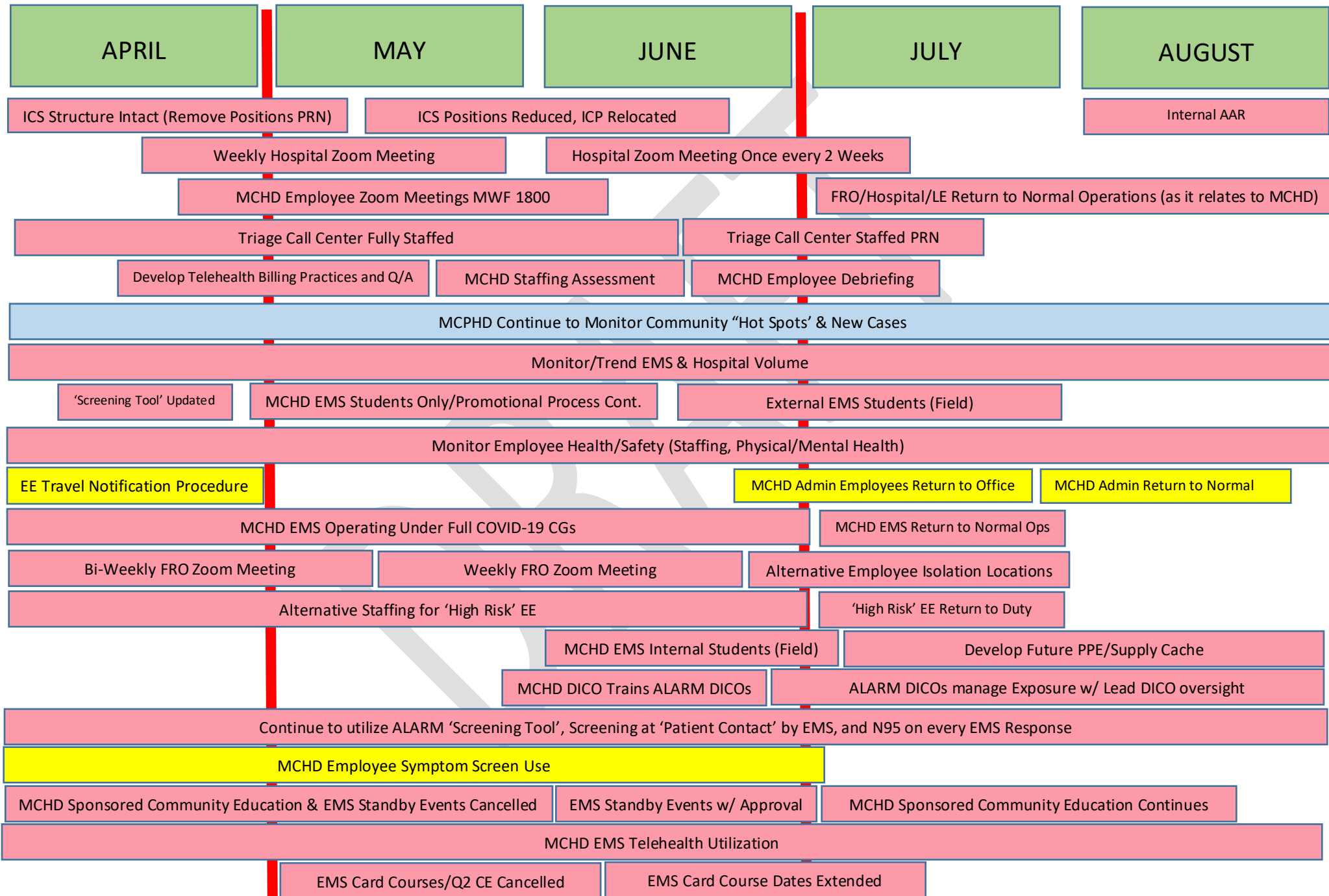
Thank you,

Randy



MCHD COVID-19 Recovery Planning Chart

*****DRAFT*****



Timeline subject to change as the COVID-19 event develops

Initially Developed 4/23/2020



MCHD COVID-19 Recovery Planning Chart

*****DRAFT*****

Purpose

As Montgomery County prepares to have a Phased “In” Opening of the county, MCHD will monitor the opening process and implement their internal Phased “Out” approach with a 7-10 day lag behind the county. Plan to be updated as the State/County make announcements

Montgomery County Phased “In” Reopening Plans		
Phase One May 1 st , 2020	Phase Two	Phase Three
No School Parks open during the day Curfew lifted Retail ‘to go’ ‘High Risk’ Population ‘Stay at Home’ All Retail/Movie Theaters/Restaurants Open <ul style="list-style-type: none">No more than 25% max capacity allowed Outdoor Sports, no more that (4) participants Hospitals save at least 15% capacity for COVID-19 pts. Bars, Gyms, and Hair Salons remained closed Two weeks of data, May 18 th , 2020 possible Phase 2	Effective May 8 th Hair/Nail Salons/Restaurants at 25%	
	Effective May 18 Gyms 25% Capacity (No Locker Rooms) Child Care Service Can Open Restaurants at 50% Capacity Bars Open at 25% (May 22 nd) Bowling/Zoo/Aquariums (May 22 nd) Outdoor Sporting Events/Rec Sports (May 31 st)	
MCHD Phased “Out” Reopening Plans		
ICS Structure intact <ul style="list-style-type: none">Planning Section Chief hours reduced Hospital meetings once a week <ul style="list-style-type: none">every Tuesday at 1400 FRO zoom meetings twice a week <ul style="list-style-type: none">Tuesday and Friday at 1500 MCHD Chief Meeting once a week <ul style="list-style-type: none">Wednesdays 1500 Zoom meeting with employees <ul style="list-style-type: none">3x/week MWF at 1800Wednesday meeting, 15 minutes non COVID clinical education Squad Utilization <ul style="list-style-type: none">Continue using (2) squadsContinue Medic 44	‘Unwind’ ICS Structure and Demobilize PRN Relocate MCHD ICP Continue Coordination with OEM PRN Continue ICS Documentation MCHD Internal EMS Students (EMT) Field Time 6/1/20 MCHD EMS operating under full COVID-19 Clinical Guidelines FRO zoom meeting once a week <ul style="list-style-type: none">Tuesday at 1500 Hospital zoom meeting one every two weeks <ul style="list-style-type: none">Tuesday at 1400 Zoom meeting with employees <ul style="list-style-type: none">3x/week MWF at 1800Wednesday meeting, 15 min. clinical education Full reusable PPE in use (gowns, N95s)	Continue ICS Documentation PRN Continued Coordination with OEM PRN Continue to use ALARM ‘Screening Tool’ Continue to screen at ‘Patient Contact’ Continue N95 use on all EMS responses Continue telehealth and alternative destination PRN Squad Utilization <ul style="list-style-type: none">Continue using (1) squadDiscontinue Medic 44 MCHD EMS Operations return to normal schedule MCHD EMS Operations continue with ‘new normal’ COVID-19 Clinical Guidelines ALARM DICOs manage exposures Plan future internal and external AAR ‘High Risk’ employees return to full duty



MCHD COVID-19 Recovery Planning Chart

*****DRAFT*****

Triage Call Center Staffing <ul style="list-style-type: none">- 2 Shifts, Peak Rotation- 0800 - 2000 (9) call takers- staffed with CDC defined 'high risk' employees Finalize Telehealth billing practices and QA Monitor COVID cases and county "hot spots" Monitor/trend EMS and hospital volume Monitor employee health/safety <ul style="list-style-type: none">- staffing, leave, mental/physical health MCHD EMS Students Only In Charge Promotional Process Resumes	Increase/decrease Triage Call Center staffing PRN Finalize all COVID-19 procedures and identify what will continue and what will stop Perform successful Telehealth trails with QA/QI Consider COVID-19 surveillance testing of MCHD EMS employees Adjust MCHD Medical Director Hours PRN External EMS Students allowed to return <ul style="list-style-type: none">- 12Hr Day Shifts effective 6/15/2020 Modified MCHD Clinical Education curriculum Squad Utilization <ul style="list-style-type: none">- Continue using (2) squads- Continue Medic 44 Memorialize all MCHD COVID-19 related documents Monitor COVID cases and county "hot spots" Monitor/trend EMS and hospital volume Monitor employee health/safety <ul style="list-style-type: none">- staffing, leave, mental/physical health Community/Special Events resume on a 'case by case' bases after Command Staff review and approval	MCHD Administration returns to normal operations Identify new employee isolation locations PRN Coordinate future new hire and promotional process MCHD Clinical Education operates normally Procure future PPE/Supply cache ALARM "Pre-Alerts" Return Recommend Enhanced Cleaning of Stations Continue <ul style="list-style-type: none">-No Boots in the Station Continues Part-Time EE Hour Requirement Return to Normal Long-Term Telehealth Procedures in place Develop future PPE/Supply cache
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MCHD Attorney RFP Ranking

Proposal Evaluation Form

	Strong	McGinnis Lockridge	Darden Fowler & Creighton	Bojorquez Law Firm	Olson & Olson	Jackson and Walker
<i>Ranked 1st-6th. Low score = highest ranking</i>						
Proposal Evaluation Factors						
Written Proposal	3	5	4	6	2	1
Qualifications of Firm	3	5	4	6	2	1
Overall Fee Structure	5	2	1	3	4	6
Qualifications of General Partner	2	5	1	6	3	4
Reference Feedback	1	5	2	6	4	3
Total Score	14	22	12	27	15	15
Overall Rank	2nd	5th	1st	6th	3rd	3rd

Agenda Item # 8



To: Board of Directors

From: James Campbell

Date: May 26, 2020

RE: EMS Division Report

Executive Summary

- Customer service scores for April rank MCHD EMS 4th compared to other EMS systems. There were 491 patient surveys returned between 4/1/2020 and 4/30/2020. Our average survey score was 95.77, and 87.23% of responses gave MCHD the highest rating of “very good.” Overall, 98.99% of responses were positive.
- MCHD EMS has been operating and managing the COVID-19 response for 71 days. With the help of the entire organization we have developed response and monitoring procedures to ensure employee and patient safety.
- MCHD has maintained consistent communications with our partners in the county during this time. All our stakeholder meetings moved to one day a week, Tuesdays.
- The MCHD Employee Zoom meeting has transitioned to Monday, Wednesday, and Friday at 1800. The Wednesday meeting has 20-25 minutes of non-COVID-19 clinical education hosted by one of our physicians.
- Every time someone calls 9-1-1, ALARM screens the caller for symptoms associated with COVID-19. If the caller is screened “positive” a ‘PPE Alert’ is sent to the responding crew. From 3/11/2020 – 5/21/2020 MCHD EMS has responded to 3,024 PPE Alerts.
- The March NEOP classes has done a great job with their modified NEOP field training. Each person was assigned to a Captain and we anticipate all of the NEOPs to be released as MCHD Attendants by the end of May 2020.
- MCHD Command Staff and Medical Directors, in coordination with the MCHD Triage Call Center are working to develop telehealth procedures to help guide patients in the community while giving them remote access to our Emergency Medicine physicians.
- HCA Conroe would like to host a collaborative meeting with MCHD EMS to discuss best practices as it relates to the Emergency Department and patient handoff. We think this is a great idea for collaborative as we look to memorialize and perhaps keep some of our COVID-19 related operational and clinical changes as we move forward.
- MCHD/MCPHD have been working collaboratively with area Fire Departments to help coordinate and implement Gov. Abbott’s request for all nursing home residents and staff COVID-19 testing.
- MCHD EMS & Community Paramedics have completed approximately 3,000 COVID-19 test swabs during local and regional deployments.
- Call volume has varied throughout the response, it appears as though less people are going to the Emergency Department out of fear of contracting COVID-19.

- To educate the public with regards to not waiting at home for fear of going to the hospital, MCHD has coordinated with the area hospitals on a Public Service Announcement (PSA) video. It was great to see the area hospitals come together in support of MCHD and overall community health. We value our partnerships and are hopeful that this message will encourage people to seek emergency care for their time sensitive emergencies.
- MCHD EMS has implemented (2) single paramedic squad Tahoe's and converted Squad 44 into Medic 44. These squads help respond to lower acuity calls and provide patient education and treatment when needed. The Triage Call Center calls the patients to ensure their education and care was appropriate, and we have received positive feedback from these patient's alternative disposition.
- On March 12, 2020 MCHD established the formal Incident Command Structure for the COVID-19 response.
- The entire response throughout this event has been incredible as an organization. We have continued to learn, prepare, and communicate with our employees on a regular basis. We are working hard to protect them and their families, as we manage this evolving situation.



Dispatched Incident Review

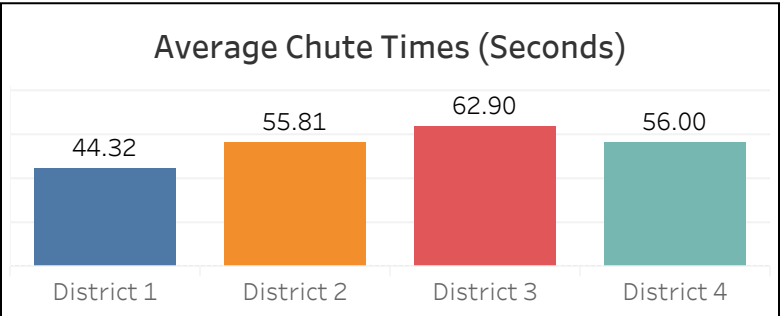
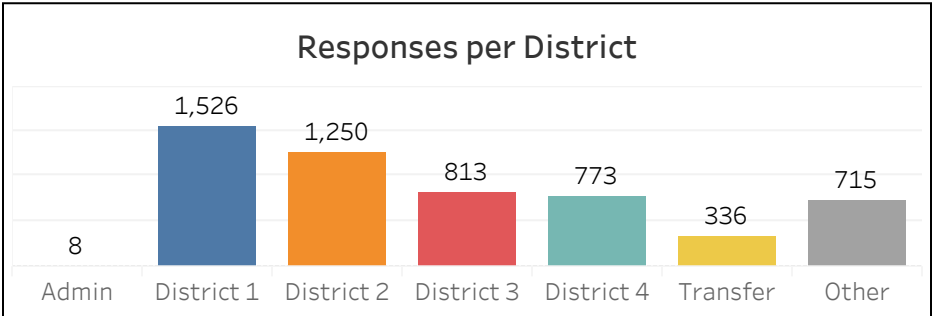
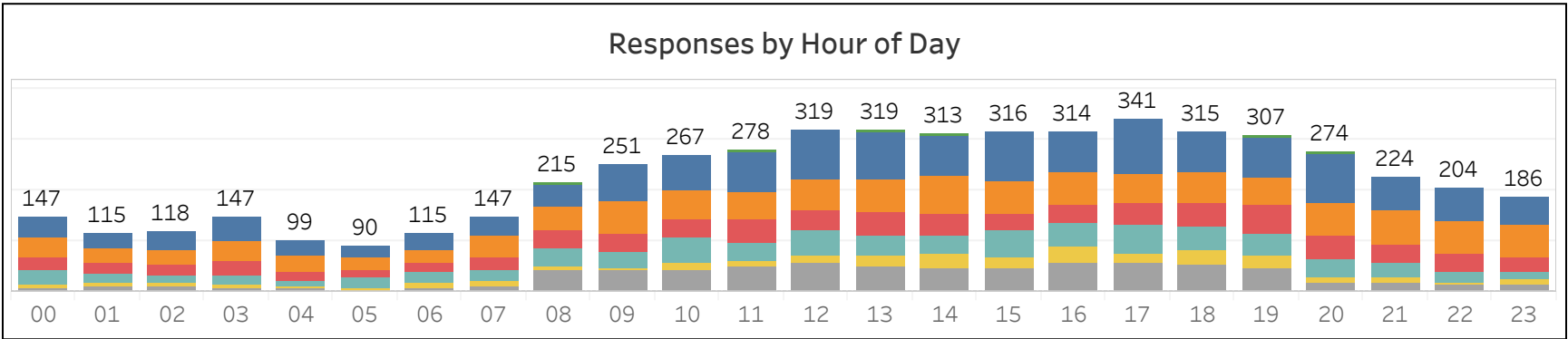
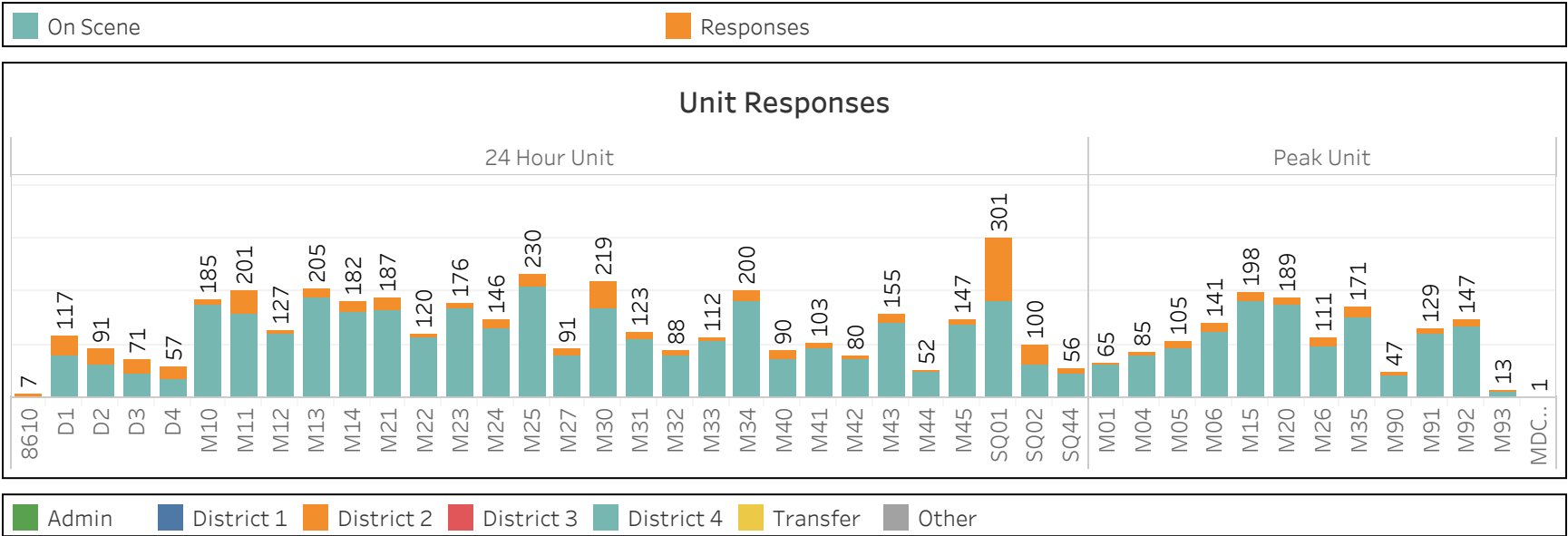
Last Month

4/1/2020 - 4/30/2020

Dispatched		On Scene		Transported		Response Times			
Incidents	4,430	Incidents	4,190	Incidents	2,642	Priority 1	Priority 2	Priority 3	Overall
Responses	5,421	Responses	4,621	Transports	2,678	94.7%	98.1%	96.7%	95.9%

Fall	495
Sick Person	420
Breathing Problems	373
Transfer	305
MVC	303
Chest Pain	273
Unconscious/Fainting	267
Transfer/Evaluation	183
Emotional Crisis	176
SEND	169
Seizures	156
Stroke	146
Assault	143
Abdominal Pain	125
Hemorrhage	118
Overdose Ingestion	91
Unknown Problem	86
Medical Alarm	84
Diabetic	78
Traumatic Injury	67
Heart Problems	54
Allergic Reaction	43
Cardiac Arrest	39
Structure Fire	38
Obvious/Expected Dea..	37
Back Pain	29
Penetrating Trauma	21
Headache	20
Choking	18
Pregnancy/Miscarriage	15
Gas	13
Animal Attack	12
Dedicated Standby	5
Environmental Exposu..	3
Alarm	2
Burns	2
Eye Problems	2
Hazmat	2
Outside	2
Rescue	2
Service Call	2
Water Rescue	2
Aircraft Emergency	1
Controlled Burn	1
Drowning	1
Inaccessible Incident	1
Inhalation/Hazmat	1
Lake Rescue	1
Non-Dedicated Standby	1
Smoke	1
Vehicle Fire	1

Transfer	172
Transfer - ALS	131
Transfer - Emergency	2



Hospital Patient Transport Report - Previous Month

Avg. Turnaround Time (Minutes)

Conroe - HCAHH	29.1
Memorial Hermann Hospital The Woodlands	33.1
Houston Methodist The Woodlands	31.4
St. Lukes Hospital The Woodlands	29.6
Kingwood - HCAHH	33.7
Tomball - HCAHH	30.4
Texas Children's Hospital The Woodlands	26.7
Memorial Hermann Northeast	36.5
Houston Methodist Hospital	37.0
Tri-County MHMR Hospital	11.0
Magnolia -- HCAHH ER	23.2
Hermann Hospital	41.4
Memorial Hermann Woodlands West	18.9
CHI St. Luke's Emergency Center - Conroe	19.6
M. D. Anderson	34.9
Aspire Behavioral	11.6
St. Luke's Medical Center	40.1
Houston Methodist Willowbrook Hospital	31.1
St. Lukes Hospital Vintage	28.7
Woodland Springs Health	14.1
Texas Children's Hospital	27.7
Memorial Hermann Cypress Hospital	26.3
Northwest - HCAHH	17.5
St. Lukes Hospital Lakeside	23.8
North Cypress - HCAHH	33.2
Ben Taub General	30.5
Cleveland -- HCAHH ER	24.8
Michael E. DeBakey VA Med Center	30.9
Baylor Scott & White College Station	51.2
Cypress Creek Psychiatric	12.4
Houston Methodist Continuing Care Hospital	18.6
Huntsville Memorial	0.9
St. Lukes Hospital Springwoods Village	28.4
TIRR Memorial Hermann - TMC	31.3

Total Patients Transported (Hospital Destinations Only)

2,517

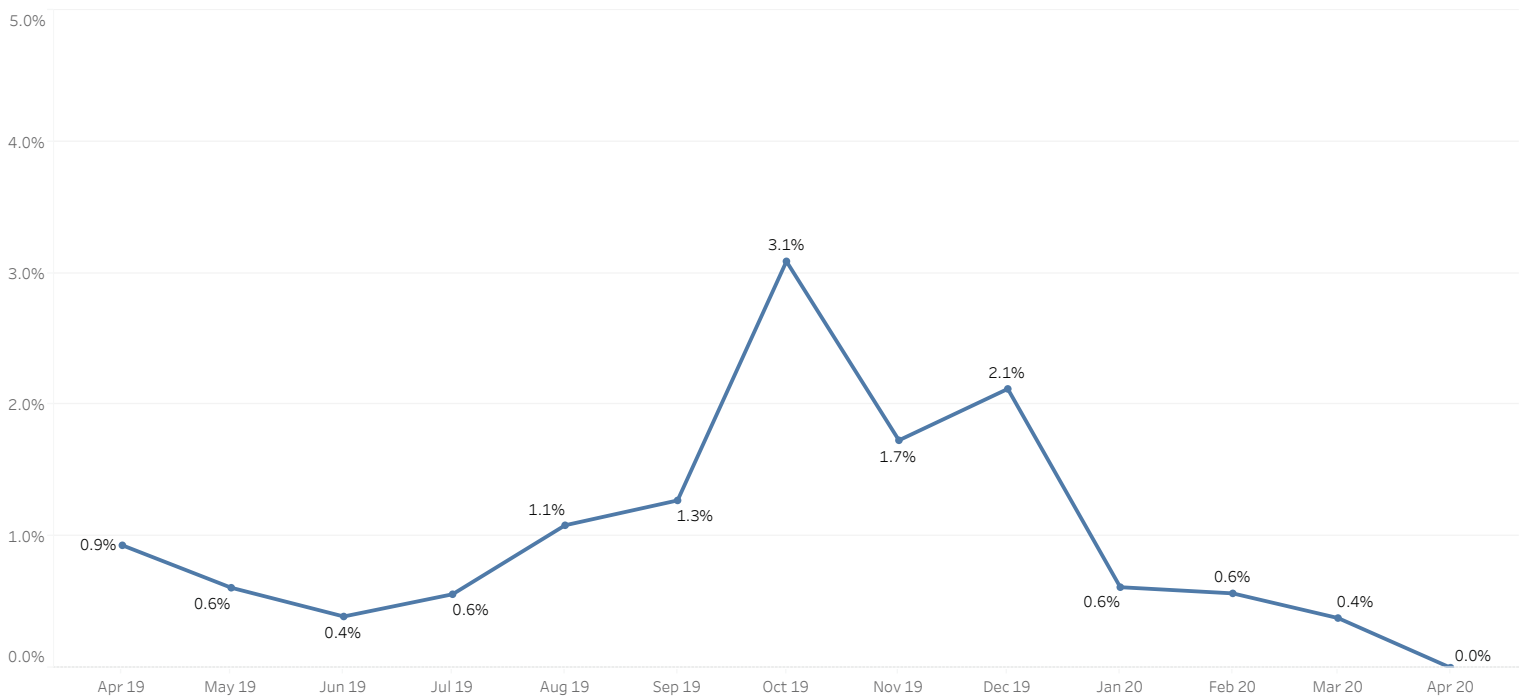
Alerts and Activations

	Sepsis Alert	STEMI Alert	Stroke Alert	Trauma Activation
Conroe - HCAHH	10	2	4	5
Memorial Hermann Hospital The Woo..	12	5	15	11
Houston Methodist The Woodlands	7	4	13	
St. Lukes Hospital The Woodlands	3	6	10	
Kingwood - HCAHH	5		6	2
Tomball - HCAHH	2	1		
Memorial Hermann Northeast		1		
M. D. Anderson	1			
Houston Methodist Willowbrook Hosp..	1			
St. Lukes Hospital Springwoods Villa..			1	
Grand Total	41	19	49	18

Patients per Facility

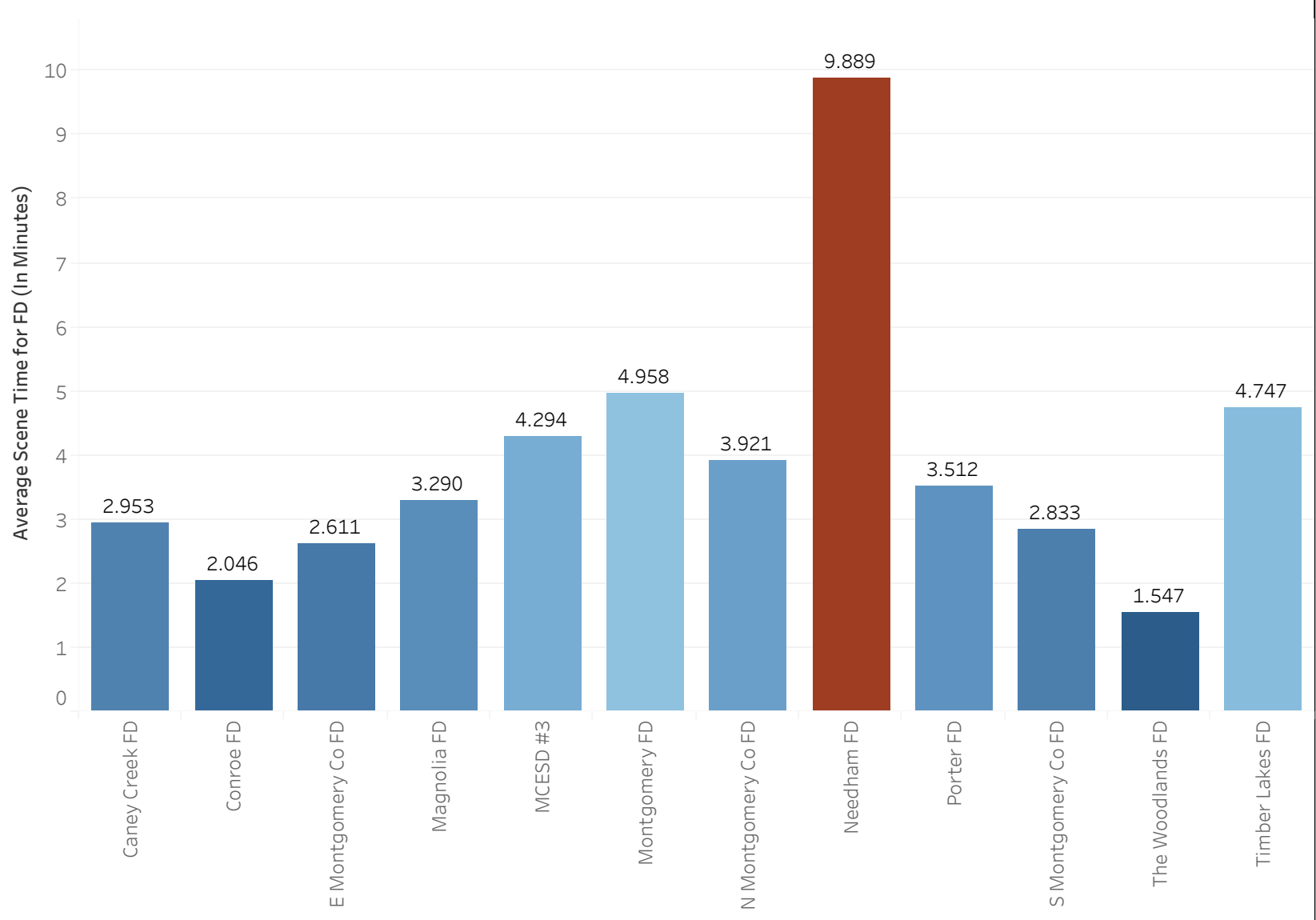
Conroe - HCAHH	688
Memorial Hermann Hospital The Woodlands	582
Houston Methodist The Woodlands	298
St. Lukes Hospital The Woodlands	279
Kingwood - HCAHH	270
Tomball - HCAHH	122
Texas Children's Hospital The Woodlands	47
Memorial Hermann Northeast	45
Houston Methodist Hospital	19
Tri-County MHMR Hospital	19
Magnolia -- HCAHH ER	18
Hermann Hospital	15
Memorial Hermann Woodlands West	14
CHI St. Luke's Emergency Center - Conroe	13
M. D. Anderson	12
Aspire Behavioral	10
St. Luke's Medical Center	10
Houston Methodist Willowbrook Hospital	9
St. Lukes Hospital Vintage	7
Woodland Springs Health	7
Texas Children's Hospital	6
Memorial Hermann Cypress Hospital	4
Northwest - HCAHH	4
St. Lukes Hospital Lakeside	4
North Cypress - HCAHH	3
Ben Taub General	2
Cleveland -- HCAHH ER	2
Michael E. DeBakey VA Med Center	2
Baylor Scott & White College Station	1
Cypress Creek Psychiatric	1
Houston Methodist Continuing Care Hospital	1
Huntsville Memorial	1
St. Lukes Hospital Springwoods Village	1
TIRR Memorial Hermann - TMC	1

Percent of Time At Eight or Below by Month

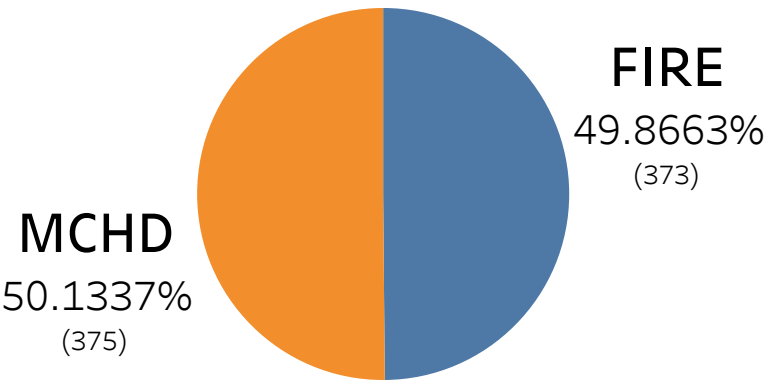


FD vs EMS Arrival Report

FD Scene Time Before EMS Arrival



Who Arrives First



MCHD

Conroe, TX
Client 6577



1515 Center Street
Lansing, Mi 48096
1 (517) 318-3800
support@EMSSurveyTeam.com
www.EMSSurveyTeam.com

EMS System Report

April 1, 2020 to April 30, 2020

Your Score

95.77

Number of Your Patients in this Report

491

Number of Patients in this Report

8,552

Number of Transport Services in All EMS DB

165





Executive Summary

This report contains data from **491 MCHD** patients who returned a questionnaire between **04/01/2020** and **04/30/2020**.

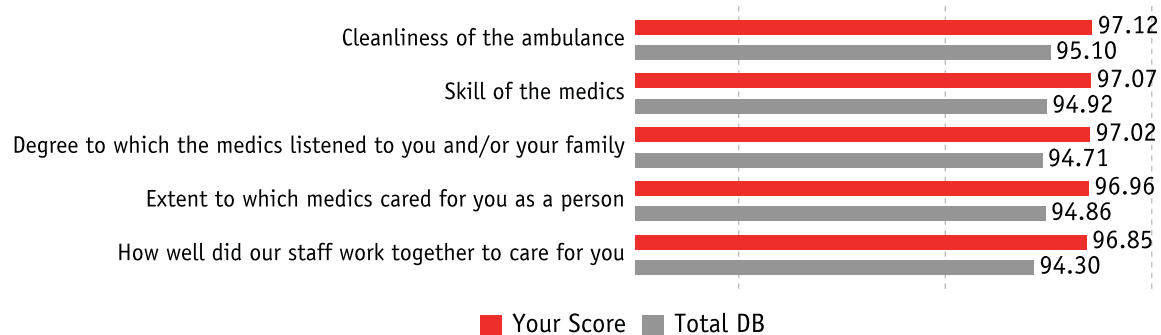
The overall mean score for the standard questions was **95.77**; this is a difference of **2.34** points from the overall EMS database score of **93.43**.

The current score of **95.77** is a change of **-0.50** points from last period's score of **96.27**. This was the **15th** highest overall score for all companies in the database.

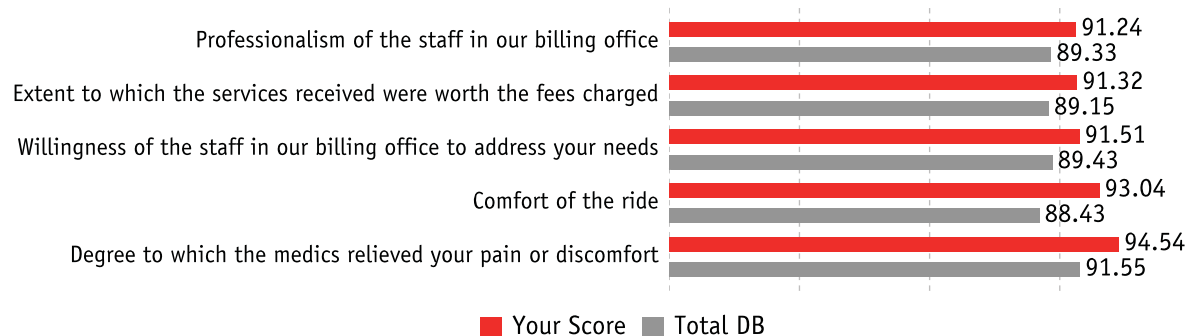
You are ranked **4th** for comparably sized companies in the system.

87.23% of responses to standard questions had a rating of Very Good, the highest rating. **98.99%** of all responses were positive.

5 Highest Scores



5 Lowest Scores

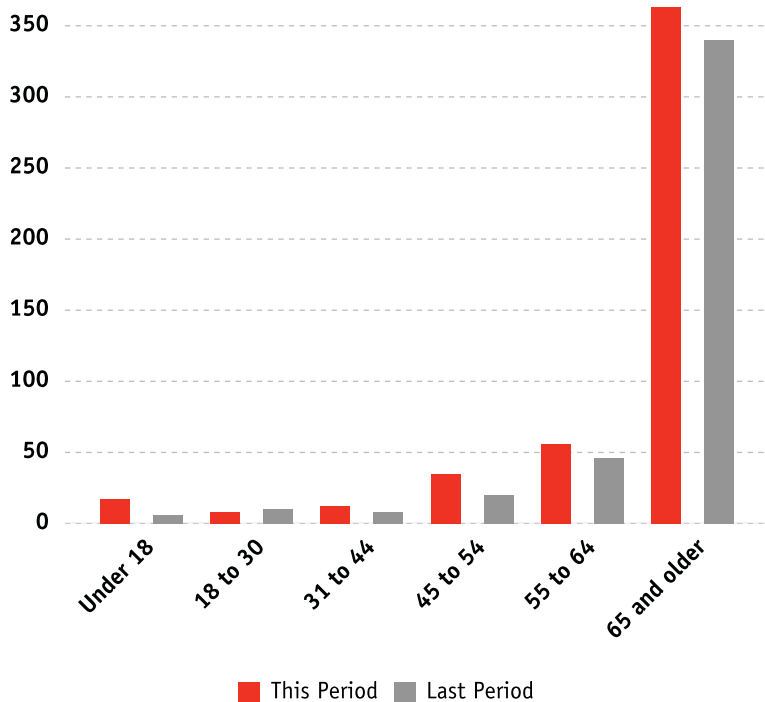




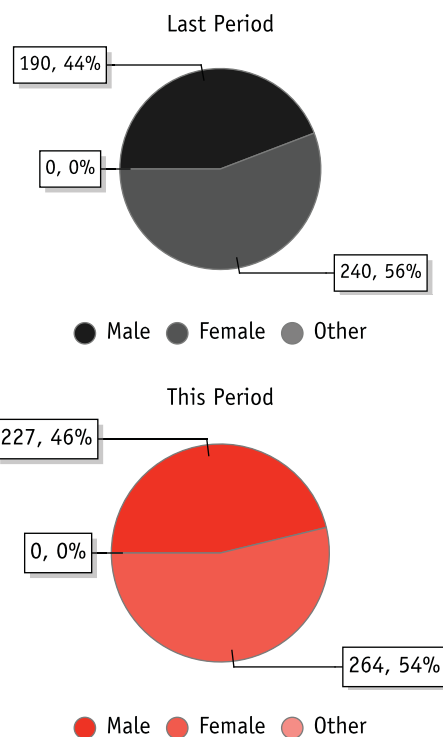
Demographics — This section provides demographic information about the patients who responded to the survey for the current and the previous periods. The information comes from the data you submitted. Compare this demographic data to your eligible population. Generally, the demographic profile will approximate your service population.

	Last Period				This Period			
	Total	Male	Female	Other	Total	Male	Female	Other
Under 18	6	4	2	0	17	5	12	0
18 to 30	10	7	3	0	8	3	5	0
31 to 44	8	1	7	0	12	4	8	0
45 to 54	20	10	10	0	35	17	18	0
55 to 64	46	13	33	0	56	31	25	0
65 and older	340	155	185	0	363	167	196	0
Total	430	190	240	0	491	227	264	0

Age Ranges

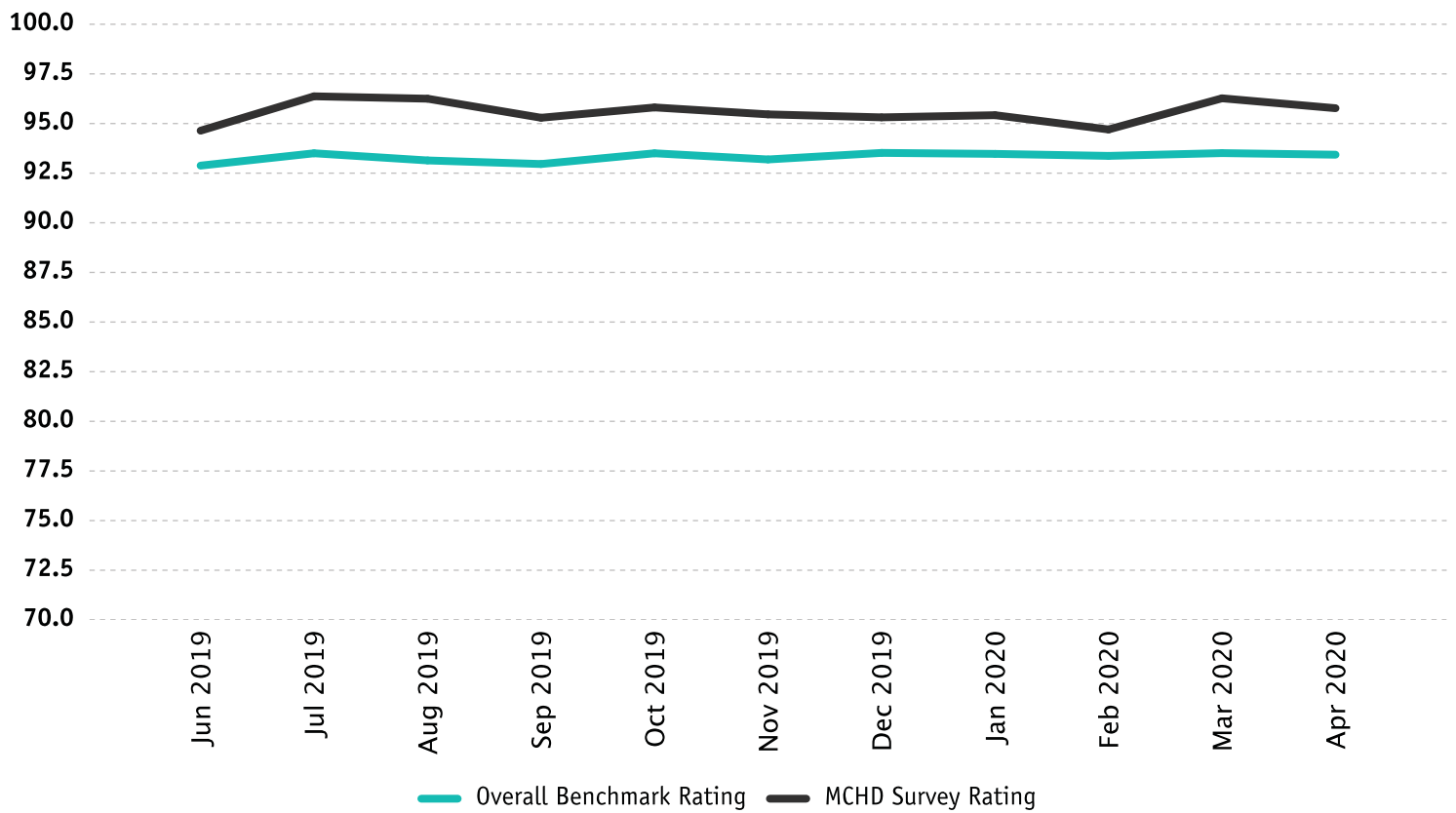


Gender





Monthly tracking of Overall Survey Score



Fleet Summary 2018-19

Mileage	Ambulance	Supervisor/Squad	CommandStaff	Support	MonthlyTotal	WeeklyTotal
April 2020	100,460	15,212	5,072	13,505	134,249	33,562
March 2020	150,801	17,048	5,090	16,537	189,476	47,369
February 2020	120,684	13,235	3,287	13,463	150,669	37,667
January 2020	120,997	12,526	2,324	12,533	148,380	37,095
December 2019	162,263	16,772	2,873	15,170	197,078	49,270
November 2019	123,557	12,881	3,924	13,850	154,212	38,553
October 2019	158,708	15,738	7,372	17,712	199,530	49,883
September 2019	129,691	13,253	3,115	12,913	158,972	39,743
August 2019	131,798	13,198	3,761	12,369	161,126	40,282
July 2019	148,783	15,935	3,498	15,728	183,944	45,986
June 2019	128,055	11,597	4,073	11,908	155,633	38,908
May 2019	129,649	12,084	4,137	13,923	159,793	39,948
Total	1,605,446	169,479	48,526	169,611	1,993,062	
Average	133,787	14,123	4,044	14,134	166,089	41,522
Annualized Amounts					1,993,062	

Accidents	MCHD-Fault		MCHD Non-Fault		GRAND TOTAL
	Non-injury	Injury	Non-injury	Injury	
April 2020	7		2		9
March 2020	3		2		5
February 2020	3		5		8
January 2020	2		4		6
December 2019	0		0		-
November 2019	4		2		6
October 2019	5		1		6
September 2019	2		1		3
August 2019	5		2		7
July 2019	1				1
June 2019	4				4
May 2019	6		1		7
Total	42		20		62
Per 100,000 Miles	2.11	-	1.00	-	3.11

Service Interruptions	Count	Per 100K milles
April 2020	8	5.96
March 2020	7	3.69
February 2020	4	2.65
January 2020	7	4.72
December 2019	2	1.01
November 2019	7	4.54
October 2019	5	2.51
September 2019	3	1.89
August 2019	6	3.72
July 2019	5	2.72
June 2019	6	3.86
May 2019	9	5.63
Total	69	3.46



Horton Update

May 26, 2020



Horton Update

- As you will recall, the first four trucks were not delivered with the stop/start process functioning. The start/stop process was successfully implemented after a few months by using Horton's I4G system. The I4G system, which is basically a multiplexing system, operates everything on the vehicle.
- Due to the complexity of our trucks, Horton had a difficult time getting the electrical right. The first four trucks needed to have a lot of rewiring done. To make it easier on Fleet staff, we had Horton run the wiring but not terminate anything on the last ten. Below is what the electrical compartment looked like when we received them.
- For the next order, we have met with Horton on two different occasions to discuss their understanding of what is needed. These next six vehicles should be turnkey with the exception of installing some components of the Power Load.



Electrical Compartment as Delivered





Electrical Compartment upon Completion





Making Ready for Service

- Making the ambulances ready for service originally took 3-4 weeks but as we got better at it, we were able to complete them in two weeks.



Quality Issues

- There were also some quality issues with the last ten. Due to a communication issue between us and Horton, they were under the impression that every truck had to be complete by 9/30/2019. It appeared to us that they were rushed to completion (and they were).

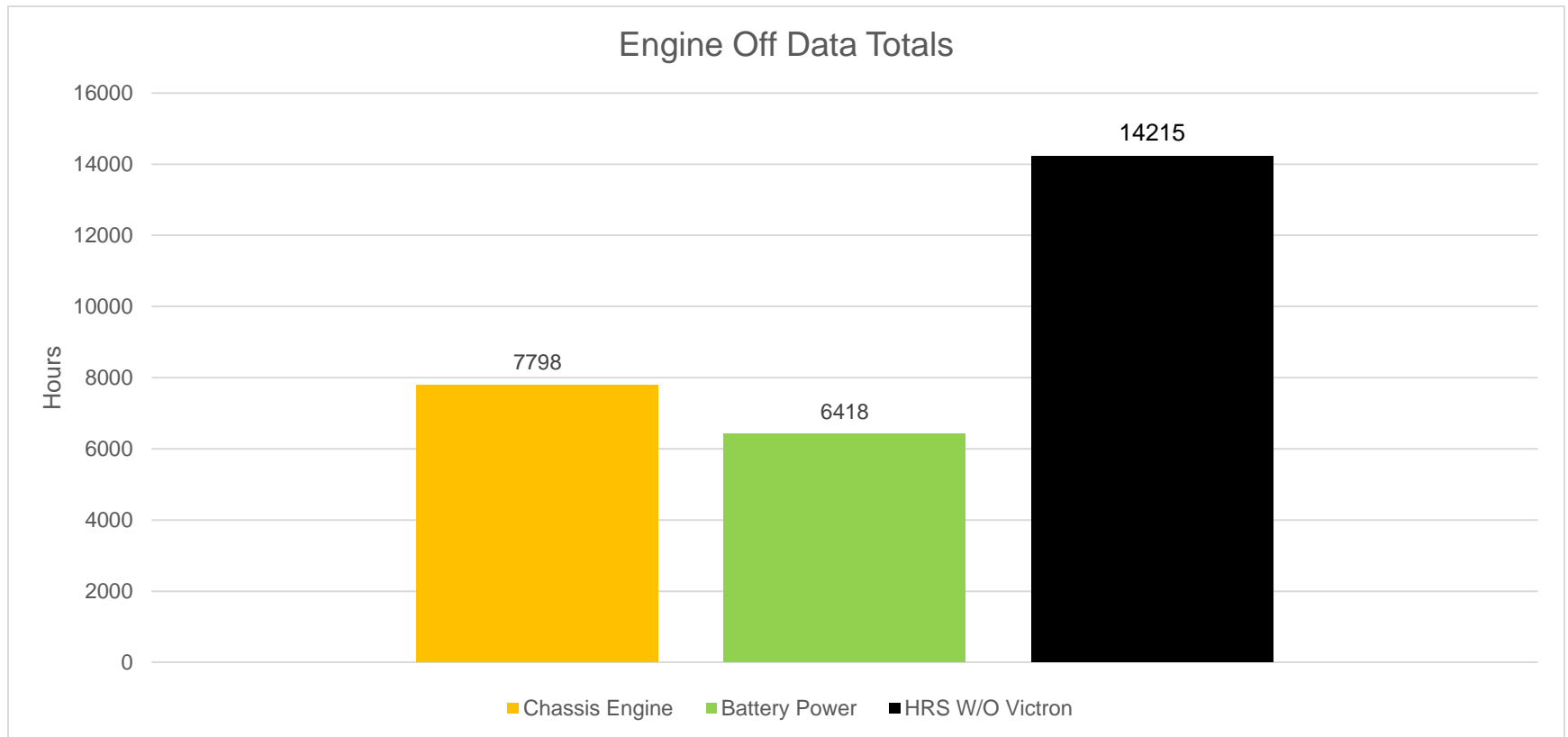


Stop / Start

- Once completed, they do function as intended. The data shows that the vehicles are on battery power, on average, 45% of the time. Without idle reduction, the vehicles would have 45% more hours on them than they do now.



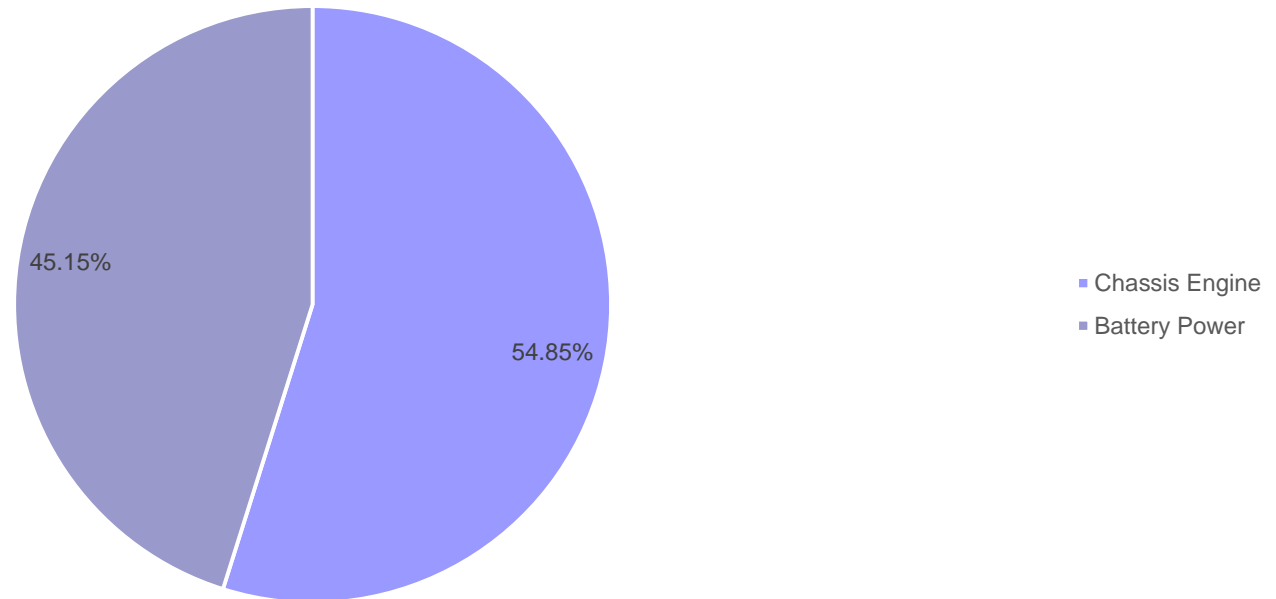
Horton Update





Engine vs Battery

When not plugged into Shoreline





Challenges

- MEPS Generators: They have been problematic in that we have had to replace several of them for various reasons.
- Seatbelt alarm for the patient compartment: This system has yet to work properly.
- Parts acquisition: My best hope for receiving a part is five days.
- I4G: Like a computer, it often needs to be rebooted.



Questions?

Agenda Item # 10



We Make a Difference!

To: Board of Directors

From: Wayde Sullivan

Date: May 26, 2020

Re: Purchase of Horton Ambulances

This year, we budgeted for five replacements and two expansion ambulances; however, based on current projections, we don't believe the expansions will be necessary. Therefore, we are requesting that we purchase six replacements.

Horton has not provided final pricing, so we are requesting that you approve the not-to-exceed price of \$329,297 each, which is the amount budgeted, plus a \$200 BuyBoard Cooperative Purchasing fee.

For the purchase of six Horton ambulances, the total price not to be exceeded including the purchasing fee is \$1,975,982.

Fiscal Impact: Nominal

Yes No N/A

☒ ☐ ☐ Budgeted item?

☒ ☐ ☐ Within budget?

☐ ☐ ☒ Renewal contract?

☐ ☐ ☒ Special request?

Agenda Item # 11



We Make a Difference!

To: Board of Directors

From: Melissa Miller, COO

Date: May 26, 2020

Re: COO Report

-
- Station 15: Bid requests, after consultation with legal counsel, to complete the interior, drive way and bay have been sent through Choice Partners National Purchasing Cooperative which meets Texas government purchasing requirements. Responding General Contractors will tour over the next 2 weeks and final bid recommendations will be brought to the June 2020 meeting.
 - Station 22: The Station 22 tear down began Oct. 9th. Building is on schedule to complete Nov. 2020. Work in progress and completed the week of May 18th includes interior wall framing, roof dry-in, exterior masonry (95%), plumbing and mechanical rough-in, and installation of metal ceilings in bays. MCHD crews have been moved to MCHD Station 26 for the duration of the project.
 - Station 44 (new): This project has been slightly delayed with COVID-19 and working through contracting with MUD 18 for utility services. The bid process is scheduled to begin mid-June.
 - Station 35 (New Porter shared station): Site clearing and dirt work is underway.
 - Annual inspection of the Admin/Service Center and Station generators have been completed.
 - Annual elevator maintenance and inspections are complete.
 - The Facilities Team moved multiple offices in the service center to improve work flow and provide additional space to house additional Public Health Epidemiology staff. Phase 1 is complete with 3 office moves, a storage room move and buildout of a new uniform room. Phase 2 consists of a buildout on the second floor which will create a conference room and 3 offices. Note that office moves include fresh paint and carpet/floor cleaning.
 - Annual power washing of stations and Admin is underway with completion expected in June.
 - During the early morning hours of May 12, inbound and outbound service via Consolidated Communications (CCI) failed affecting all 10-digit lines on the Admin. Campus. 9-1-1 lines remained up and running without interruption. Radio provided alternate 10-digit numbers to Alarms emergency customers (HCA, REMDA, alarm companies, etc). Justin contacted CCI's President and Vice-President and by 5 am all systems were tested and fully functioning. CCI is performing an after action review and will provide Justin results when complete.

- Radio department is actively evaluating properties for future tower sites. 911 and City of Conroe are involved in the search.
- IT and Radio have been working together on installing new system monitoring programs for the phone and generator systems.
- IT and Billing completed Zoll upgrade for the patient care record and billing software to accept hotfixes for COVID related ICD-10 codes and to repair some reporting functionality. This included manually upgrading all the computers used by the field medics.
- The CAD team completed the install of new dispatch workstations at Alarm and Firecomm and implemented a new license tracking system for the fire departments using mobile data computers. This new system is to help ease administration for the fire department's IT staff.
- Laserfiche has continued to be a key part of our COVID response. This month, Shawn Henners has helped monitor and improve our public testing voucher program since it went live, provided training to the call center and the test sites, and has been available to help trouble-shoot any issues as they come up. She has also been collaborating with Public Health to develop a Laserfiche form to document case investigations, a process that has evolved almost daily as the state changes reporting requirements and guidance. This week (the week of the board meeting), we are starting to use a new process that was designed in Laserfiche to help track COVID cases from the initial report through final disposition. This process, once it is fully implemented, will help streamline reporting even further.
- Non-COVID work as also continued. We have completed two of three phases of a system update, with the final components of the system scheduled to be updated later this summer. The remaining components are the ones used in the public voucher process, and we cannot have a 2-4 hour outage in that process right now during an update. We are closely monitoring volume, so that we can complete that update as soon as possible while not causing problems for people trying to request or use vouchers. Ms. Henners continues to work through processes currently in Formstack, so that we will be ready to terminate that contract in the fall when it comes up for renewal. Additionally, she has responded to several ad-hoc internal requests for processes, most recently a form that field medics can use to provide feedback on PCR software being trialed.
- Ms. Henners would like to recognize the help and support of Calvin Hon, Docunav, as well as executive management every step of the way. The COVID processes we have developed along with Docunav, in fact, have gotten national attention, being featured in a recent article (attached, or online at <https://www.govtech.com/em/safety/-Texas-Hospital-District-Gathers-Shares-COVID-19-in-Real-Time.html>) in Gov Tech's online magazine as an Emergency Management best practice. This is just one more way that MCHD is being recognized for innovation.
- 233 asymptomatic residents have been tested with vouchers from MCHD's COVID-19 Test Voucher program as of 5/22 at 0700.

Agenda Item # 12



To: Board of Directors

From: Melissa Miller, COO

Date: May 26, 2020

Re: MCESD 2 Housing Agreement

Consider and act on the MCESD 2 –MCHD Housing Agreement with terms approved at the Sept. 24, 2019 Board Meeting under agenda item 23.

Contract has been reviewed by legal counsel and the key agreement terms follow:

2.3 Rent to MCESD 2: \$1,500.00 per month

2.4 Contribution Payment: \$250,000.00. MCHD shall pay 50% of the contribution on the effective date of this agreement and the remainder at final completion.

6.1 Termination by ESD: This Agreement shall be subject to termination by ESD only “for cause” upon no less than ninety (90) days prior written notice to MCHD and an opportunity during said ninety (90) day period for MCHD to cure such “for cause” event. For purposes of this Agreement, “for cause” termination is limited to MCHD’s failure to timely make any necessary payments to ESD. ESD shall make a cash reimbursement back to MCHD for the prorated value of the Aggregate MCHD Payments.

6.2 Termination by MCHD: This Agreement shall be subject to termination by MCHD only “for cause” upon no less than ninety (90) days prior written notice to the ESD and an opportunity during said ninety (90) day period for the ESD to cure such “for cause” event. For purposes of this Agreement, “for cause” termination includes, but is not limited to, ESD’s failure to timely complete and obtain a certificate of occupancy for the ESD Facilities utilizing MCHD’s Contribution Payment, the unwarranted interference by ESD with MCHD’s use of the Leased Facilities, and any other failure on ESD’s part to materially comply with the terms of this Agreement which frustrates MCHD’s use of the Leased Facilities. In the event of termination following MCHD’s payment of any portion of the Contribution Payment to ESD, and any related additional costs or adjustments pursuant to this Agreement (collectively referred to as the “Aggregate MCHD Payments”), ESD shall make a cash reimbursement back to MCHD for the prorated value of the Aggregate MCHD Payments. Such reimbursement shall be referred to as the “Termination Payment” as described in section 6.3 below.

6.3 Termination Payment: Upon calculation of the “Termination Payment”, if the “Termination Payment” would result in ESD retaining total payments by MCHD under section 2.4 of less than \$150,000, then \$150,000 will be deducted from any “Termination Payment” to be made to MCHD by ESD.

Fiscal Impact:

Yes No N/A

☒ ☐ ☐ Budgeted item?

☒ ☐ ☐ Within budget?

☐ ☐ ☒ Renewal contract?

☐ ☒ ☐ Special request?

STATE OF TEXAS §
COUNTY OF MONTGOMERY §

**HOUSING AGREEMENT BETWEEN
MONTGOMERY COUNTY HOSPITAL DISTRICT AND
MONTGOMERY COUNTY EMERGENCY SERVICES DISTRICT NO. 2**

This Housing Agreement (“Agreement”) is made and entered into by and between The Montgomery County Hospital District, (hereinafter “MCHD”) a political subdivision duly organized in accordance with the laws of the State of Texas, acting by and through its Board of Directors, and Montgomery County Emergency Services District No. 2, (hereinafter, “ESD”) a political subdivision duly organized in accordance with the laws of the State of Texas, acting by and through its Board of Commissioners (MCHD and the ESD may hereafter be referred to as a “Party” or collectively as the “Parties”)

WHEREAS, MCHD provides Emergency Medical Services to the citizens of Montgomery County, Texas; and

WHEREAS, MCHD wishes to utilize certain facilities of ESD for the housing of MCHD's personnel, facilities, and equipment; and

WHEREAS, ESD is constructing a new fire station (Fire Station No. 55) located at 18294 FM 1097, Montgomery, Montgomery County, Texas, 77356 (the “ESD Facilities”) and intends for such construction to include facilities for MCHD personnel and equipment at this location; and

WHEREAS, MCHD has agreed to pay rentals for its use of the ESD Facilities, such rentals consisting of a monthly rental fee and in addition a Capital Contribution as described more fully below, in exchange for a long term lease of certain portions of the ESD Facilities as outlined herein for housing of an MCHD EMS crew and EMS vehicle, together with shared access to and use of other portions of the ESD Facilities; and

WHEREAS, ESD and MCHD have memorialized their agreements, obligations and understandings into this Agreement;

NOW, THEREFORE, in consideration of the above recitals, the mutual promises that follow and other good and valuable consideration, the receipt and legal sufficiency of which are hereby acknowledged, the Parties do hereby agree as follows:

- 1. Incorporation of Recitals.** The above recitals, having been found by the Parties to be true and correct in all respects are incorporated into this Agreement by reference.
- 2. TERMS AND CONDITIONS.**

2.1. Leased Facilities. ESD agrees to lease to MCHD housing facilities and employee parking space within the ESD Facilities such leased facilities consisting of one area of 1,400 square feet of crew housing space plus one ambulance drive through bay. Both of these areas are identified on the attached architectural drawings as Exhibit "A", and incorporated herein for all purposes. In addition, ESD shall provide shared use of the dayroom, kitchen, bath facilities, exercise room, emergency medical supply storage space, parking spaces, and any such similar facilities as is reasonably necessary to accommodate MCHD personnel at the ESD Facilities. Collectively, the portions of the ESD Facilities to be leased for the exclusive or shared use of MCHD personnel are referred to herein as the "Leased Facilities."

2.2. Term. The Initial Term of this Agreement (the "Term") shall commence upon the Effective Date of this Agreement, which shall be the last date of authorizing signature by the Parties to this Agreement. This Agreement shall be for a Term of twenty (20) years unless terminated earlier as provided for in this Agreement, by law, or by mutual agreement in writing. The Parties may extend the Term of this Agreement by mutual agreement in writing.

2.3. Rents. In consideration for its use and occupancy of the Leased Facilities, MCHD agrees to pay to ESD a fixed monthly amount equal to One Thousand Five Hundred and No/100 Dollars (\$1,500.00) payable in advance on the first day of each month for that month's rental for the term of this Initial Agreement including all renewal terms. Provided that MCHD is not in default in the performance of this Agreement, this Agreement shall automatically renew and be extended for successive 12-month terms unless one of the parties provides written notice of termination at least ninety (90) days before the expiration of the then current term.

Rents may be adjusted by the parties by mutual agreement of the Parties. Other than payment of Rents and the Contribution Payment as set forth below, no additional monthly payments shall be required of MCHD during the term of this Agreement, unless such payments are mutually agreed upon and approved by the Parties' governing boards.

2.4. Contribution Payment. As additional consideration in addition to the Rents for its use of the Leased Facilities, MCHD agrees to pay ESD a one-time contribution payment ("Contribution Payment) for purposes of alleviating a portion of the construction cost of the ESD facilities, such being the ESD Fire Station No. 55. The Contribution Payment shall be applied to the final construction costs incurred by ESD for construction of the capital improvements. MCHD's Contribution Payment shall be Two Hundred Fifty Thousand Dollars (\$250,000.00). MCHD shall pay fifty percent (50%) of the Contribution Payment in a single installment to the ESD as of the Effective Date of this Agreement. The remainder of the Contribution Payment will be paid by MCHD at the time of final completion and acceptance of the ESD Facilities by the ESD as evidenced by the ESD's signing of the Certificate of Final Completion.

During construction of the ESD Facilities, should either Party request a "change order" under the Construction Manager At-Risk Contract, the requesting Party shall be solely

liable for any additional costs incurred due to the change order unless said change order is mutually agreed upon and recognized as a shared cost between the Parties. Upon request, ESD will provide a summary accounting of all final costs expended that are pertinent to MCHD's Contribution Payment.

2.5. Ownership of Buildings, Improvements, and Fixtures. Any structures, facilities, buildings, improvements, additions, alterations, and fixtures (except furniture, locking cabinets used for EMS medications, and trade fixtures) constructed, placed, or maintained on any part of the Leased Facilities during the term of this Agreement are considered part of the real property of the ESD and must remain on the ESD Facilities and become ESD's property when the Agreement terminates. This provision does not apply to a temporary building, modular building, or mobile manufactured type building proposed to be used and placed upon the ESD Facilities by MCHD.

3. OBLIGATIONS AND RESPONSIBILITIES OF ESD

3.1. Leased Facilities. ESD agrees to lease to MCHD the Leased Facilities for the term of this Agreement, including any renewal terms.

3.2. Parking. ESD shall provide sufficient uncovered parking spaces at the ESD Facilities for as many personal vehicles of MCHD personnel as are reasonably necessary for MCHD to conduct its duties and functions therein.

3.3. Access for MCHD. ESD shall provide MCHD personnel the necessary access to the Leased Facilities as may be necessary for MCHD personnel to fulfill their duties as an Emergency Medical Service provider.

3.4. Return of Contribution if Project is Cancelled. ESD agrees to return within a reasonable time all Contribution Payments made by MCHD if the construction of ESD Facilities is cancelled or terminated prior to commencement of construction.

3.5. Quiet Possession. Subject to the remaining provisions hereof, ESD hereby agrees that, on its receipt of the rents herein provided and on MCHD's performance of the agreements and covenants on its part to be kept and performed, MCHD shall be entitled to quietly and peaceably hold and enjoy the Leased Facilities so long as this Agreement may exist without being disturbed by ESD or any person claiming by, through or under ESD, and it is further agreed that all covenants, promises, undertakings, agreements, obligations, liabilities, grants, rights and powers, entered into, made, assumed or undertaken by either party hereof, in and by this Agreement, shall bind, be applicable to and inure to the heirs, executors, administrators, successors and permitted assigns of the parties hereto respectively, whether so particularly provided herein or otherwise. Should this covenant of quiet possession for the Leased Facilities be breached by ESD or its agents, then ESD and MCHD shall resort to the dispute resolution process set forth in Section 7 below to seek to resolve same.

4. OBLIGATIONS AND RESPONSIBILITIES OF MCHD

4.1 Housekeeping Responsibilities. MCHD personnel shall be solely responsible for the housekeeping and maintenance of the MCHD leased area of ESD Facilities. MCHD personnel shall be solely responsible for the maintenance of MCHD Equipment.

4.2 Right of Access. It is agreed by MCHD that ESD, its employees or agents, shall have a right to enter the Leased Facilities at reasonable times and upon reasonable advance notice to MCHD for the purposes of inspection; determining whether MCHD is complying with this Agreement; maintaining, repairing, or altering the Leased Facilities; or showing the Leased Facilities to prospective tenants, purchasers, mortgagees, or beneficiaries under trust deeds.

4.3 Surrender. MCHD covenants that it will quit, surrender and deliver the Leased Facilities to ESD peacefully and quietly upon termination of this Agreement. However, if MCHD is not in default in its rental payments or the other terms of this Agreement at the termination thereof, MCHD shall have for a reasonable period of time thereafter, but not to exceed thirty (30) days, the right to remove property located on the Leased Facilities.

4.4 Use. MCHD shall use and occupy the ESD Facilities as an EMS crew station and quarters and for no other purpose. ESD represents that the Leased Facilities may lawfully be used for such purpose.

4.5 Right to Remove Improvements. MCHD may, at any time while it occupies the Leased Facilities, or within a reasonable time thereafter but not to exceed thirty (30) days, remove any temporary type building, modular building, furniture, machinery, equipment, or other trade fixtures owned or placed by MCHD, in, under, or on the Leased Facilities, or acquired by MCHD, whether before or during the term of this Agreement, including any renewal terms. Before the Agreement terminates, MCHD must repair any damage to any buildings or improvements on the Leased Facilities resulting from the removal. Any such items not removed by the termination date will become ESD's property on that date.

4.6 Restoration of Leased Facilities to Prior Condition. It is agreed and understood that ESD may require MCHD to remove any or all structures, facilities, buildings, improvements, additions, alterations, and fixtures owned or placed by MCHD or its agents, in, under, or on the Leased Facilities upon termination of the Agreement. If and to the extent so required, the removal or restoration work shall be completed by MCHD within thirty (30) days of the termination of the Agreement.

4.7 No Encumbrance of Leasehold Estate. MCHD may not encumber the leasehold interest created under this Agreement, or the Leased Facilities, by deed of trust, mortgage, or other security instrument. MCHD may not at any time encumber on ESD's fee title.

5. SUPERVISION OF PERSONNEL

5.1 Consultation Requirements. The Parties agree that ESD shall consult with MCHD regarding all matters associated with the supervision of MCHD personnel while such personnel are on duty at the ESD Facilities.

5.2 Disciplinary Matters. The Parties agree that any recommendations related to disciplinary matters affecting their respective personnel working at the ESD Facilities shall be forwarded (i) to the MCHD EMS Director, in the case of matters related to MCHD personnel; and (ii) to the ESD Board President in the case of matters related to ESD personnel. Upon receipt of such recommendations, the receiving party shall initiate investigative and corrective measures to the extent that it deems necessary and appropriate and shall then provide the recommending party a written report of any and all such investigative and corrective measures so taken.

6. TERMINATION

6.1 Termination by ESD. During the Term, this Agreement shall be subject to termination by ESD only “for cause” upon no less than ninety (90) days prior written notice to MCHD and an opportunity during said ninety (90) day period for MCHD to cure such “for cause” event. For purposes of this Agreement, “for cause” termination is limited to MCHD’s failure to timely make any necessary payments to ESD, . In the event of termination following MCHD’s payment of any portion of the Contribution Payment to ESD, and any related additional costs or adjustments pursuant to this Agreement (collectively referred to as the “Aggregate MCHD Payments”, however expressly excluding monthly rental payments), ESD shall make a cash reimbursement back to MCHD for the prorated value of the Aggregate MCHD Payments. Such reimbursement shall be referred to as the “Termination Payment” as described in section 6.3 below.

6.2 Termination by MCHD. During the Term, this Agreement shall be subject to termination by MCHD only “for cause” upon no less than ninety (90) days prior written notice to the ESD and an opportunity during said ninety (90) day period for the ESD to cure such “for cause” event. For purposes of this Agreement, “for cause” termination includes, but is not limited to, ESD’s failure to timely complete and obtain a certificate of occupancy for the ESD Facilities utilizing MCHD’s Contribution Payment, the unwarranted interference by ESD with MCHD’s use of the Leased Facilities, and any other failure on ESD’s part to materially comply with the terms of this Agreement which frustrates MCHD’s use of the Leased Facilities. In the event of termination following MCHD’s payment of any portion of the Contribution Payment to ESD, and any related additional costs or adjustments pursuant to this Agreement (collectively referred to as the “Aggregate MCHD Payments”), ESD shall make a cash reimbursement back to MCHD for the prorated value of the Aggregate MCHD

Payments. Such reimbursement shall be referred to as the “Termination Payment” as described in section 6.3 below.

6.3 The Parties acknowledge that the plans developed and costs incurred by ESD in building the ESD Facilities have been substantially increased due to the intended use by MCHD for the proposed 240 months commencing upon completion of the construction. Therefore, irrespective of the ratio of months remaining in the contemplated 240 month occupation and use of the ESD Facilities under the terms of this Agreement, in case of termination by MCHD at least \$150,000 will be retained by ESD in order to partially recoup the additional expense incurred by ESD in accommodating MCHD’s anticipated occupation and use of the facilities via the planning and building process as detailed in section 2.4, above. Therefore, termination by MCHD for any reason allowed under this Agreement or by ESD for cause will trigger the “Termination Payment.” The Termination Payment shall be an amount equal to the amount of MCHD’s unrealized value gained from the capital improvements per year based on a 240-month amortization schedule, such amount calculated on a monthly basis. (Example: ESD terminates the Agreement at the end of the one hundred and twentieth month, MCHD would be entitled to a Termination Payment equal to its Aggregate MCHD Payments multiplied by the ratio of 120/240, such ratio being the remaining useful life of the capital improvements at termination expressed in months divided by the total useful life of the capital improvements expressed in months). For purposes of calculating the Termination Payment, the Parties agree the useful life of the capital improvements (ESD Facilities) is 20 years (240 months). **Upon calculation of the “Termination Payment”, if the “Termination Payment” would result in ESD retaining total payments by MCHD under section 2.4 of less than \$150,000, then \$150,000 will be deducted from any “Termination Payment” to be made to MCHD by ESD.**

7. DISPUTE RESOLUTION PROCESS

7.1 Dispute Resolution Process. Before commencing formal legal proceedings concerning any dispute arising under or relating to this Agreement, or any breach thereof, the Parties individually and collectively agree to observe the following procedures (“Dispute Resolution Process”).

7.2 Notice. The aggrieved Party shall notify the other Party of the dispute, by way of a writing which contains sufficient detail to clearly identify the problems giving rise to the dispute, and the responding Party shall have a reasonable opportunity to respond.

7.3 First Resolution Meeting. After consulting with and obtaining input from the appropriate individuals so as to facilitate a complete discussion and proposed solution of the problem, the Parties shall schedule a meeting and designate representatives to attend such meeting to attempt to affect an agreed resolution of the issue.

7.4 Second Resolution Meeting. If the Party's designated representatives reach an impasse concerning the dispute, the following representative(s) shall meet to discuss the dispute: the MCHD Chief Executive Officer and the ESD Fire Chief.

7.5 Successful Resolution. If the Parties reach an accord at any stage of the meeting, they shall reduce their agreement to writing. Such writing shall be presented for approval by all of the Parties to this Agreement. If approval of the writing is obtained, such writing shall constitute an amendment to this Agreement with respect to the subject matter of the notice of the dispute. The terms and conditions of such amendment shall not supersede the terms and conditions of this Agreement with respect to any matter other than the subject matter submitted to the Dispute Resolution Process.

7.6 Unsuccessful Resolution. If the Parties are unable to reach a resolution of the dispute within a reasonable time, any Party may pursue such legal and equitable remedies as are available to it under Texas law.

8. INDEMNIFICATION

8.1 Indemnification by ESD. To the fullest extent permitted by law, (but except to the extent such Claims are caused by or arise from the gross negligence or willful misconduct of MCHD) ESD agrees to indemnify and hold MCHD, and its officers, directors, members, employees and assigns harmless from and against any and all, demands, causes of action, liability, cost and claims (including claims of third parties and claims of spouses, heirs, survivors or legal representatives, successors and assigns of ESD for personal injury, illness, death, and property (whether real or personal, owned or leased) damage (collectively the "Claims") arising from or resulting from the acts or omissions of ESD personnel and agents in performance of this Agreement, and the condition and maintenance of the ESD Facilities and Equipment. Nothing in this section requires that funds be assessed or collected or that a sinking fund be created.

8.2 Indemnification by MCHD. To the fullest extent permitted by law, (except to the extent such Claims are caused by or arise from the gross negligence or willful misconduct of ESD) MCHD agrees to indemnify and hold ESD, and its officers, directors, members, employees and assigns, harmless from and against any and all, demands, causes of action, liability, cost and claims (including claims of third parties and claims of spouses, heirs, survivors or legal representatives, successors and assigns of ESD for personal injury, illness, death, and property (whether real or personal, owned or leased) damage (collectively the "Claims") arising from or resulting from the acts or omissions of MCHD personnel and agents in performance of this Agreement. Nothing in this section requires that funds be assessed or collected or that a sinking fund be created.

9. INSURANCE

9.1 Insurance Requirements. MCHD agrees to maintain in full force and effect throughout the Term (including, but not limited to any and all Renewal Terms) of this Agreement insurance coverage in amounts sufficient to cover MCHD's liability under worker's

compensation laws, as well as general comprehensive liability insurance for personal injury or death, and property damage with a minimum limit in the amount of One Million and No/100 Dollars (\$1,000,000.00) for each occurrence. Such insurance must contain provisions stating that such policies shall not be materially changed or cancelled without thirty (30) days prior written notice having first been furnished to ESD. No later than the Effective Date, MCHD shall provide to ESD certificates evidencing such insurance coverage.

10. MISCELLANEOUS

10.1 Interpretation of Agreement. Although drawn by one Party, this Agreement shall, in the event of any dispute over its meaning or application, be interpreted fairly and reasonably, and neither more strongly for or against any other Party.

10.2 Governing law. This Agreement shall be governed by the laws of Texas, without regard to the principles of conflict of laws.

10.3 Venue. Any litigation in any way relating to this Agreement shall be brought in State Court in Montgomery County, Texas.

10.4 Assignability and Non-Assignability. Except as is expressly provided herein, no Party shall assign, sublet or transfer its interest in this Agreement without the consent of the other Parties. A Party shall not unreasonably withhold consent of such assignment to the extent the purposes of the Agreement may still be met without detriment to the original Parties.

10.5 Severability. In the event that one or more of the provisions contained in this Agreement shall for any reason be held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality or unenforceability of the agreement shall be construed as if such invalid, illegal or unenforceable provision has never been contained herein, but shall not affect the remaining provisions of this agreement, which shall remain in force and effect.

10.6 Notices. Any notice or request required by this Agreement must be in writing, and may be given or be served by depositing the same in the United States Postal Service, postal prepaid, and certified and addressed to the Party to be notified, with return receipt requested, or by delivering the same in person to such Party, or by telecopy or telefacsimile, when appropriate, addressed to the Party to be notified. Notice deposited in the mail in the manner herein above described shall be effective from and after such deposit if it received by its intended recipient within ten (10) business days of the mailing. Notice given in any other manner shall be effective only if and when received by the Party to be notified. For purposes of notice, the addresses of the Parties shall, until changed as herein provided, be as follows:

Montgomery County Hospital District:
Attn: Randy Johnson, Chief Executive Officer, or his successor
P.O. Box 478
Conroe, Texas 77304

Montgomery County ESD No. 2
Attn: Fire Chief Brian Edwards or his successor
20590 Eva St.
Montgomery, Texas 77356

10.7 Amendment. This Agreement may be amended at any time by a written amendment signed and dated by all the Parties.

10.8 Multiple Counterparts. The Parties may have executed this instrument in multiple original counterparts by fax or other electronic means, each of which shall have the full force and effect of an original but constituting only one instrument.

10.9 Nonappropriation. If MCHD's Board of Directors fails to appropriate sufficient funds for any payments due in any fiscal year, or if MCHD's Board of Directors fails to appropriate funds sufficient to operate and maintain the Leased Facilities as required by this Agreement, an Event of Nonappropriation shall be deemed to have occurred and MCHD shall give written notice of same to ESD within thirty (30) days. Either party shall have the right to terminate this Agreement at any time after such notice has been given; however in such event, upon termination MCHD shall be entitled to a Termination Payment calculated in the manner set forth in section 6.1 above, less an amount equal to the monthly overhead and maintenance costs (including utilities) attributable to the Leased Facilities (such average derived from the twelve (12) month period prior to termination) multiplied by the number of months remaining in the Lease Term at the time of termination.

EXECUTED to be effective as of the 1st day of May, 2020 ("Effective Date").

**MONTGOMERY COUNTY EMERGENCY
SERVICES DISTRICT NO. 2**

By: _____
Printed Name: Mike Mason
Title: Board President
Date: _____

**MONTGOMERY COUNTY HOSPITAL
DISTRICT**

By: _____
Printed Name: Randy Johnson
Title: CEO
Date: _____

EXHIBIT “A”
ESD FACILITIES AND LEASED FACILITIES
STATION 55



Agenda Item # 13



To: Board of Directors

From: Melissa Miller, COO

Date: May 26, 2020

Re: MCESD 8 Housing Agreement

Consider and act on the MCESD 8 – MCHD Housing Agreement with terms approved at the Sept. 24, 2019 Board Meeting under agenda item 24.

Contract has been reviewed by legal counsel and the key agreement terms follow:

2.3 Rent to MCESD 8: \$800.00 per month

2.4 Contribution Payment: \$817,125.00. MCHD shall pay 50% of the contribution on the effective date of this agreement and the remainder at final completion.

6.1 Termination by ESD: This Agreement shall be subject to termination by ESD only “for cause” upon no less than ninety (90) days prior written notice to MCHD and an opportunity during said ninety (90) day period for MCHD to cure such “for cause” event. For purposes of this Agreement, “for cause” termination is limited to MCHD’s failure to timely make any necessary payments to ESD. ESD shall make a cash reimbursement back to MCHD for the prorated value of the Aggregate MCHD Payments.

6.2 Termination by MCHD: This Agreement shall be subject to termination by MCHD only “for cause” upon no less than ninety (90) days prior written notice to the ESD and an opportunity during said ninety (90) day period for the ESD to cure such “for cause” event. For purposes of this Agreement, “for cause” termination includes, but is not limited to, ESD’s failure to timely complete and obtain a certificate of occupancy for the ESD Facilities utilizing MCHD’s Contribution Payment, the unwarranted interference by ESD with MCHD’s use of the Leased Facilities, and any other failure on ESD’s part to materially comply with the terms of this Agreement which frustrates MCHD’s use of the Leased Facilities. In the event of termination following MCHD’s payment of any portion of the Contribution Payment to ESD, and any related additional costs or adjustments pursuant to this Agreement (collectively referred to as the “Aggregate MCHD Payments”), ESD shall make a cash reimbursement back to MCHD for the prorated value of the Aggregate MCHD Payments. Such reimbursement shall be referred to as the “Termination Payment” as described in section 6.3 below.

6.3 Termination Payment: Upon calculation of the “Termination Payment”, if the “Termination Payment” would result in ESD retaining total payments by MCHD under section 2.4 of less than \$150,000, then \$150,000 will be deducted from any “Termination Payment” to be made to MCHD by ESD.

Fiscal Impact:

Yes No N/A

☒ ☐ ☐ Budgeted item?

☒ ☐ ☐ Within budget?

☐ ☐ ☒ Renewal contract?

☐ ☒ ☐ Special request?

§§§

feet of crew housing space plus one ambulance drive through bay. Both of these areas are identified on the attached architectural drawings as Exhibit "A", and incorporated herein for all purposes. In addition, ESD shall provide shared use of the dayroom, kitchen, bath facilities, exercise room, emergency medical supply storage space, parking spaces, and any such similar facilities as is reasonably necessary to accommodate MCHD personnel at the ESD Facilities. Collectively, the portions of the ESD Facilities to be leased for the exclusive or shared use of MCHD personnel are referred to herein as the "Leased Facilities."

2.2.Term. The Initial Term of this Agreement (the "Term") shall commence upon the Effective Date of this Agreement, which shall be the last date of authorizing signature by the Parties to this Agreement. This Agreement shall be for a Term of twenty (20) years unless terminated earlier as provided for in this Agreement, by law, or by mutual agreement in writing. The Parties may extend the Term of this Agreement by mutual agreement in writing.

2.3. Rents. In consideration for its use and occupancy of the Leased Facilities, MCHD agrees to pay to ESD a fixed monthly amount equal to EIGHT HUNDRED and No/100 Dollars (\$ 800.00) payable in advance on the first day of each month for that month's rental for the term of this Initial Agreement including all renewal terms. Provided that MCHD is not in default in the performance of this Agreement, this Agreement shall automatically renew and be extended for successive 12-month terms unless one of the parties provides written notice of termination at least ninety (90) days before the expiration of the then current term.

Rents may be adjusted by the parties by mutual agreement of the Parties. Other than payment of Rents and the Contribution Payment as set forth below, no additional monthly payments shall be required of MCHD during the term of this Agreement, unless such payments are mutually agreed upon and approved by the Parties' governing boards.

2.4. Contribution Payment. As additional consideration in addition to the Rents for its use of the Leased Facilities, MCHD agrees to pay ESD a one-time contribution payment ("Contribution Payment) for purposes of alleviating a portion of the construction cost of the ESD facilities, such being the ESD Fire Station No. 1. The Contribution Payment shall be applied to the final construction costs incurred by ESD for construction of the capital improvements. MCHD's Contribution Payment shall be Eight Hundred Seventeen Thousand One Hundred Twenty-five Dollars (\$817,125.00). MCHD shall pay fifty percent (50%) of the Contribution Payment in a single installment to the ESD as of the Effective Date of this Agreement. The remainder of the Contribution Payment will be paid by MCHD at the time of final completion and acceptance of the ESD Facilities by the ESD as evidenced by the ESD's signing of the Certificate of Final Completion.

During construction of the ESD Facilities, should either Party request a "change order" under the Construction Contract, the requesting Party shall be solely liable for any additional costs incurred due to the change order unless said change order is mutually agreed upon and recognized as a shared cost between the Parties. Upon request, ESD will provide a summary accounting of all final costs expended that are pertinent to MCHD's Contribution Payment.

2.5. Ownership of Buildings, Improvements, and Fixtures. Any structures, facilities, buildings, improvements, additions, alterations, and fixtures (except furniture, locking cabinets used for EMS medications, and trade fixtures) constructed, placed, or maintained on any part of the Leased Facilities during the term of this Agreement are considered part of the real property of the ESD and must remain on the ESD Facilities and become ESD's property when the Agreement terminates. This provision does not apply to a temporary building, modular building, or mobile manufactured type building proposed to be used and placed upon the ESD Facilities by MCHD.

3. OBLIGATIONS AND RESPONSIBILITIES OF ESD

3.1. Leased Facilities. ESD agrees to lease to MCHD the Leased Facilities for the term of this Agreement, including any renewal terms.

3.2. Parking. ESD shall provide sufficient uncovered parking spaces at the ESD Facilities for as many personal vehicles of MCHD personnel as are reasonably necessary for MCHD to conduct its duties and functions therein.

3.3. Access for MCHD. ESD shall provide MCHD personnel the necessary access to the Leased Facilities as may be necessary for MCHD personnel to fulfill their duties as an Emergency Medical Service provider.

3.4. Return of Contribution if Project is Cancelled. ESD agrees to return within a reasonable time all Contribution Payments made by MCHD if the construction of ESD Facilities is cancelled or terminated prior to commencement of construction.

3.5. Quiet Possession. Subject to the remaining provisions hereof, ESD hereby agrees that, on its receipt of the rents herein provided and on MCHD's performance of the agreements and covenants on its part to be kept and performed, MCHD shall be entitled to quietly and peaceably hold and enjoy the Leased Facilities so long as this Agreement may exist without being disturbed by ESD or any person claiming by, through or under ESD, and it is further agreed that all covenants, promises, undertakings, agreements, obligations, liabilities, grants, rights and powers, entered into, made, assumed or undertaken by either party hereof, in and by this Agreement, shall bind, be applicable to and inure to the heirs, executors, administrators, successors and permitted assigns of the parties hereto respectively, whether so particularly provided herein or otherwise. Should this covenant of quiet possession for the Leased Facilities be breached by ESD or its agents, then ESD and MCHD shall resort to the dispute resolution process set forth in Section 7 below to seek to resolve same.

4. OBLIGATIONS AND RESPONSIBILITIES OF MCHD

4.1 Housekeeping Responsibilities. MCHD personnel shall be solely responsible for the housekeeping and maintenance of the MCHD leased area of ESD Facilities. MCHD personnel shall be solely responsible for the maintenance of MCHD Equipment.

4.2 Right of Access. It is agreed by MCHD that ESD, its employees or agents, shall have a right to enter the Leased Facilities at reasonable times and upon reasonable advance notice to MCHD for the purposes of inspection; determining whether MCHD is complying with this Agreement; maintaining, repairing, or altering the Leased Facilities; or showing the Leased Facilities to prospective tenants, purchasers, mortgagees, or beneficiaries under trust deeds.

4.3 Surrender. MCHD covenants that it will quit, surrender and deliver the Leased Facilities to ESD peacefully and quietly upon termination of this Agreement. However, if MCHD is not in default in its rental payments or the other terms of this Agreement at the termination thereof, MCHD shall have for a reasonable period of time thereafter, but not to exceed thirty (30) days, the right to remove property located on the Leased Facilities.

4.4 Use. MCHD shall use and occupy the ESD Facilities as an EMS crew station and quarters and for no other purpose. ESD represents that the Leased Facilities may lawfully be used for such purpose.

4.5 Right to Remove Improvements. MCHD may, at any time while it occupies the Leased Facilities, or within a reasonable time thereafter but not to exceed thirty (30) days, remove any temporary type building, modular building, furniture, machinery, equipment, or other trade fixtures owned or placed by MCHD, in, under, or on the Leased Facilities, or acquired by MCHD, whether before or during the term of this Agreement, including any renewal terms. Before the Agreement terminates, MCHD must repair any damage to any buildings or improvements on the Leased Facilities resulting from the removal. Any such items not removed by the termination date will become ESD's property on that date.

4.6 Restoration of Leased Facilities to Prior Condition. It is agreed and understood that ESD may require MCHD to remove any or all structures, facilities, buildings, improvements, additions, alterations, and fixtures owned or placed by MCHD or its agents, in, under, or on the Leased Facilities upon termination of the Agreement. If and to the extent so required, the removal or restoration work shall be completed by MCHD within thirty (30) days of the termination of the Agreement.

4.7 No Encumbrance of Leasehold Estate. MCHD may not encumber the leasehold interest created under this Agreement, or the Leased Facilities, by deed of trust, mortgage, or other security instrument. MCHD may not at any time encumber on ESD's fee title.

5. SUPERVISION OF PERSONNEL

5.1 Consultation Requirements. The Parties agree that ESD shall consult with MCHD regarding all matters associated with the supervision of MCHD personnel while such personnel are on duty at the ESD Facilities.

5.2 Disciplinary Matters. The Parties agree that any recommendations related to disciplinary matters affecting their respective personnel working at the ESD Facilities shall be forwarded (i) to the MCHD EMS Director, in the case of matters related to MCHD personnel; and (ii) to the ESD Board President in the case of matters related to ESD personnel. Upon receipt of such recommendations, the receiving party shall initiate investigative and corrective measures to the extent that it deems necessary and appropriate and shall then provide the recommending party a written report of any and all such investigative and corrective measures so taken.

6. TERMINATION

6.1 Termination by ESD. During the Term, this Agreement shall be subject to termination by ESD only “for cause” upon no less than ninety (90) days prior written notice to MCHD and an opportunity during said ninety (90) day period for MCHD to cure such “for cause” event. For purposes of this Agreement, “for cause” termination is limited to MCHD’s failure to timely make any necessary payments to ESD. In the event of termination following MCHD’s payment of any portion of the Contribution Payment to ESD, and any related additional costs or adjustments pursuant to this Agreement (collectively referred to as the “Aggregate MCHD Payments”, however expressly excluding monthly rental payments), ESD shall make a cash reimbursement back to MCHD for the prorated value of the Aggregate MCHD Payments. Such reimbursement shall be referred to as the “Termination Payment” as described in section 6.3 below.

6.2 Termination by MCHD. During the Term, this Agreement shall be subject to termination by MCHD only “for cause” upon no less than ninety (90) days prior written notice to the ESD and an opportunity during said ninety (90) day period for the ESD to cure such “for cause” event. For purposes of this Agreement, “for cause” termination includes, but is not limited to, ESD’s failure to timely complete and obtain a certificate of occupancy for the ESD Facilities utilizing MCHD’s Contribution Payment, the unwarranted interference by ESD with MCHD’s use of the Leased Facilities, and any other failure on ESD’s part to materially comply with the terms of this Agreement which frustrates MCHD’s use of the Leased Facilities. In the event of termination following MCHD’s payment of any portion of the Contribution Payment to ESD, and any related additional costs or adjustments pursuant to this Agreement (collectively referred to as the “Aggregate MCHD Payments”), ESD shall make a cash reimbursement back to MCHD for the prorated value of the Aggregate MCHD Payments. Such reimbursement shall be referred to as the “Termination Payment” as described in section 6.3 below.

6.3 The Parties acknowledge that the plans developed and costs incurred by ESD in building the ESD Facilities have been substantially increased due to the intended use by MCHD for the proposed 240 months commencing upon completion of the construction. Therefore, irrespective of the ratio of months remaining in the contemplated 240 month occupation and use of the ESD Facilities under the terms of this Agreement, in case of termination by MCHD at least \$150,000 will be retained by ESD in order to partially recoup the additional expense incurred by ESD in accommodating MCHD’s anticipated occupation and use of the facilities via

the planning and building process as detailed in section 2.4, above. Therefore, termination by MCHD for any reason allowed under this Agreement or by ESD for cause will trigger the “Termination Payment.” The Termination Payment shall be an amount equal to the amount of MCHD’s unrealized value gained from the capital improvements per year based on a 240-month amortization schedule, such amount calculated on a monthly basis. (Example: ESD terminates the Agreement at the end of the one hundred and twentieth month, MCHD would be entitled to a Termination Payment equal to its Aggregate MCHD Payments multiplied by the ratio of 120/240, such ratio being the remaining useful life of the capital improvements at termination expressed in months divided by the total useful life of the capital improvements expressed in months). For purposes of calculating the Termination Payment, the Parties agree the useful life of the capital improvements (ESD Facilities) is 20 years (240 months). **Upon calculation of the “Termination Payment”, if the “Termination Payment” would result in ESD retaining total payments by MCHD under section 2.4 of less than \$150,000, then \$150,000 will be deducted from any “Termination Payment” to be made to MCHD by ESD.**

7. DISPUTE RESOLUTION PROCESS

7.1 Dispute Resolution Process. Before commencing formal legal proceedings concerning any dispute arising under or relating to this Agreement, or any breach thereof, the Parties individually and collectively agree to observe the following procedures (“Dispute Resolution Process”).

7.2 Notice. The aggrieved Party shall notify the other Party of the dispute, by way of a writing which contains sufficient detail to clearly identify the problems giving rise to the dispute, and the responding Party shall have a reasonable opportunity to respond.

7.3 First Resolution Meeting. After consulting with and obtaining input from the appropriate individuals so as to facilitate a complete discussion and proposed solution of the problem, the Parties shall schedule a meeting and designate representatives to attend such meeting to attempt to affect an agreed resolution of the issue.

7.4 Second Resolution Meeting. If the Party’s designated representatives reach an impasse concerning the dispute, the following representative(s) shall meet to discuss the dispute: the MCHD Chief Executive Officer and the ESD Fire Chief.

7.5 Successful Resolution. If the Parties reach an accord at any stage of the meeting, they shall reduce their agreement to writing. Such writing shall be presented for approval by all of the Parties to this Agreement. If approval of the writing is obtained, such writing shall constitute an amendment to this Agreement with respect to the subject matter of the notice of the dispute. The terms and conditions of such amendment shall not supersede the terms and conditions of this Agreement with respect to any matter other than the subject matter submitted to the Dispute Resolution Process.

7.6 Unsuccessful Resolution. If the Parties are unable to reach a resolution of the dispute within a reasonable time, any Party may pursue such legal and equitable remedies as are available to it under Texas law.

8. INDEMNIFICATION

8.1 Indemnification by ESD. To the fullest extent permitted by law, (but except to the extent such Claims are caused by or arise from the gross negligence or willful misconduct of MCHD) ESD agrees to indemnify and hold MCHD, and its officers, directors, members, employees and assigns harmless from and against any and all, demands, causes of action, liability, cost and claims (including claims of third parties and claims of spouses, heirs, survivors or legal representatives, successors and assigns of ESD for personal injury, illness, death, and property (whether real or personal, owned or leased) damage (collectively the "Claims") arising from or resulting from the acts or omissions of ESD personnel and agents in performance of this Agreement, and the condition and maintenance of the ESD Facilities and Equipment. Nothing in this section requires that funds be assessed or collected or that a sinking fund be created.

8.2 Indemnification by MCHD. To the fullest extent permitted by law, (except to the extent such Claims are caused by or arise from the gross negligence or willful misconduct of ESD) MCHD agrees to indemnify and hold ESD, and its officers, directors, members, employees and assigns, harmless from and against any and all, demands, causes of action, liability, cost and claims (including claims of third parties and claims of spouses, heirs, survivors or legal representatives, successors and assigns of ESD for personal injury, illness, death, and property (whether real or personal, owned or leased) damage (collectively the "Claims") arising from or resulting from the acts or omissions of MCHD personnel and agents in performance of this Agreement. Nothing in this section requires that funds be assessed or collected or that a sinking fund be created.

9. INSURANCE

9.1 Insurance Requirements. MCHD agrees to maintain in full force and effect throughout the Term (including, but not limited to any and all Renewal Terms) of this Agreement insurance coverage in amounts sufficient to cover MCHD's liability under worker's compensation laws, as well as general comprehensive liability insurance for personal injury or death, and property damage with a minimum limit in the amount of One Million and No/100 Dollars (\$1,000,000.00) for each occurrence. Such insurance must contain provisions stating that such policies shall not be materially changed or cancelled without thirty (30) days prior written notice having first been furnished to ESD. No later than the Effective Date, MCHD shall provide to ESD certificates evidencing such insurance coverage.

10. MISCELLANEOUS

10.1 Interpretation of Agreement. Although drawn by one Party, this Agreement shall, in the event of any dispute over its meaning or application, be interpreted fairly and reasonably, and neither more strongly for or against any other Party.

10.2 Governing law. This Agreement shall be governed by the laws of Texas, without regard to the principles of conflict of laws.

10.3 Venue. Any litigation in any way relating to this Agreement shall be brought in State Court in Montgomery County, Texas.

10.4 Assignability and Non-Assignability. Except as is expressly provided herein, no Party shall assign, sublet or transfer its interest in this Agreement without the consent of the other Parties. A Party shall not unreasonably withhold consent of such assignment to the extent the purposes of the Agreement may still be met without detriment to the original Parties.

10.5 Severability. In the event that one or more of the provisions contained in this Agreement shall for any reason be held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality or unenforceability of the agreement shall be construed as if such invalid, illegal or unenforceable provision has never been contained herein, but shall not affect the remaining provisions of this agreement, which shall remain in force and effect.

10.6 Notices. Any notice or request required by this Agreement must be in writing, and may be given or be served by depositing the same in the United States Postal Service, postal prepaid, and certified and addressed to the Party to be notified, with return receipt requested, or by delivering the same in person to such Party, or by telecopy or telefacsimile, when appropriate, addressed to the Party to be notified. Notice deposited in the mail in the manner herein above described shall be effective from and after such deposit if it received by its intended recipient within ten (10) business days of the mailing. Notice given in any other manner shall be effective only if and when received by the Party to be notified. For purposes of notice, the addresses of the Parties shall, until changed as herein provided, be as follows:

Montgomery County Hospital District:
Attn: Randy Johnson, Chief Executive Officer, or his successor
P.O. Box 478
Conroe, Texas 77304

Montgomery County ESD No. 8
Attn: Fire Chief Robert Hudson, or his successor
27900 Robinson Road
Conroe, TX 77385

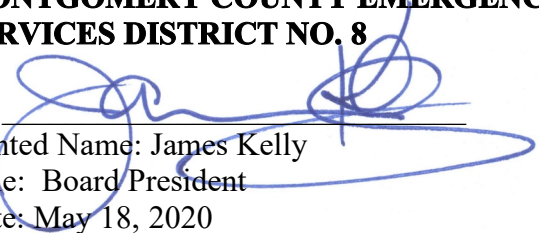
10.7 Amendment. This Agreement may be amended at any time by a written amendment signed and dated by all the Parties.

10.8 Multiple Counterparts. The Parties may have executed this instrument in multiple original counterparts by fax or other electronic means, each of which shall have the full force and effect of an original but constituting only one instrument.

10.9 Nonappropriation. If MCHD's Board of Directors fails to appropriate sufficient funds for any payments due in any fiscal year, or if MCHD's Board of Directors fails to appropriate funds sufficient to operate and maintain the Leased Facilities as required by this Agreement, an Event of Nonappropriation shall be deemed to have occurred and MCHD shall give written notice of same to ESD within thirty (30) days. Either party shall have the right to terminate this Agreement at any time after such notice has been given; however in such event, upon termination MCHD shall be entitled to a Termination Payment calculated in the manner set forth in section 6.1 above, less an amount equal to the monthly overhead and maintenance costs (including utilities) attributable to the Leased Facilities (such average derived from the twelve (12) month period prior to termination) multiplied by the number of months remaining in the Lease Term at the time of termination.

EXECUTED to be effective as of the 1st day of May, 2020 ("Effective Date").

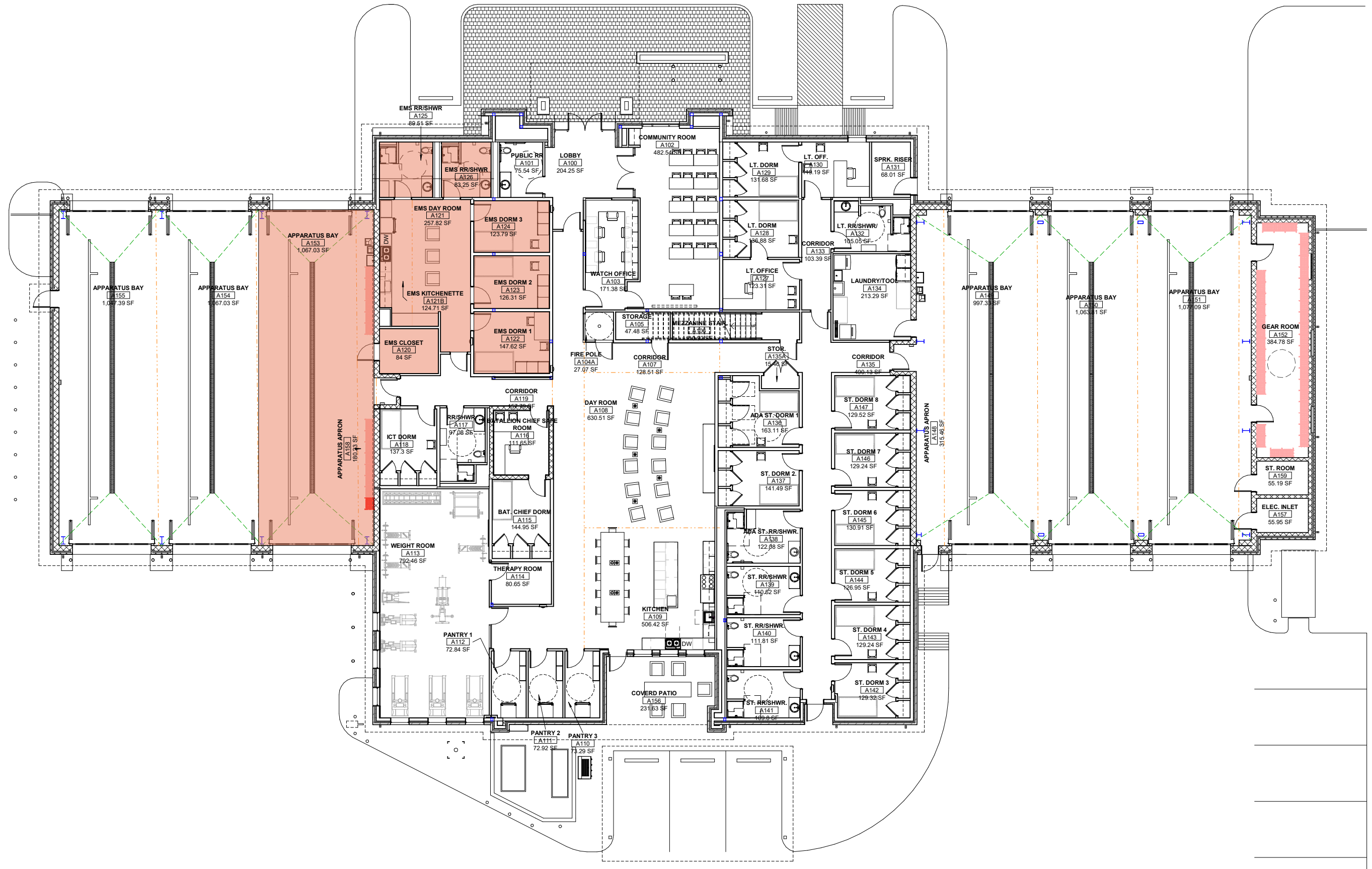
**MONTGOMERY COUNTY EMERGENCY
SERVICES DISTRICT NO. 8**

By: 
Printed Name: James Kelly
Title: Board President
Date: May 18, 2020

**MONTGOMERY COUNTY HOSPITAL
DISTRICT**

By: _____
Printed Name: Randy Johnson
Title: CEO
Date: _____

EXHIBIT “A”
ESD FACILITIES AND LEASED FACILITIES
STATION 1



Agenda Item # 14



To: Board of Directors

From: Melissa Miller, COO

Date: May 26, 2020

Re: MCESD 6 Housing Agreement

Consider and act on the MCESD 6 – MCHD Housing Agreement with terms approved at the July 23, 2019 Board Meeting under agenda item 22.

Contract has been reviewed by legal counsel and the key agreement terms follow:

2.3 Rent to MCESD 6: \$1,500.00 per month

2.4 Contribution Payment: \$500,000.00. MCHD shall pay 50% of the contribution on the effective date of this agreement and the remainder at final completion.

6.1 Termination by ESD: This Agreement shall be subject to termination by ESD only “for cause” upon no less than ninety (90) days prior written notice to MCHD and an opportunity during said ninety (90) day period for MCHD to cure such “for cause” event. For purposes of this Agreement, “for cause” termination is limited to MCHD’s failure to timely make any necessary payments to ESD. ESD shall make a cash reimbursement back to MCHD for the prorated value of the Aggregate MCHD Payments.

6.2 Termination by MCHD: This Agreement shall be subject to termination by MCHD only “for cause” upon no less than ninety (90) days prior written notice to the ESD and an opportunity during said ninety (90) day period for the ESD to cure such “for cause” event. For purposes of this Agreement, “for cause” termination includes, but is not limited to, ESD’s failure to timely complete and obtain a certificate of occupancy for the ESD Facilities utilizing MCHD’s Contribution Payment, the unwarranted interference by ESD with MCHD’s use of the Leased Facilities, and any other failure on ESD’s part to materially comply with the terms of this Agreement which frustrates MCHD’s use of the Leased Facilities. In the event of termination following MCHD’s payment of any portion of the Contribution Payment to ESD, and any related additional costs or adjustments pursuant to this Agreement (collectively referred to as the “Aggregate MCHD Payments”), ESD shall make a cash reimbursement back to MCHD for the prorated value of the Aggregate MCHD Payments. Such reimbursement shall be referred to as the “Termination Payment” as described in section 6.3 below.

6.3 Termination Payment: Upon calculation of the “Termination Payment”, if the “Termination Payment” would result in ESD retaining total payments by MCHD under section 2.4 of less than \$150,000, then \$150,000 will be deducted from any “Termination Payment” to be made to MCHD by ESD.

Fiscal Impact:

Yes No N/A

☒ ☐ ☐ Budgeted item?

☒ ☐ ☐ Within budget?

☐ ☐ ☒ Renewal contract?

☐ ☒ ☐ Special request?

STATE OF TEXAS §
 §
COUNTY OF MONTGOMERY §

**HOUSING AGREEMENT BETWEEN
MONTGOMERY COUNTY HOSPITAL DISTRICT AND
MONTGOMERY COUNTY EMERGENCY SERVICES DISTRICT NO. 6**

This Housing Agreement ("Agreement") is made and entered into by and between The Montgomery County Hospital District, (hereinafter "MCHD") a political subdivision duly organized in accordance with the laws of the State of Texas, acting by and through its Board of Directors, and Montgomery County Emergency Services District No. 6, (hereinafter, "ESD") a political subdivision duly organized in accordance with the laws of the State of Texas, acting by and through its Board of Commissioners (MCHD and the ESD may hereafter be referred to as a "Party" or collectively as the "Parties")

WHEREAS, MCHD provides Emergency Medical Services to the citizens of Montgomery County, Texas; and

WHEREAS, MCHD wishes to utilize certain facilities of ESD for the housing of MCHD's personnel, facilities, and equipment; and

WHEREAS, ESD is constructing a new fire station (Fire Station No. 122) located at the corner of FM 1314 and Rolling Hills Drive, Porter, Montgomery County, Texas, 77365 (the "ESD Facilities") and intends for such construction to include facilities for MCHD personnel and equipment at this location; and

WHEREAS, MCHD has agreed to pay rentals for its use of the ESD Facilities, such rentals consisting of a monthly rental fee and in addition a Capital Contribution as described more fully below, in exchange for a long term lease of certain portions of the ESD Facilities as outlined herein for housing of an MCHD EMS crew and EMS vehicle, together with shared access to and use of other portions of the ESD Facilities; and

WHEREAS, ESD and MCHD have memorialized their agreements, obligations and understandings into this Agreement;

NOW, THEREFORE, in consideration of the above recitals, the mutual promises that follow and other good and valuable consideration, the receipt and legal sufficiency of which are hereby acknowledged, the Parties do hereby agree as follows:

1. Incorporation of Recitals. The above recitals, having been found by the Parties to be true and correct in all respects are incorporated into this Agreement by reference.

2. TERMS AND CONDITIONS.

2.1. Leased Facilities. ESD agrees to lease to MCHD housing facilities and employee parking space within the ESD Facilities such leased facilities consisting of one area of 2,032 square feet of crew housing space and one ambulance bay. Both of these areas are identified on the attached architectural drawings as Exhibit "A", and incorporated herein for all purposes. In addition, ESD shall provide shared use of the dayroom, kitchen, bath facilities, exercise room, emergency medical supply storage space, parking spaces, and any such similar facilities as is reasonably necessary to accommodate MCHD personnel at the ESD Facilities. Collectively, the portions of the ESD Facilities to be leased for the exclusive or shared use of MCHD personnel are referred to herein as the "Leased Facilities."

2.2. Term. The Initial Term of this Agreement (the "Term") shall commence upon the Effective Date of this Agreement, which shall be the last date of authorizing signature by the Parties to this Agreement. This Agreement shall be for a Term of twenty (20) years unless terminated earlier as provided for in this Agreement, by law, or by mutual agreement in writing. The Parties may extend the Term of this Agreement by mutual agreement in writing.

2.3. Rents. In consideration for its use and occupancy of the Leased Facilities, MCHD agrees to pay to ESD a fixed monthly amount equal to One Thousand Five Hundred and No/100 Dollars (\$1,500.00) payable in advance on the first day of each month for that month's rental for the term of this Initial Agreement including all renewal terms. Provided that MCHD is not in default in the performance of this Agreement, this Agreement shall automatically renew and be extended for successive 12-month terms unless one of the parties provides written notice of termination at least ninety (90) days before the expiration of the then current term.

Rents may be adjusted by the parties by mutual agreement of the Parties. Other than payment of Rents and the Contribution Payment as set forth below, no additional monthly payments shall be required of MCHD during the term of this Agreement, unless such payments are mutually agreed upon and approved by the Parties' governing boards.

2.4. Contribution Payment. As additional consideration in addition to the Rents for its use of the Leased Facilities, MCHD agrees to pay ESD a one-time contribution payment ("Contribution Payment) for purposes of alleviating a portion of the construction cost of the ESD facilities, such being the ESD Fire Station No. 122. The Contribution Payment shall be applied to the final construction costs incurred by ESD for construction of the capital improvements. MCHD's Contribution Payment shall be Five Hundred Thousand Dollars (\$500,000.00). MCHD shall pay fifty percent (50%) of the Contribution Payment in a single installment to the ESD as of the Effective Date of this Agreement. The remainder of the Contribution Payment will be paid by MCHD at the time of final completion and acceptance of the ESD Facilities by the ESD as evidenced by the ESD's signing of the Certificate of Final Completion.

During construction of the ESD Facilities, should either Party request a "change order" under the Construction Contract, the requesting Party shall be solely liable for any

additional costs incurred due to the change order unless said change order is mutually agreed upon and recognized as a shared cost between the Parties. Upon request, ESD will provide a summary accounting of all final costs expended that are pertinent to MCHD's Contribution Payment.

2.5. Ownership of Buildings, Improvements, and Fixtures. Any structures, facilities, buildings, improvements, additions, alterations, and fixtures (except furniture, locking cabinets used for EMS medications, and trade fixtures) constructed, placed, or maintained on any part of the Leased Facilities during the term of this Agreement are considered part of the real property of the ESD and must remain on the ESD Facilities and become ESD's property when the Agreement terminates. This provision does not apply to a temporary building, modular building, or mobile manufactured type building proposed to be used and placed upon the ESD Facilities by MCHD.

3. OBLIGATIONS AND RESPONSIBILITIES OF ESD

3.1. Leased Facilities. ESD agrees to lease to MCHD the Leased Facilities for the term of this Agreement, including any renewal terms.

3.2. Parking. ESD shall provide sufficient uncovered parking spaces at the ESD Facilities for as many personal vehicles of MCHD personnel as are reasonably necessary for MCHD to conduct its duties and functions therein.

3.3. Access for MCHD. ESD shall provide MCHD personnel the necessary access to the Leased Facilities as may be necessary for MCHD personnel to fulfill their duties as an Emergency Medical Service provider.

3.4. Return of Contribution if Project is Cancelled. ESD agrees to return within a reasonable time all Contribution Payments made by MCHD if the construction of ESD Facilities is cancelled or terminated prior to commencement of construction.

3.5. Quiet Possession. Subject to the remaining provisions hereof, ESD hereby agrees that, on its receipt of the rents herein provided and on MCHD's performance of the agreements and covenants on its part to be kept and performed, MCHD shall be entitled to quietly and peaceably hold and enjoy the Leased Facilities so long as this Agreement may exist without being disturbed by ESD or any person claiming by, through or under ESD, and it is further agreed that all covenants, promises, undertakings, agreements, obligations, liabilities, grants, rights and powers, entered into, made, assumed or undertaken by either party hereof, in and by this Agreement, shall bind, be applicable to and inure to the heirs, executors, administrators, successors and permitted assigns of the parties hereto respectively, whether so particularly provided herein or otherwise. Should this covenant of quiet possession for the Leased Facilities be breached by ESD or its agents, then ESD and MCHD shall resort to the dispute resolution process set forth in Section 7 below to seek to resolve same.

4. OBLIGATIONS AND RESPONSIBILITIES OF MCHD

- 4.1 Housekeeping Responsibilities.** MCHD personnel shall be solely responsible for the housekeeping and maintenance of the MCHD leased area of ESD Facilities. MCHD personnel shall be solely responsible for the maintenance of MCHD Equipment.
- 4.2 Right of Access.** It is agreed by MCHD that ESD, its employees or agents, shall have a right to enter the Leased Facilities at reasonable times and upon reasonable advance notice to MCHD for the purposes of inspection; determining whether MCHD is complying with this Agreement; maintaining, repairing, or altering the Leased Facilities; or showing the Leased Facilities to prospective tenants, purchasers, mortgagees, or beneficiaries under trust deeds.
- 4.3 Surrender.** MCHD covenants that it will quit, surrender and deliver the Leased Facilities to ESD peacefully and quietly upon termination of this Agreement. However, if MCHD is not in default in its rental payments or the other terms of this Agreement at the termination thereof, MCHD shall have for a reasonable period of time thereafter, but not to exceed thirty (30) days, the right to remove property located on the Leased Facilities.
- 4.4 Use.** MCHD shall use and occupy the ESD Facilities as an EMS crew station and quarters and for no other purpose. ESD represents that the Leased Facilities may lawfully be used for such purpose.
- 4.5 Right to Remove Improvements.** MCHD may, at any time while it occupies the Leased Facilities, or within a reasonable time thereafter but not to exceed thirty (30) days, remove any temporary type building, modular building, furniture, machinery, equipment, or other trade fixtures owned or placed by MCHD, in, under, or on the Leased Facilities, or acquired by MCHD, whether before or during the term of this Agreement, including any renewal terms. Before the Agreement terminates, MCHD must repair any damage to any buildings or improvements on the Leased Facilities resulting from the removal. Any such items not removed by the termination date will become ESD's property on that date.
- 4.6 Restoration of Leased Facilities to Prior Condition.** It is agreed and understood that ESD may require MCHD to remove any or all structures, facilities, buildings, improvements, additions, alterations, and fixtures owned or placed by MCHD or its agents, in, under, or on the Leased Facilities upon termination of the Agreement. If and to the extent so required, the removal or restoration work shall be completed by MCHD within thirty (30) days of the termination of the Agreement.
- 4.7 No Encumbrance of Leasehold Estate.** MCHD may not encumber the leasehold interest created under this Agreement, or the Leased Facilities, by deed of trust, mortgage, or other security instrument. MCHD may not at any time encumber on ESD's fee title.

5. SUPERVISION OF PERSONNEL

5.1 Consultation Requirements. The Parties agree that ESD shall consult with MCHD regarding all matters associated with the supervision of MCHD personnel while such personnel are on duty at the ESD Facilities.

5.2 Disciplinary Matters. The Parties agree that any recommendations related to disciplinary matters affecting their respective personnel working at the ESD Facilities shall be forwarded (i) to the MCHD EMS Director, in the case of matters related to MCHD personnel; and (ii) to the ESD Board President in the case of matters related to ESD personnel. Upon receipt of such recommendations, the receiving party shall initiate investigative and corrective measures to the extent that it deems necessary and appropriate and shall then provide the recommending party a written report of any and all such investigative and corrective measures so taken.

6. TERMINATION

6.1 Termination by ESD. During the Term, this Agreement shall be subject to termination by ESD only "for cause" upon no less than ninety (90) days prior written notice to MCHD and an opportunity during said ninety (90) day period for MCHD to cure such "for cause" event. For purposes of this Agreement, "for cause" termination is limited to MCHD's failure to timely make any necessary payments to ESD. In the event of termination following MCHD's payment of any portion of the Contribution Payment to ESD, and any related additional costs or adjustments pursuant to this Agreement (collectively referred to as the "Aggregate MCHD Payments", however expressly excluding monthly rental payments), ESD shall make a cash reimbursement back to MCHD for the prorated value of the Aggregate MCHD Payments. Such reimbursement shall be referred to as the "Termination Payment" as described in section 6.3 below.

6.2 Termination by MCHD. During the Term, this Agreement shall be subject to termination by MCHD only "for cause" upon no less than ninety (90) days prior written notice to the ESD and an opportunity during said ninety (90) day period for the ESD to cure such "for cause" event. For purposes of this Agreement, "for cause" termination includes, but is not limited to, ESD's failure to timely complete and obtain a certificate of occupancy for the ESD Facilities utilizing MCHD's Contribution Payment, the unwarranted interference by ESD with MCHD's use of the Leased Facilities, and any other failure on ESD's part to materially comply with the terms of this Agreement which frustrates MCHD's use of the Leased Facilities. In the event of termination following MCHD's payment of any portion of the Contribution Payment to ESD, and any related additional costs or adjustments pursuant to this Agreement (collectively referred to as the "Aggregate MCHD Payments"), ESD shall make a cash reimbursement back to MCHD for the prorated value of the Aggregate MCHD

Payments. Such reimbursement shall be referred to as the "Termination Payment" as described in section 6.3 below.

6.3 The Parties acknowledge that the plans developed and costs incurred by ESD in building the ESD Facilities have been substantially increased due to the intended use by MCHD for the proposed 240 months commencing upon completion of the construction. Therefore, irrespective of the ratio of months remaining in the contemplated 240 month occupation and use of the ESD Facilities under the terms of this Agreement, in case of termination by MCHD at least \$150,000 will be retained by ESD in order to partially recoup the additional expense incurred by ESD in accommodating MCHD's anticipated occupation and use of the facilities via the planning and building process as detailed in section 2.4, above. Therefore, termination by MCHD for any reason allowed under this Agreement or by ESD for cause will trigger the "Termination Payment." The Termination Payment shall be an amount equal to the amount of MCHD's unrealized value gained from the capital improvements per year based on a 240-month amortization schedule, such amount calculated on a monthly basis. (Example: ESD terminates the Agreement at the end of the one hundred and twentieth month, MCHD would be entitled to a Termination Payment equal to its Aggregate MCHD Payments multiplied by the ratio of 120/240, such ratio being the remaining useful life of the capital improvements at termination expressed in months divided by the total useful life of the capital improvements expressed in months). For purposes of calculating the Termination Payment, the Parties agree the useful life of the capital improvements (ESD Facilities) is 20 years (240 months). Upon calculation of the "Termination Payment", if the "Termination Payment" would result in ESD retaining total payments by MCHD under section 2.4 of less than \$150,000, then \$150,000 will be deducted from any "Termination Payment" to be made to MCHD by ESD.

7. DISPUTE RESOLUTION PROCESS

7.1 Dispute Resolution Process. Before commencing formal legal proceedings concerning any dispute arising under or relating to this Agreement, or any breach thereof, the Parties individually and collectively agree to observe the following procedures ("Dispute Resolution Process").

7.2 Notice. The aggrieved Party shall notify the other Party of the dispute, by way of a writing which contains sufficient detail to clearly identify the problems giving rise to the dispute, and the responding Party shall have a reasonable opportunity to respond.

7.3 First Resolution Meeting. After consulting with and obtaining input from the appropriate individuals so as to facilitate a complete discussion and proposed solution of the problem, the Parties shall schedule a meeting and designate representatives to attend such meeting to attempt to affect an agreed resolution of the issue.

7.4 Second Resolution Meeting. If the Party's designated representatives reach an impasse concerning the dispute, the following representative(s) shall meet to discuss the dispute: the MCHD Chief Executive Officer and the ESD Fire Chief.

7.5 Successful Resolution. If the Parties reach an accord at any stage of the meeting, they shall reduce their agreement to writing. Such writing shall be presented for approval by all of the Parties to this Agreement. If approval of the writing is obtained, such writing shall constitute an amendment to this Agreement with respect to the subject matter of the notice of the dispute. The terms and conditions of such amendment shall not supersede the terms and conditions of this Agreement with respect to any matter other than the subject matter submitted to the Dispute Resolution Process.

7.6 Unsuccessful Resolution. If the Parties are unable to reach a resolution of the dispute within a reasonable time, any Party may pursue such legal and equitable remedies as are available to it under Texas law.

8. INDEMNIFICATION

8.1 Indemnification by ESD. To the fullest extent permitted by law, (but except to the extent such Claims are caused by or arise from the gross negligence or willful misconduct of MCHD) ESD agrees to indemnify and hold MCHD, and its officers, directors, members, employees and assigns harmless from and against any and all, demands, causes of action, liability, cost and claims (including claims of third parties and claims of spouses, heirs, survivors or legal representatives, successors and assigns of ESD for personal injury, illness, death, and property (whether real or personal, owned or leased) damage (collectively the "Claims") arising from or resulting from the acts or omissions of ESD personnel and agents in performance of this Agreement, and the condition and maintenance of the ESD Facilities and Equipment. Nothing in this section requires that funds be assessed or collected or that a sinking fund be created.

8.2 Indemnification by MCHD. To the fullest extent permitted by law, (except to the extent such Claims are caused by or arise from the gross negligence or willful misconduct of ESD) MCHD agrees to indemnify and hold ESD, and its officers, directors, members, employees and assigns, harmless from and against any and all, demands, causes of action, liability, cost and claims (including claims of third parties and claims of spouses, heirs, survivors or legal representatives, successors and assigns of ESD for personal injury, illness, death, and property (whether real or personal, owned or leased) damage (collectively the "Claims") arising from or resulting from the acts or omissions of MCHD personnel and agents in performance of this Agreement. Nothing in this section requires that funds be assessed or collected or that a sinking fund be created.

9. INSURANCE

9.1 Insurance Requirements. MCHD agrees to maintain in full force and effect throughout the Term (including, but not limited to any and all Renewal Terms) of this Agreement insurance coverage in amounts sufficient to cover MCHD's liability under worker's

compensation laws, as well as general comprehensive liability insurance for personal injury or death, and property damage with a minimum limit in the amount of One Million and No/100 Dollars (\$1,000,000.00) for each occurrence. Such insurance must contain provisions stating that such policies shall not be materially changed or cancelled without thirty (30) days prior written notice having first been furnished to ESD. No later than the Effective Date, MCHD shall provide to ESD certificates evidencing such insurance coverage.

10. MISCELLANEOUS

10.1 Interpretation of Agreement. Although drawn by one Party, this Agreement shall, in the event of any dispute over its meaning or application, be interpreted fairly and reasonably, and neither more strongly for or against any other Party.

10.2 Governing law. This Agreement shall be governed by the laws of Texas, without regard to the principles of conflict of laws.

10.3 Venue. Any litigation in any way relating to this Agreement shall be brought in State Court in Montgomery County, Texas.

10.4 Assignability and Non-Assignability. Except as is expressly provided herein, no Party shall assign, sublet or transfer its interest in this Agreement without the consent of the other Parties. A Party shall not unreasonably withhold consent of such assignment to the extent the purposes of the Agreement may still be met without detriment to the original Parties.

10.5 Severability. In the event that one or more of the provisions contained in this Agreement shall for any reason be held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality or unenforceability of the agreement shall be construed as if such invalid, illegal or unenforceable provision has never been contained herein, but shall not affect the remaining provisions of this agreement, which shall remain in force and effect.

10.6 Notices. Any notice or request required by this Agreement must be in writing, and may be given or be served by depositing the same in the United States Postal Service, postal prepaid, and certified and addressed to the Party to be notified, with return receipt requested, or by delivering the same in person to such Party, or by telecopy or telefacsimile, when appropriate, addressed to the Party to be notified. Notice deposited in the mail in the manner herein above described shall be effective from and after such deposit if it received by its intended recipient within ten (10) business days of the mailing. Notice given in any other manner shall be effective only if and when received by the Party to be notified. For purposes of notice, the addresses of the Parties shall, until changed as herein provided, be as follows:

Montgomery County Hospital District:
Attn: Randy Johnson, Chief Executive Officer, or his successor
P.O. Box 478
Conroe, Texas 77304

Montgomery County ESD No. 6
Attn: Fire Chief Carter Johnson or his successor
23550 Loop 494
Porter, Texas 77365

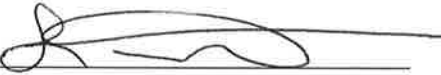
10.7 Amendment. This Agreement may be amended at any time by a written amendment signed and dated by all the Parties.

10.8 Multiple Counterparts. The Parties may have executed this instrument in multiple original counterparts by fax or other electronic means, each of which shall have the full force and effect of an original but constituting only one instrument.

10.9 Nonappropriation. If MCHD's Board of Directors fails to appropriate sufficient funds for any payments due in any fiscal year, or if MCHD's Board of Directors fails to appropriate funds sufficient to operate and maintain the Leased Facilities as required by this Agreement, an Event of Nonappropriation shall be deemed to have occurred and MCHD shall give written notice of same to ESD within thirty (30) days. Either party shall have the right to terminate this Agreement at any time after such notice has been given; however in such event, upon termination MCHD shall be entitled to a Termination Payment calculated in the manner set forth in section 6.1 above, less an amount equal to the monthly overhead and maintenance costs (including utilities) attributable to the Leased Facilities (such average derived from the twelve (12) month period prior to termination) multiplied by the number of months remaining in the Lease Term at the time of termination.

EXECUTED to be effective as of the 1st day of May, 2020 ("Effective Date").

**MONTGOMERY COUNTY EMERGENCY
SERVICES DISTRICT NO. 6**

By: 
Printed Name: Larry Trout
Title: Board President
Date: 4-14 2020

**MONTGOMERY COUNTY HOSPITAL
DISTRICT**

By: _____
Printed Name: Randy Johnson
Title: CEO
Date: _____

EXHIBIT “A”
ESD FACILITIES AND LEASED FACILITIES
STATION 122

Agenda Item # 15



To: Board of Directors

From: Ade Moronkeji

Date: May 26, 2020

Re: **HCAP Report**

Updates

- The eligibility team, led by Dustie Klein have identified different mobile market events across the different quadrants of the county. These drive-thru events serve as opportunities to increase HCAP reach and create awareness of the program.
 - Staff attended the Montgomery County Food Bank food distribution event hosted by the ARK Church on Thursday, April 30. Projected attendance was 500 cars/families. HCAP distributed 200 applications and 100 flyers to participants.
 - Currently, we are observing a slight increase in requests for applications from community members. Due to the economic impact of the pandemic, and the subsequent increase in the unemployment numbers, we expect to see a considerable increase in the number of new clients needing HCAP assistance.
 - HCAP management participates in scheduled conference calls facilitated by the Coalition for The Homeless. These calls engage local service providers who assist low-income residents with various needs. It is a needful platform that facilitates the sharing of information to encourage collaboration and obtain promising practices during these unprecedented times.
 - HCAP management is also utilizing the homeless coalition provider email listserv to disseminate approved public health information to service providers.
 - The case management team has initiated calls to identify high risk clients who are symptomatic and need free vouchers for the COVID testing. Numbers reflecting participation will be reported at the next board meeting.
-

Claims Administration

- The Bill Pay team has processed a total of **6,883 (medical and prescription)** claims through the I.H.S. software fiscal year to date.
- Data from Nov. – April show that our highest monthly expenditure is hospital inpatient services.
- The chart below shows the percentage breakdown of claims by provider groups. This provides some insight into the medical resources that clients are using for their health care needs. UPL hospital inpatient/outpatient refers to HCA Houston Healthcare Conroe, Tomball, and Kingwood hospitals. Inpatient/outpatient hospital without the UPL designation, refers to Memorial Hermann, CHI St. Luke's hospitals and other non HCA local hospitals. UPL prescription drugs refers to Lone Star pharmacy and Prescription drugs refers to all other local in-network pharmacies.

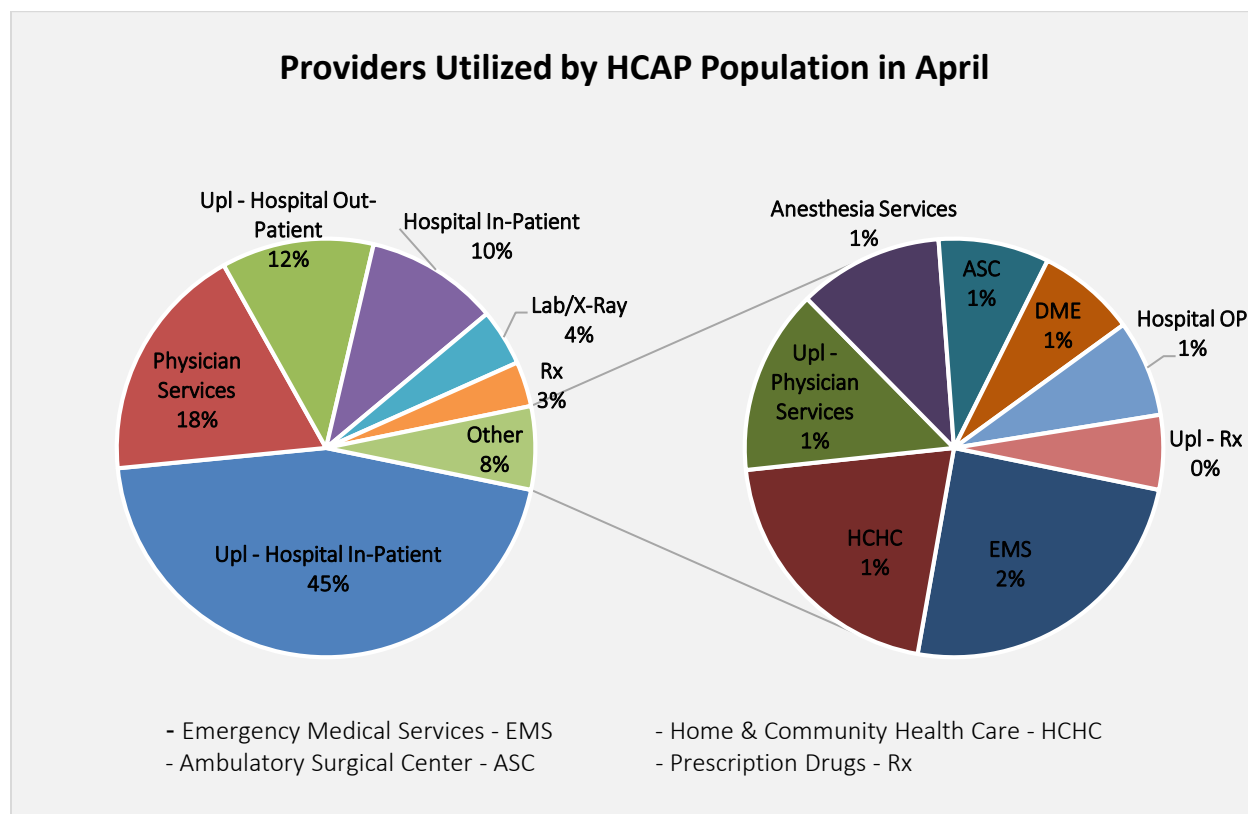


Fig. 1

HCAP Applications

The HCAP office has received and processed a total of 1,656 applications fiscal year to date.

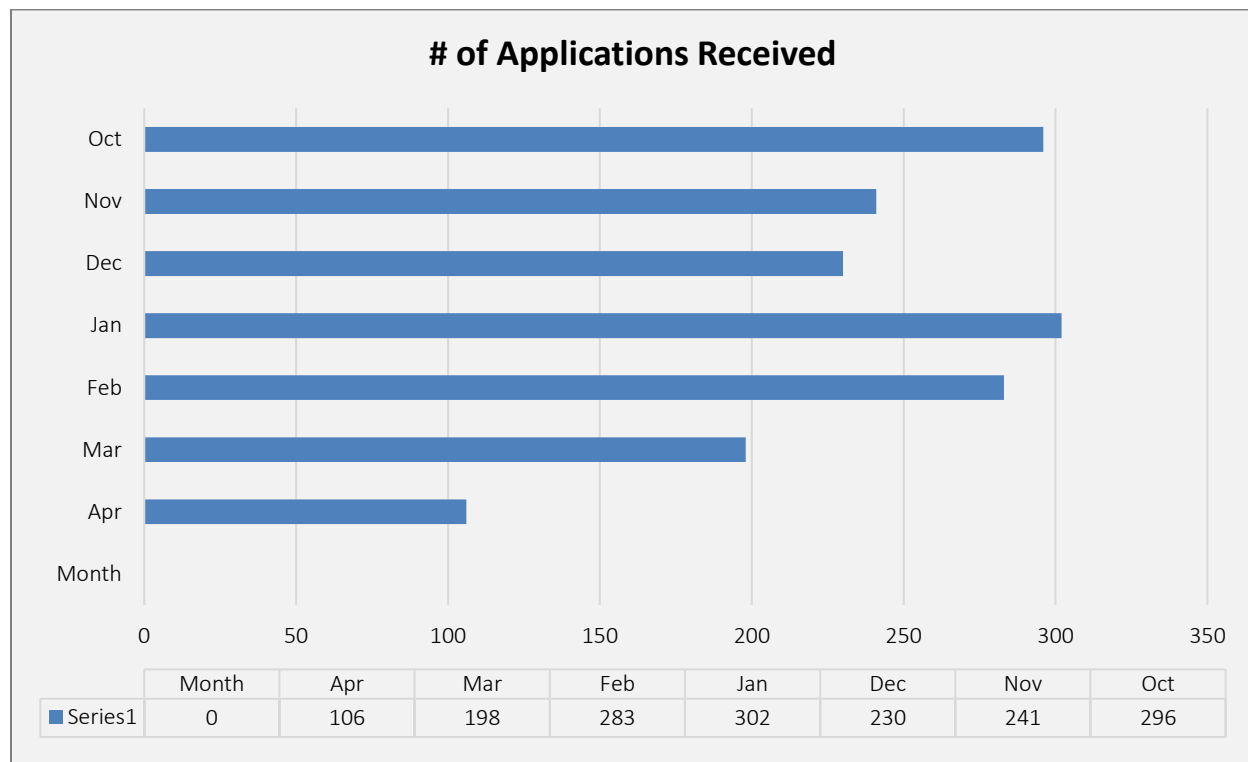


Fig. 2

Program Definitions:

Approval: Applicant met all eligibility criteria and was certified to receive HCAP benefits for the fiscal year or until they exhaust their maximum liability for the year.

Denial: Applicant did not meet one or more of the eligibility criteria and subsequently was not approved to receive HCAP benefits.

Incomplete Cases/Failure to Provide Information (FTPI): Applicant did not provide the necessary documentation for an eligibility determination.

Cases under Review: Applications that are being processed by the eligibility team but have not been finalized.

Preliminary Status of February Applications

Figure 3 shows the initial outcome of the data pulled at the end of March.

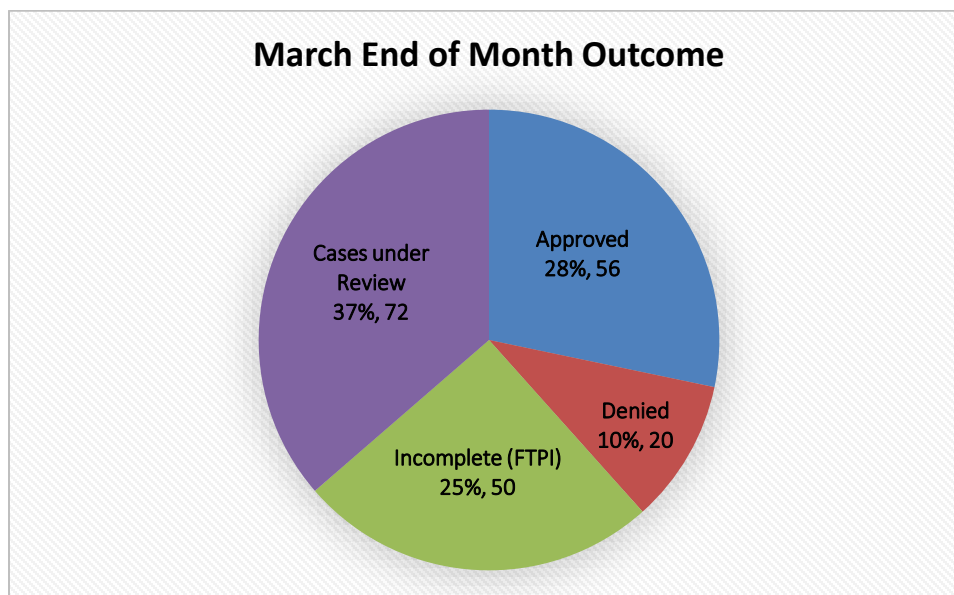


Fig. 3

The subsequent sections specify actions that the eligibility team have taken to reach a final determination on those cases that were pending review and incomplete:

1. Cases under Review

These include applications that were categorized as “Cases under Review” in last board report. At the end of March, HCAP data showed that 72 cases were pending review and yet to be finalized. After completing the review process, the final status of the applications are shown in Figure 4. **13% (18 cases)** were approved for HCAP benefits, **76% (55 cases)** did not complete the application process, and **5.6% (4 cases)** fell under the “other” category.

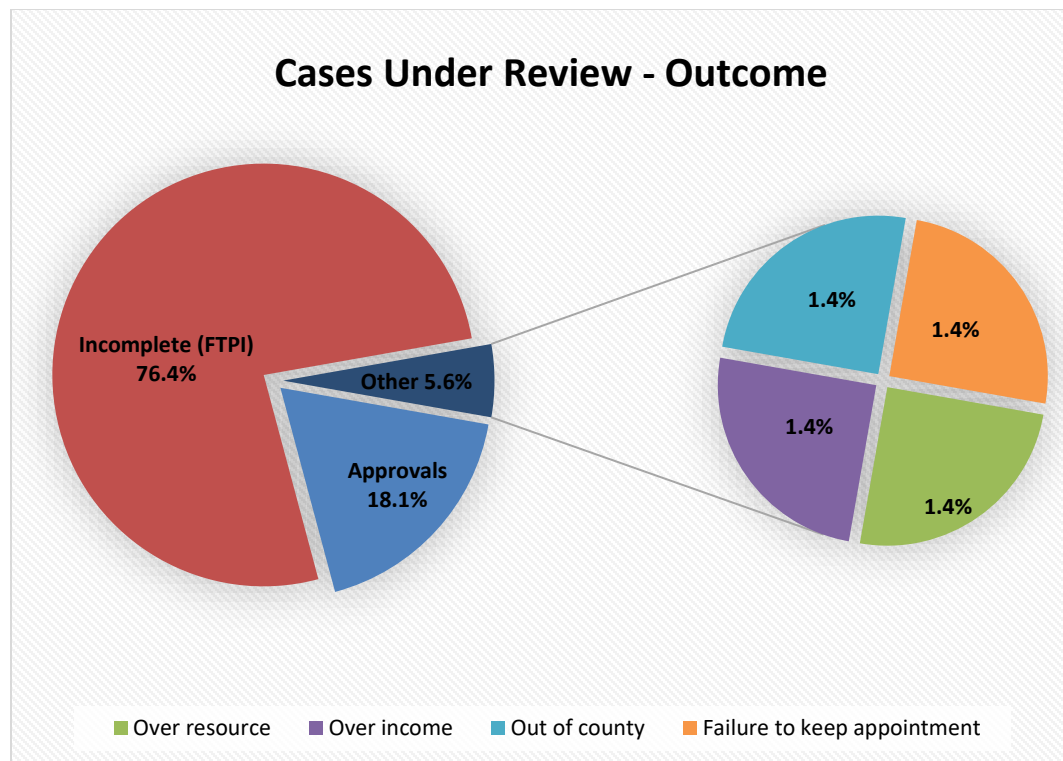


Fig. 4

2. Incomplete Applications (FTPI)

Out of the 198 applications submitted in March, 50 cases were designated at risk of being denied due to the applicant's failure to submit the requested eligibility documents. In order to encourage completion of the application process, the eligibility team did the following:

- Conducted follow-up calls to applicants over a period of 14 days
 - Successfully established contact with 41 applicants
 - Unable to make contact with 7 applicants, but left voice messages
 - 2 of the applicants could not be reached either due to a lack of a voicemail setup or their phone being disconnected
- Reviewed requested documents with applicants and clarified any ambiguities

At the conclusion, none of applicants completed the eligibility process. Figure 5 shows the breakdown of various documents that applicants were unable to provide in order to reach an eligibility determination.

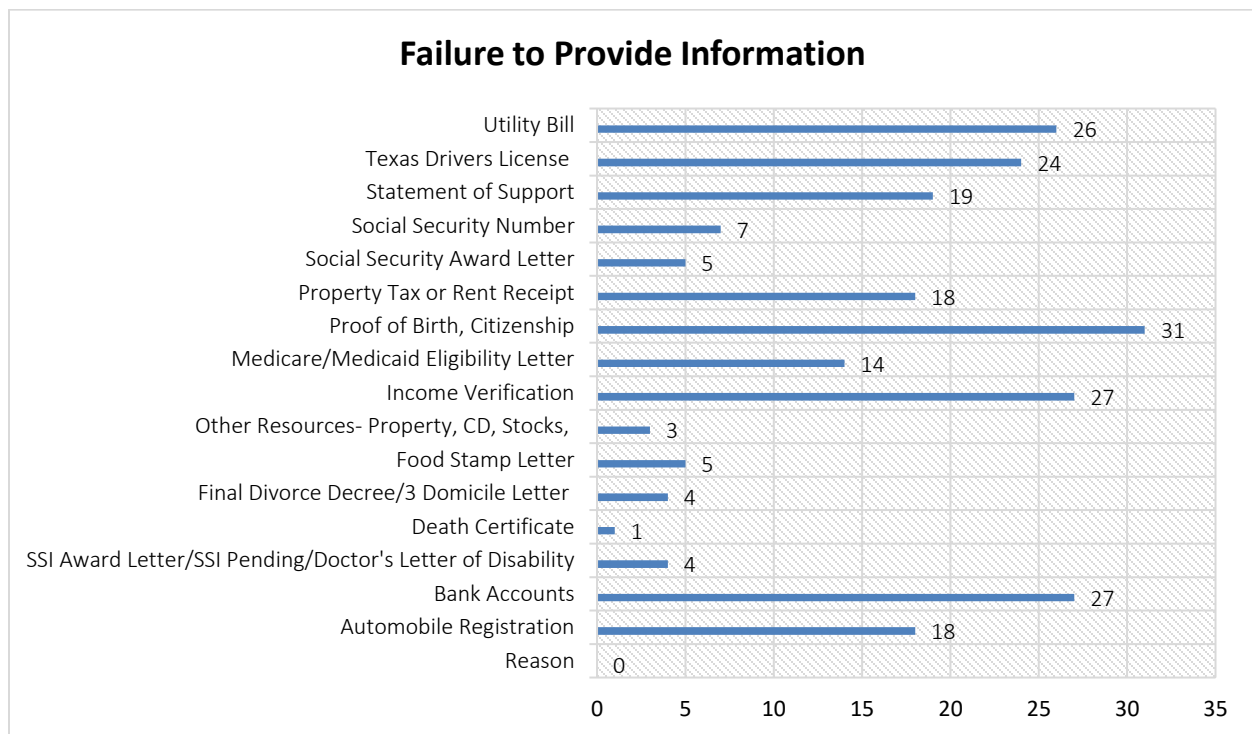


Fig. 5

March Application Results

After processing each case within the required timeframe period of 30 days, the final case determinations for March are depicted in Figure 6.

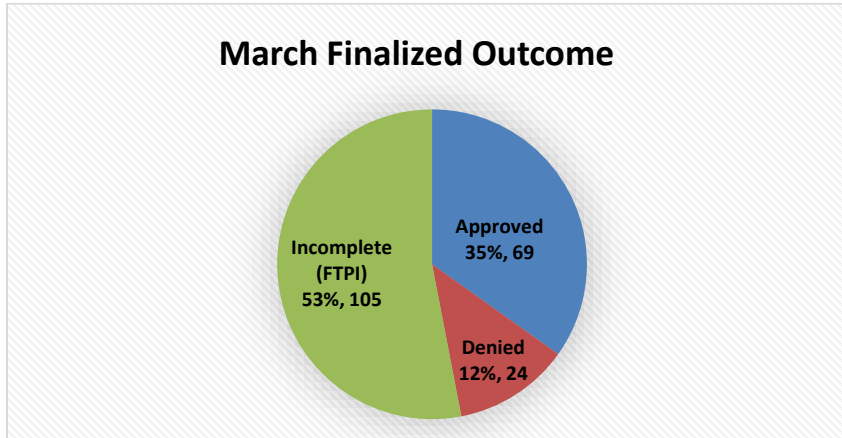


Fig. 6

April Applications

The results of the initial review of all applications receipted in April are shown in Figure 7. Since HCAP data is on a rolling basis, the status of applications in the "Incomplete" and "Cases under Review" categories have not yet been finalized. These will be updated for the subsequent board report.

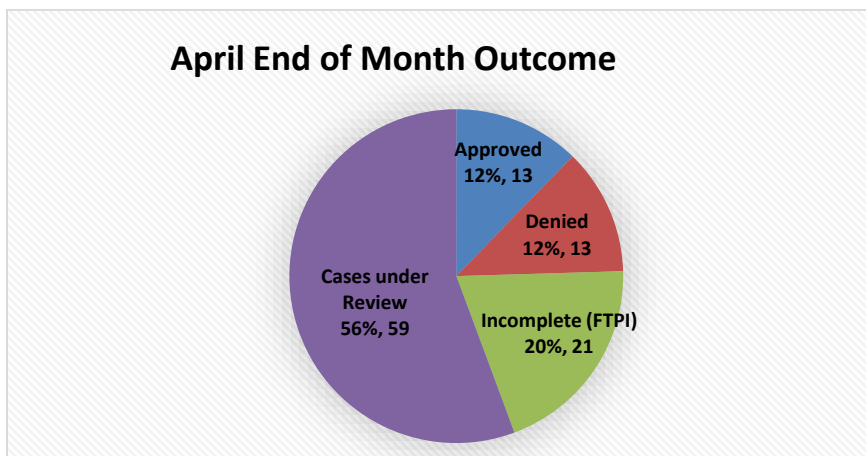


Fig. 7

Census

Effective July 1, 2011, new applicants are required to be $\leq 133\%$ of FPIL to qualify for HCAP benefits

HCAP Clients as of April 30 2020 = 549 versus April 30 2019 = 442									
FPIL Range	0-21%		21-50%		50-100%		100-150%		Inmates
FY 2020	210	38%	0	0%	0	0%	328	60%	11
FY 2019	251	57%	57	13%	78	18%	37	8%	19

Case Management

Majority of the HCAP population have multiple chronic conditions that make their health care unique and more complex than the average person living with one chronic condition. In order to adequately address their health care needs, HCAP implemented the diabetes and COPD education classes based on the top five identified diagnoses.

The team developed creative education modules that are often delivered in a classroom setting however, mobility restrictions necessitated by the COVID climate has prompted a different approach. Right now, the case managers have adopted a one-on-one education format via phone. These instructional sessions were implemented towards the end of the month so we should see an increase in the number of education sessions delivered next month. Below summarizes efforts for April:

- 10 clients received the diabetes self-management education
- Two clients received COPD education to enhance disease self-management

Maximum Liability: HCAP Case Managers work with internal and external partners to assist clients with the correct appropriation of their funds. Some examples of case management cost containment efforts are:

- Directing clients to low cost providers who emphasize quality of care
- Coordination of care with the CP's and other providers to avoid re-admissions
- Ensuring that catastrophic cases have an alternate funding source(s) as soon as they get on the HCAP program to ensure continuity of care
 - Case managers assisted **three individuals** with the MD Anderson financial assistance application.

The graph below shows the number of clients who have reached the maximum annual benefits of \$60,000 or 30 inpatient days each fiscal year. Per current data, seven clients have exhausted their maximum liability for FY20 which is a 75% increase over last month's number.

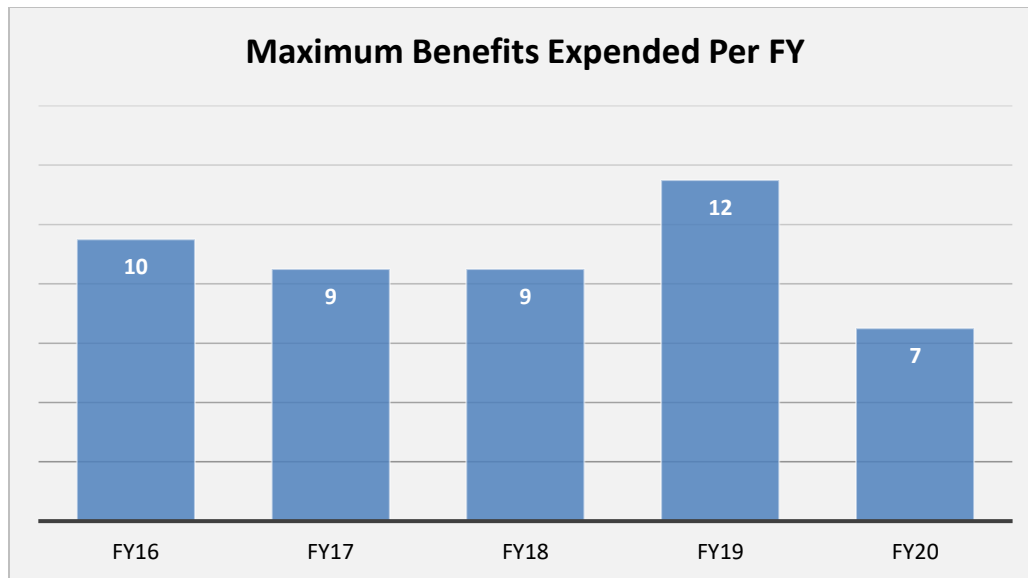


Fig. 8

Prescription Benefits Services:

Month	Applying Clients	Total Applications	Monthly Savings (AWP-16% + Dispensing Fee)
Apr-20	19	22	\$20,987.02
Mar-20	44	55	\$133,993.71
Feb-20	24	32	\$58,382.14
Jan-20	36	47	\$53,413.73
Dec-19	21	30	\$48,539.78
Nov-18	21	31	\$56,018.09
Sept-19	23	36	\$19,356.06
Aug-19	38	51	\$67,310.08
Jul-19	18	21	\$35,728.31
Jun-19	24	31	\$43,242.38
May-19	23	39	\$24,884.82
Apr-19	29	35	\$37,519.47

*Patient assistance programs are run by pharmaceutical companies to provide free medications to people who cannot afford to buy their medicine.

Medicaid Reimbursement

For FY 19-20 we have collected \$9,289.68 in Medicaid reimbursement. In April 4 clients were found to eligible for Medicaid and \$7,564.18 has been requested in reimbursement from the providers.

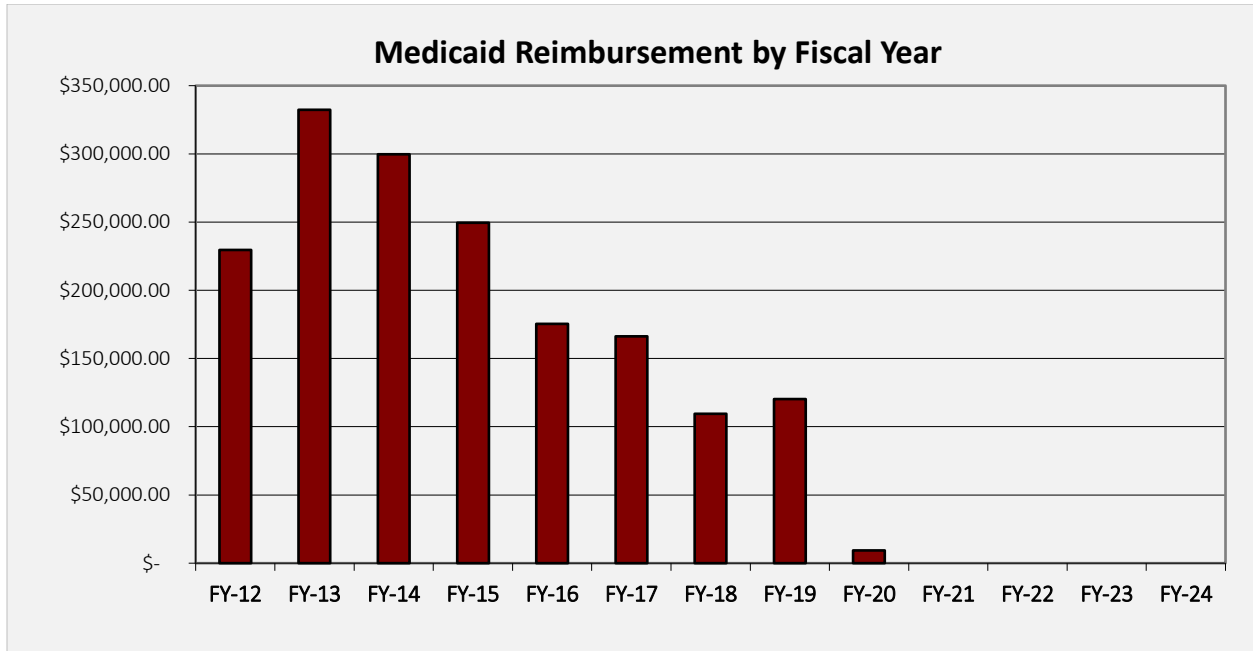


Fig. 8



Savings Summary Report

From 04/01/2020 to 04/30/2020

Report: RPT-068
Date: 05/11/2020

120501 Montgomery Co IHCP-Retail
Type: ALL

	# of RXs	% of All RXs	Calculated Total Cost	Average Cost/RX	Avg Qty	Avg Days	--- Savings vs Submitted Amounts ---				----- Savings vs Full AWP Price -----			
							Requested	Amt Saved	Amt Saved per RX	Pct Saved	Full AWP	Amt Saved	Saved Per RX	Pct Saved
Totals:	1203	100%	\$16,196	\$13.46	45.3	26.6	\$17,143	\$948	\$0.79	5.53%	\$119,745	\$103,549	\$86.08	86.47%
New RXs:	591	49.13%	\$6,594	\$11.16	44.6	24.0	\$6,773	\$179	\$0.30	2.64%	\$56,552	\$49,958	\$84.53	88.34%
Refill RXs:	612	50.87%	\$9,601	\$15.69	46.0	29.2	\$10,370	\$769	\$1.26	7.41%	\$63,193	\$53,591	\$87.57	84.81%
Generic RXs:	1186	98.59%	\$14,910	\$12.57	45.1	26.6	\$15,602	\$692	\$0.58	4.44%	\$118,756	\$103,846	\$87.56	87.44%
Brand Equiv RXs:	4	0.33%	\$88	\$21.96	47.5	30.0	\$105	\$17	\$4.34	16.51%	\$110	\$22	\$5.43	19.83%
Brand RXs:	13	1.08%	\$1,198	\$92.14	67.7	25.0	\$1,436	\$238	\$18.33	15.46%	\$880	-\$318	-\$24.48	-36.19%
Maintenance RXs:	898	74.65%	\$9,706	\$44.63	10.8	29.2	\$10,186	\$481	\$0.54	4.72%	\$90,662	\$80,956	\$90.15	89.29%
Non-Maint RXs:	305	25.35%	\$6,490	\$21.28	47.3	19.1	\$6,957	\$467	\$1.53	6.71%	\$29,083	\$22,593	\$74.07	77.68%

Savings vs. Submitted Amounts This section compares amounts requested by the pharmacy with amounts actually billed to the plan.
Savings vs. Full AWP Price This section compares the full AWP price of the drug against the amount billed to the plan

Type indicate the network type of the pharmacy. Values are Retail, Mail, or All.
All dollar amounts are based of Drug cost only.
Brand Equiv RXs refers to brands drugs filled when a generic equivalent was available

Note

This report is based of invoice close dates.



Top 25 Pharmacy Dispensing - by Dollar Amount
From 04/01/2020 to 04/30/2020

Report: RPT-157
Printed: 05/11/2020
Page: 1

120561 RETAIL Montgomery Co IHCP-Retail																
Rank	Pharmacy Name	NABP	Montgomery Co IHCP-Retail				Total Billed	Rx Count	Percent of Totals By Rx Amt	Avg Day Supply	Avg Cost Per Rx C-#	DAW	Ovrd			
			Brand RXs Cnt	Generic RXs Amount	Brd Equiv. RXs Cnt	Amount										
1	KROGER PHARMACY #136	4522987	3	\$488.22	69	\$91.88	0	0.00	\$1,380.10	72	5.98	9.35	25.3	\$19.17	11	0
2	CVS PHARMACY #07435	4564440	1	\$49.99	59	\$95.93	0	0.00	\$985.92	60	4.98	6.68	28.3	\$16.43	2	3
3	CVS PHARMACY #06741	4536528	1	\$602.68	34	\$12.47	2	49.23	\$964.38	37	3.07	6.53	25.0	\$26.06	3	0
4	WALMART PHARMACY 10-	4567472	3	\$337.01	88	\$65.70	0	0.00	\$942.71	91	7.56	6.38	26.7	\$10.36	0	7
5	HEB PHARMACY	4534790	1	\$310.01	32	\$55.23	0	0.00	\$865.24	33	2.74	5.86	29.4	\$26.22	5	0
6	WALMART PHARMACY 10-	5921211	1	\$24.88	56	\$15.11	0	0.00	\$839.99	57	4.73	5.69	25.5	\$14.74	9	10
7	LONE STAR FAMILY HEALTH	4534219	1	\$30.00	161	\$88.38	0	0.00	\$818.38	162	13.46	5.54	26.1	\$5.05	0	0
8	WALMART PHARMACY 10-	4565113	0	\$0.00	72	\$46.63	0	0.00	\$746.63	72	5.98	5.06	28.3	\$10.37	8	9
9	KROGER PHARMACY #138	4569527	0	\$0.00	60	\$97.08	0	0.00	\$597.08	60	4.98	4.04	28.5	\$9.95	0	0
10	HEB PHARMACY	5903592	1	\$475.06	8	\$75.53	1	27.70	\$578.29	10	0.83	3.92	26.8	\$57.83	6	5
11	KROGER PHARMACY	4523064	0	\$0.00	79	\$59.00	0	0.00	\$559.00	79	6.56	3.79	25.2	\$7.08	1	0
12	WALMART PHARMACY 10-	4528052	2	\$449.24	13	\$0.41	0	0.00	\$529.65	15	1.25	3.59	29.7	\$35.31	0	0
13	WALMART PHARMACY 10-	4592300	1	\$51.40	62	\$47.31	0	0.00	\$525.71	63	5.23	3.56	25.9	\$8.34	0	4
14	MAGNOLIA PHARMACY	4525448	0	\$0.00	5	\$38.05	0	0.00	\$388.05	5	0.42	2.63	27.0	\$77.61	0	0
15	CVS PHARMACY #10996	5920233	0	\$0.00	28	\$33.36	0	0.00	\$303.36	28	2.33	2.05	27.0	\$10.83	1	0
16	WALMART PHARMACY 10-	4517148	1	\$42.88	28	\$24.00	0	0.00	\$296.88	29	2.41	2.01	25.6	\$10.24	0	0
17	BROOKSHIRE BROTHERS	4594974	0	\$0.00	14	\$26.48	0	0.00	\$266.48	14	1.16	1.80	25.7	\$19.03	0	0
18	WALMART PHARMACY 10-	4591877	0	\$0.00	10	\$23.21	0	0.00	\$203.21	10	0.83	1.38	15.4	\$20.32	0	0
19	CVS PHARMACY #10270	5908867	0	\$0.00	3	\$173.41	0	0.00	\$173.41	3	0.25	1.17	20.0	\$57.80	0	0



Top 25 Pharmacy Dispensing - by Dollar Amount
From 04/01/2020 to 04/30/2020

Report: RPT-157
Printed: 05/11/2020
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Rank	Pharmacy Name	NABP	Brand RXs Cnt	Generic RXs Amount	Brd Equiv. RXs Cnt	Total Billed	Rx Count	Percent of Totals By RX	Avg Day Supply	Avg Cost Per RX	C-#	DAW	Ovrd			
20	WALMART PHARMACY 10-	4540870	0	\$0.00	21	\$170.48	0	0.00	\$170.48	21	1.74	1.15	27.9	\$8.12	0	2
21	WALMART PHARMACY 10-	4567042	0	\$0.00	43	\$66.32	0	0.00	\$166.32	43	3.57	1.13	27.6	\$3.87	0	3
22	KROGER PHARMACY	4532241	0	\$0.00	12	\$65.54	1	0.00	\$165.54	13	1.08	1.12	27.8	\$12.73	0	0
23	KROGER PHARMACY	4545399	0	\$0.00	13	\$64.88	0	0.00	\$164.88	13	1.08	1.12	28.5	\$12.87	0	0
24	KROGER PHARMACY	4511704	0	\$0.00	14	\$59.92	0	0.00	\$159.92	14	1.16	1.08	28.9	\$11.42	0	0
25	CVS PHARMACY #17420	4547242	0	\$0.00	3	\$150.51	0	0.00	\$150.51	3	0.25	1.02	30.0	\$50.17	0	0
SUBTOTAL FOR TOP25 :							\$12,841.92	1007		661.99		\$541.73				
SUBTOTAL FOR ALL OTHER Pharmacies :							\$1,823.09	197		848.83		\$346.26				
TOTAL FOR PLAN :							\$14,765.01	1204		1,510.82		\$887.99				
TOTAL FOR GROUP :							\$14,765.01	1204		1,510.82		\$887.99				

Total Dollars: Total calculated price for all RXs for Pharmacy (including copy)
% Total by RX: Percentage of RXs by Pharmacy vs. total RXs
% Total by Amt: Percentage of dollars by Pharmacy vs. total dollars (including copy)
Avg. Qty: Average quantity dispensed to each RX by Pharmacy

Avg Day Supply: Avg. Cost Per Rx:
C-#: DAW Code

Average Number of days supply dispensed by Pharmacy for each RX
Average total price for each RX by Pharmacy (including member copy)
Total # of C-II Controlled RXs dispensed from Pharmacy
Total # of DAW 2 (Physician) and DAW 2 (Member) Overrides

Note

This report is based on Rx Dispensing Data. Totals could change if claims or reversals are subsequently submitted and the dispensing dates are within this range. Invoices are based on period close dates and may not balance to these amounts



Top 25 Physician Dispensing - by Dollar Amount
From 04/01/2020 to 04/30/2020

Report: RPT-156
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Page: 1

120501 Montgomery Co HCP-Retail														
RETAIL Montgomery Co HCP-Retail														
Rank	Physician Name	Brand RXs Cnt	Brand RXs Amount	Generic RXs Cnt	Generic RXs Amount	Brd Equiv. RXs Cnt	Brd Equiv. RXs Amount	Total Billed	Rx Count	Percent of Totals By RX	By Amt	Avg Day Supply	Avg Cost Per RX C-#	DAW Dvld
1	ANUGWOM, CHINASA	4	\$708.99	86	793.55	0	0.00	\$1,502.54	90	7.48	10.18	27.6	\$16.89	0 0
2	STELLA, ANA	1	\$602.68	36	167.73	0	0.00	\$770.41	37	3.07	5.22	29.1	\$20.82	0 0
3	BOGENRIEDER, NANCY	2	\$449.24	29	231.18	0	0.00	\$680.42	31	2.57	4.61	25.7	\$21.95	0 0
4	CHAI, THOMAS	1	\$475.06	2	45.84	0	0.00	\$520.90	3	0.25	3.53	26.7	\$173.63	8 3
5	FERNANDES, LAURA	1	\$233.76	48	214.70	0	0.00	\$448.46	49	4.07	3.04	29.7	\$9.15	0 20
6	AL-KHUDHAR, MARWAN	2	\$182.11	30	225.63	0	0.00	\$407.74	32	2.66	2.76	28.2	\$12.74	0 0
7	SPRAYBERRY, CARRIE	0	\$0.00	8	376.07	0	0.00	\$378.07	8	0.66	2.56	30.0	\$47.26	0 0
8	YVONNE EMERICK, CAROLYN	1	\$30.00	56	343.08	0	0.00	\$373.08	57	4.73	2.53	27.1	\$6.55	0 0
9	PERRI, ANTHONY	0	\$0.00	1	348.61	0	0.00	\$348.61	1	0.08	2.36	30.0	\$348.61	0 0
10	LEE-MCGEE, TRACY	1	\$24.88	26	319.77	0	0.00	\$344.65	27	2.24	2.33	26.9	\$12.76	0 0
11	SINGH, BALBIR	0	\$0.00	6	334.55	0	0.00	\$334.55	6	0.50	2.27	25.0	\$55.76	0 0
12	NGUYEN, CHANH	0	\$0.00	37	289.26	0	0.00	\$289.26	37	3.07	1.96	29.5	\$7.82	0 0
13	SANTAMARIA, ADRIAN	0	\$0.00	4	289.00	0	0.00	\$289.00	4	0.33	1.96	30.0	\$72.25	0 0
14	DURGAM, PREETHI	0	\$0.00	20	274.93	0	0.00	\$274.93	20	1.66	1.86	29.3	\$13.75	0 0
15	MILLET, YOANN	0	\$0.00	20	271.97	0	0.00	\$271.97	20	1.66	1.84	27.6	\$13.60	5 0
16	BOBADILLA, MARIBETH	0	\$0.00	36	258.66	0	0.00	\$258.66	36	2.99	1.75	26.1	\$7.19	0 0
17	KLEIN, ALEXANDER	0	\$0.00	3	236.74	0	0.00	\$236.74	3	0.25	1.60	24.7	\$78.91	0 0
18	BASFORD, AMANDA	0	\$0.00	2	213.76	0	0.00	\$213.76	2	0.17	1.45	30.0	\$106.88	0 0
19	CHU, PING	0	\$0.00	8	211.10	0	0.00	\$211.10	8	0.66	1.43	18.1	\$26.39	10 0

Total Dollars: Total calculated price for all RXs for Physician (including copay)
% Total by RX: Percentage of RXs by Physician vs. total RXs
% Total by Amt: Percentage of dollars by Physician vs. total dollars (including copay)
Avg Qty: Average quantity dispensed to each RX by Physician

Avg Day Supply: Avg. Cost Per Rx: Average Number of days supply dispensed by Physician for each RX
C-#: Average total price for each RX by Physician (including member copay)
DAW Dvld: Total # of C-II Controlled RXs written by Physician
Total # of C-III (Physician) and C-IV (Member Overdose)

Note

This report is based on Rx Dispensing Data. Totals could change if claims or reversals are subsequently submitted and the dispensing dates are within this range. Invoices are based on period close dates and may not balance to these amounts



Top 25 Physician Dispensing - by Dollar Amount
From 04/01/2020 to 04/30/2020

Report: RPT-156
Printed: 05/11/2020
Page: 2

Rank	Physician Name	Brand RXs Cnt	Brand RXs Amount	Generic RXs Cnt	Generic RXs Amount	Brd Equiv. RXs Cnt	Brd Equiv. RXs Amount	Total Billed	Rx Count	Percent of Totals By RX	By Amt	Avg Day Supply	Avg Cost Per RX C-#	DAW Dvld
20	FERRY, PAMELA	1	\$51.40	14	133.60	0	0.00	\$185.00	15	1.25	1.25	28.7	\$12.33	0 0
21	CULLERS, SUZANNE	0	\$0.00	1	178.88	0	0.00	\$178.88	1	0.08	1.21	30.0	\$178.88	0 0
22	DELMORE, KELLY	0	\$0.00	5	159.12	0	0.00	\$159.12	5	0.42	1.08	30.0	\$31.82	0 0
23	NORRIS, KIM	0	\$0.00	14	147.54	0	0.00	\$147.54	14	1.16	1.00	25.5	\$10.54	0 0
24	DESAI, PREETI	0	\$0.00	4	139.91	0	0.00	\$139.91	4	0.33	0.95	30.0	\$34.98	0 0
25	YOUNG, JEROME	0	\$0.00	9	135.82	0	0.00	\$135.82	9	0.75	0.92	20.3	\$15.09	1 0
SUBTOTAL FOR TOP25 :								\$9,101.12	519			685.77	\$1,336.35	
SUBTOTAL FOR ALL OTHER PHYSICIANS :								\$5,663.89	685			4,141.68	\$1,898.74	
TOTAL FOR PLAN :								\$14,765.01	1204			4,827.45	\$3,235.10	
TOTAL FOR GROUP :								\$14,765.01	1204			4,827.45	\$3,235.10	

Top 25 Therapy Classes by- Dollar Amount
From 04/01/2020 to 04/30/2020

Report: RPT-147
Printed: 05/11/2020
Page: 1

120501 RETAIL		Montgomery Co IHCP-Retail Montgomery Co IHCP-Retail								
Rank	Code	Drug Class	Retail Rxs	Mail Rxs	Avg Days	Avg Rx Cost	Rx Cnt	Total Billed	Percent of Totals	
								By Rx		By Amt
1	7260	*Anticonvulsants - Misc.**	69	0	29.93	\$24.63	69	\$1,699.36	5.73	9.18
2	2710	*Insulin**	7	0	24.14	\$224.13	7	\$1,568.92	.58	8.48
3	6510	*Opioid Agonists**	25	0	24.88	\$34.31	25	\$857.69	2.08	4.63
4	4420	*Sympathomimetics**	17	0	23.65	\$45.60	17	\$775.21	1.41	4.19
5	6610	*Nonsteroidal Anti-inflammatory Agents (NSAIDs)**	33	0	22.97	\$21.62	33	\$713.60	2.74	3.86
6	7510	*Central Muscle Relaxants**	33	0	24.82	\$19.50	33	\$643.45	2.74	3.48
7	3940	*HMG CoA Reductase Inhibitors**	90	0	29.74	\$5.63	90	\$506.51	7.48	2.74
8	9055	*Corticosteroids - Topical**	9	0	24.89	\$52.22	9	\$469.99	.75	2.54
9	2810	*Thyroid Hormones**	43	0	30.00	\$10.83	43	\$465.58	3.57	2.52
10	3610	*ACE Inhibitors**	59	0	30.00	\$7.72	59	\$455.51	4.9	2.46
11	3400	*Calcium Channel Blockers**	40	0	29.63	\$10.29	40	\$411.45	3.32	2.22
12	3320	*Beta Blockers Cardio-Selective**	57	0	30.00	\$6.55	57	\$373.59	4.73	2.02
13	6740	*Serotonin Agonists**	4	0	24.75	\$84.53	4	\$338.13	.33	1.83
14	8910	*Rectal Steroids**	1	0	30.00	\$294.98	1	\$294.98	.08	1.59
15	4927	*Proton Pump Inhibitors**	48	0	29.67	\$5.95	48	\$285.44	3.99	1.54
16	5025	*5-HT3 Receptor Antagonists**	8	0	9.38	\$34.05	8	\$272.43	.66	1.47
17	4220	*Nasal Steroids**	16	0	30.13	\$16.73	16	\$267.62	1.33	1.45
18	5720	*Antianxiety Agents - Misc.**	11	0	28.64	\$24.25	11	\$266.79	.91	1.44
19	3720	*Loop Diuretics**	21	0	29.05	\$12.67	21	\$266.16	1.74	1.44
20	3699	*Antihypertensive Combinations**	26	0	30.00	\$9.20	26	\$239.32	2.16	1.29
21	4070	*Sinus Node Inhibitors*	1	0	30.00	\$233.76	1	\$233.76	.08	1.26
22	3615	*Angiotensin II Receptor Antagonists**	31	0	29.52	\$7.48	31	\$231.98	2.57	1.25
23	6599	*Opioid Combinations**	26	0	15.12	\$8.88	26	\$230.88	2.16	1.25
24	2720	*Sulfonyleureas**	26	0	30.00	\$8.77	26	\$228.01	2.16	1.23
25	2725	*Biguanides**	46	0	30.00	\$4.94	46	\$227.10	3.82	1.23
SUBTOTAL FOR TOP 25 :			747	0	670.88	\$1,209.23	747	\$12,323.46		
SUBTOTAL FOR ALL OTHER CLASSES :			457	0	2,271.20	\$2,220.44	457	\$6,184.45		
TOTAL FOR PLAN:			1204	0	2,942.08	\$3,429.67	1204	\$18,507.91		
TOTAL FOR GROUP :			1204	0	2,942.08	\$3,429.67	1204	\$18,507.91		

Note

Code: Therapeutic Classification for the drug class
Avg Rx Cost: Average amount per script for the drug cost and dispense fee only
Total Billed: Total amount of the drug cost and dispense fee

This report is based on Rx Dispensing Date. Totals could change if claims or reversals are subsequently submitted and the dispensing dates are within this range. Invoices are based on period close dates and may not balance to these amounts

Montgomery County Indigent

Top 25 Therapy Classes by MCHD Billed Amount
For Period Ending April 30, 2020



Rank	Therapy Class	Billed Amount
1	Insulin	\$1,568.92
2	Anticonvulsants - Misc.	\$1,501.63
3	Opioid Agonists	\$803.87
4	Sympathomimetics	\$791.49
5	Corticosteroids - Topical	\$722.69
6	Nonsteroidal Anti-inflammatory Agents (NSAIDs)	\$620.49
7	Central Muscle Relaxants	\$585.70
8	Thyroid Hormones	\$384.80
9	ACE Inhibitors	\$379.81
10	Calcium Channel Blockers	\$379.38
11	Serotonin Agonists	\$359.43
12	Rectal Steroids	\$294.98
13	HMG CoA Reductase Inhibitors	\$278.17
14	Antianxiety Agents - Misc.	\$254.93
15	5-HT3 Receptor Antagonists	\$251.14
16	Beta Blockers Cardio-Selective	\$235.64
17	Sinus Node Inhibitors	\$233.76
18	Proton Pump Inhibitors	\$229.61
19	Alkalinizers	\$213.76
20	Beta Blockers Non-Selective	\$209.36
21	Vaginal Anti-infectives	\$206.61
22	Loop Diuretics	\$198.77
23	Angiotensin II Receptor Antagonists	\$195.80
24	Analgesic Combinations	\$191.15
25	Nasal Steroids	\$184.09
Grand Total		\$11,275.98

AGENDA ITEM # 16

Board Mtg: 5/26/20

Consider and act on Healthcare Assistance Program claims from Non-Medicaid 1115 Waiver providers. (Mrs. Wagner, Chair-Indigent Care Committee)

Montgomery County Hospital District Summary of Claims Processed For the Period 3/1/20 through 4/29/20

Disbursement Date	Board Reviewed	Payments Made to All Other Vendors (Non-UPL)	
<u>March</u>			
March 1, 2020	Yes	\$	143.56
March 4, 2020	Yes	\$	20,945.16
March 11, 2020	Yes	\$	45,454.33
March 18, 2020	Yes	\$	46,143.40
March 25, 2020	Yes	\$	45,422.32
Total March Payments - MTD		\$	158,108.77
Monthly Budget - March 2020		\$	203,166.00
<u>April</u>			
April 1, 2020	No	\$	40,729.70
April 8, 2020	No	\$	28,899.96
April 15, 2020	No	\$	20,425.70
April 22, 2020	No	\$	90,805.28
April 29, 2020	No	\$	40,084.38
Total April Payments - MTD		\$	220,945.02
Monthly Budget - April 2020		\$	203,165.00

Note: Payments made may differ from the amounts shown in the financial statements due to accruals and/or other adjustments.

Agenda Item # 17



We Make a Difference!

To: Board of Directors

From: Brett Allen

Date: May 26, 2020

Re: Voluntary Contribution for Uncompensated Care Program

Fiscal Impact: Nominal

Yes No N/A

☒ ☐ ☐ Budgeted item?

☐ ☒ ☐ Within budget?

☐ ☒ ☐ Renewal contract?

☐ ☒ ☐ Special request?

On June 4th, the voluntary contribution to the Medicaid 1115 Waiver (Uncompensated Care) for Healthcare Assistance Program (HCAP) claims for the period January 2020 through March 2020 is due to be paid.

Based on the valuation of the services provided, the voluntary contribution for that period should be \$1,052,000. Currently, the amount accrued for that period is \$613,658.67.

We are recommending the Board authorize an additional \$438,341.63, so the full \$1,052,000 can be paid.

There are several reasons that have contributed to the budget overrun:

- Based on year-to-date numbers, we underestimated the anticipated increase in clients.
 - For the FY 2020 budget, we estimated a 5% client increase for the fiscal year with a total of 1,405. At mid-year, this should have been 702 clients; however, we have 815 clients mid-year, which reveals an underestimation of 113 clients.
 - October – April data shows we're averaging 37 new clients monthly versus our projected 10. Factors such as outreach, COVID climate, and the increase in unemployment numbers have contributed to this spike in patients.
- Patient cases have higher acuity.
 - Claims analysis shows that clients are utilizing more uncompensated care (UC) providers, which account for approximately 60% of our monthly expenses. UC inpatient cost is the highest expenditure.
 - We estimated a cost of \$210,239 monthly, but the actual average amount spent monthly is for January through March of 2020 was \$356,074..
- We had a total of approximately 800 claims with Boon-Chapman for an estimated \$581,495.70 that were carried over from the previous fiscal year.

AGENDA ITEM # 18

Board Mtg: 05/26/20

Consider and act on ratification of voluntary contributions to the Medicaid 1115 Waiver program of Healthcare Assistance Program claims. (Mrs. Wagner, Chair – Indigent Care Committee)

Montgomery County Hospital District Summary of Claims Processed For the Period 5/1/20 through 5/31/20

<u>Disbursement Date</u>	<u>Value of Services Provided by HCA and Affiliated Providers</u>
<u>May</u>	
May Voluntary Contribution for Medicaid 1115 Waiver Program	\$ 210,240.00
Budgeted Amount May 2020	\$ 210,240.00
Additional Accrual Attributed to April 2020 ⁽¹⁾	\$ 98,700.00
Additional Accrual Attributed to Average Actual Monthly Run Rate ⁽²⁾	\$ 134,050.00
Total Accrual for May 2020	<u>\$ 442,990.00</u>
Over / (Under) Budget	\$ 232,750.00

Calculation (1):

April Actual	\$ 308,935.85
April Accrual	\$ (210,239.00)
Additional Accrual Attributed to April 2020	<u>\$ 98,696.85</u>

Calculation (2):

January 2020 through April 2020 Average	\$ 344,290.00
Budgeted Monthly Accrual	\$ (210,240.00)
Additional Accrual Attributed to Average Actual Monthly Run Rate	<u>\$ 134,050.00</u>

Agenda Item # 19



To: Board of Directors

From: Ade Moronkeji

Date: May 26, 2020

Re: Consider and act on revisions and modifications to Healthcare Assistance Program (HCAP) which is comprised of the Montgomery County Indigent Care Plan and the Medical Assistance Plan Handbooks

Revisions were made based on the State CIHCP Handbook revision received April 2020.

MCICP Current Guidelines:

- Section Two, Eligibility Criteria, Budgeting Income

**MONTGOMERY COUNTY HOSPITAL DISTRICT
MONTGOMERY COUNTY INDIGENT CARE PLAN
INCOME GUIDELINES EFFECTIVE 03/01/19 21 % FPIL**

# of Individuals in the MCICP Household	21% FPG Minimum Income Standard
1	\$219
2	\$296
3	\$374
4	\$451
5	\$528
6	\$606
7	\$683
8	\$761
9	\$838
10	\$915
11	\$993
12	\$1,086

New Guidelines:

- Section Two, Eligibility Criteria, Budgeting Income

CIHCP Monthly Income Standards Effective April 2020

Based on the 2020 Federal Poverty Guideline (FPG)

# of Individuals in the MCICP Household	21% FPG Minimum Income Standard
1	\$224
2	\$302
3	\$381
4	\$459
5	\$537
6	\$616
7	\$694
8	\$773
9	\$851
10	\$929
11	\$1,008
12	\$1,086

- **Potential Impact of revision:** This revision updates our income guidelines to match the Federal Poverty Income Limits that generally are updated for all entitlement programs, due to annual cost of living adjustments, each April. The HCAP program updates its FPIL guidelines when the State County Indigent Healthcare Program publishes its new guidelines. This revision potentially will result in more applicants qualifying for assistance under the MCICP program.

MAP Current Guidelines:

- Section Two, Eligibility Criteria, Budgeting Income

**MONTGOMERY COUNTY HOSPITAL DISTRICT
MEDICAL ASSISTANCE PLAN INCOME GUIDELINES
EFFECTIVE 03/01/19 150 % FPIL**

# of Individuals in the MAP Household	150% FPG Minimum Income Standard
1	\$1,562
2	\$2,114
3	\$2,667
4	\$3,219
5	\$3,772
6	\$4,324
7	\$4,877
8	\$5,429
9	\$5,982
10	\$6,534
11	\$7,087
12	\$6,639

New Guidelines:

- Section Two, Eligibility Criteria, Budgeting Income

CIHCP Monthly Income Standards Effective April 2020
Based on the 2020 Federal Poverty Guideline (FPG)

# of Individuals in the MAP Household	150% FPG Minimum Income Standard
1	\$1,595
2	\$2,155
3	\$2,715
4	\$3,275
5	\$3,835
6	\$4,395
7	\$4,955
8	\$5,515
9	\$6,075
10	\$6,635
11	\$7,195
12	\$7,755

- **Potential Impact of revision:** This revision updates our income guidelines to match the Federal Poverty Income Limits that generally are updated for all entitlement programs, due to annual cost of living adjustments, each April. The HCAP program updates its FPIL guidelines when the State County Indigent Healthcare Program publishes its new guidelines. This revision potentially will result in more applicants qualifying for assistance under the MAP program.

Fiscal Impact:

Yes	No	N/A	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Budgeted item?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Within budget?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Renewal contract?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Special request?

Montgomery County Hospital District

Montgomery County Indigent Care Plan

Handbook Procedures and Guidelines

Revised April 1, ~~2019~~2020

Board Reviewed/Approved

MONTGOMERY COUNTY HOSPITAL DISTRICT
MONTGOMERY COUNTY INDIGENT CARE PLAN HANDBOOK
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Note: Appendices may be changed or revised as needed with authorization from the Chief Operating Officer, Chief Financial Officer, and/or Chief Executive Officer of the District.

TECHNICAL ASSISTANCE

The Montgomery County Indigent Care Plan (MCICP) may be contacted at:

Montgomery County Indigent Care Plan Office
1400 South Loop 336 West (First floor)
Conroe, Texas, 77304

Office Hours:

Monday through Thursday:
7:30am - 4:30pm

Friday:
7:30am - 11:30am

Office: (936) 523-5100
Fax: (936) 539-3450

<http://www.mchd-tx.org/>

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As not all situations are covered in this manual and thereby the Chief Operating Officer, Chief Financial Officer, and/or Chief Executive Officer for Montgomery County Hospital District have administrative control over the Montgomery County Indigent Care Plan and are authorized to overrule and make management decisions for special circumstances, as they deem necessary.

SECTION ONE. PLAN ADMINISTRATION

INTRODUCTION

The Montgomery County Hospital District is charged by Article IX, section 9 of the Texas Constitution to provide certain health care services to the County's needy inhabitants. In addition, section 61.055 of the Texas Indigent Health Care And Treatment Act, (Ch. 61 Texas Health & Safety Code) requires the Montgomery County Hospital District to provide the health care services required under the Texas Constitution and the statute creating the District. The District's enabling legislation in section 5(a) provides that the Board of Directors of the District shall have the power and authority to promulgate rules governing the health care services to be delivered by the District in Montgomery County.

The Board of Directors of the Montgomery County Hospital District is committed to ensure that the needy inhabitants of the County receive quality health care services in an equitable and non-discriminatory manner through the District's Montgomery County Indigent Care Plan. The Board of Directors believes quality medical care services can be provided to the County's needy inhabitants in a manner that is fair and equitable, efficient and without undue expense of local taxpayer dollars, which fund such care.

These Montgomery County Indigent Care Plan Policies are promulgated and approved pursuant to section 5(a) of the District's enabling legislation and are intended to provide guidelines and rules for the qualification and enrollment of participants into the District's Montgomery County Indigent Care Plan. These policies are intended to track and be in harmony with the indigent health care Plan policies approved by the Texas Department of State Health Services and imposed upon non-hospital district counties pursuant to the Indigent Health Care and Treatment Act. It is the intent of the Board of Directors that these policies are to apply to "indigents" as defined in Ch. 61 of the Texas Health & Safety Code, such determination using the eligibility guidelines set forth in Chapter 61 and the rules adopted by the Texas Department of State Health

SECTION ONE
PLAN ADMINISTRATION
INTRODUCTION

Services. In addition, these policies are intended to ensure the delivery of quality and medically necessary healthcare services to Plan participants in a fair and non-discriminatory manner. These policies are not intended to apply to persons who do not qualify as “indigent” per Ch. 61 of the Texas Health & Safety Code; however, such persons may be covered under other health care Plans provided by the District.

These Montgomery County Indigent Care Plan Policies are intended to cover the delivery of health care services to needy indigent residents of the District. Such residents are not employees of the District therefore these policies do not create benefits or rights under ERISA, COBRA or other employment-related statutes, rules or regulations. These policies are intended to comply with medical privacy regulations imposed under HIPAA and other state regulations but are superseded by such statutes to the extent of any conflict. Compliance with ADA and other regulations pertaining to disabled individuals shall not be the responsibility of the District, but shall be the responsibility of those medical providers providing services to the District's needy inhabitants. As a hospital district, only certain provisions of the Indigent Healthcare and Treatment Act (Ch. 61 Texas Health & Safety Code) apply to services provided by the District, including these Policies.

These policies may be amended from time to time by official action of the District's Board of Directors.

- MCHD's Enabling Legislation may be found in Appendix II.
- Chapter 61, Health and Safety Code may be found in Appendix III or online at <http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.61.htm>.

MCHD MCICP Handbook

The MCHD MCICP Handbook is sometimes referred to in other agreements as the “MCICP Plan”, “Plan”, or “Plan Document.”

The purpose of the MCHD MCICP Handbook is to:

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PLAN ADMINISTRATION
INTRODUCTION

- Establish the eligibility standards and application, documentation, and verification procedures for MCHD MCICP,
- Define basic and extended health care services.

GENERAL ADMINISTRATION

MCHD Responsibility

The District will:

- Administer a county wide indigent health care program
- Serve all of and only Montgomery County's Needy Inhabitants
 - Needy inhabitants is defined by the district as any individual who meets the eligibility criteria for the Plan as defined herein and who meet an income level up to 21% of FPIL
- Provide basic health care services to eligible Montgomery County residents who have a medical necessity for healthcare
- Follow the policies and procedures described in this handbook, save and except that any contrary and/or conflicting provisions in any contract or agreement approved by the District's Board of Directors shall supersede and take precedence over any conflicting provisions contained in this Handbook. (See Exclusions And Limitations section below).
- Establish an application process
- Establish procedures for administrative hearings that provide for appropriate due process, including procedures for appeals requested by clients that are denied
- Adopt reasonable procedures
 - For minimizing the opportunity for fraud
 - For establishing and maintaining methods for detecting and identifying situations in which a question of fraud may exist, and
 - For administrative hearings to be conducted on disqualifying persons in cases where fraud appears to exist
- Maintain the records relating to an application at least until the end of the third complete MCHD fiscal year following the date on which the application is submitted

SECTION ONE
PLAN ADMINISTRATION
GENERAL ADMINISTRATION

- Montgomery County Hospital District will validate the accuracy of all disclosed information, especially information that may appear fraudulent or dishonest. Additionally, any applicant may be asked to produce additional information or documentation for any part of the Eligibility process
- Public Notice. Not later than the beginning of MCHD's operating year, the District shall specify the procedure it will use during the operating year to determine eligibility and the documentation required to support a request for assistance and shall make a reasonable effort to notify the public of the procedure
- Establish an optional work registration procedure that will contact the local Texas Workforce Commission (TWC) office to determine how to establish their procedure and to negotiate what type of information can be provided. In addition, MCHD must follow the guidelines below
 1. Notify all eligible residents and those with pending applications of the Plan requirements at least 30 days before the Plan begins.
 2. Allow an exemption from work registration if applicants or eligible residents meet one of the following criteria:
 - Receive food stamp benefits,
 - Receive unemployment insurance benefits or have applied but not yet been notified of eligibility,
 - Physically or mentally unfit for employment,
 - Age 18 and attending school, including home school, or on employment training program on at least a half-time basis,
 - Age 60 or older,
 - Parent or other household member who personally provides care for a child under age 6 or a disabled person of any age living with the household,
 - Employed or self-employed at least 30 hours per week,
 - Receive earnings equal to 30 hours per week multiplied by the federal minimum wage.

If there is ever a question as to whether or not an applicant should be exempt from work registration, contact the local Texas Workforce Commission (TWC) office when in doubt.

3. If a non-exempt applicant or MCHD MCICP eligible resident fails without good cause to comply with work registration requirements, disqualify him from MCHD MCICP as follows:

SECTION ONE
PLAN ADMINISTRATION
GENERAL ADMINISTRATION

- For one month or until he agrees to comply, whichever is later, for the first non-compliance;
 - For three consecutive months or until he agrees to comply, whichever is later, for the second non-compliance; or
 - For six consecutive months or until he agrees to comply, whichever is later, for the third or subsequent non-compliance.
- Establish Behavioral Guidelines that all applicants and MCICP clients must follow in order to protect MCHD employees, agents such as third party administrators, and providers. Each situation will be carefully reviewed with the Chief Operating Officer, Chief Financial Officer, and/or Chief Executive Officer for determination. Failure to follow the guidelines will result in definitive action and up to and including refusal of coverage or termination of existing benefits.

SECTION TWO. ELIGIBILITY CRITERIA

RESIDENCE

General Principles

- A person must live in the Montgomery County prior to filing an application.
- An inmate of a county correctional facility, who is a resident of another Texas county, would not be required to apply for assistance to their county of residence. They may apply for assistance to the county of where they are incarcerated.
- A person lives in Montgomery County if the person's home and/or fixed place of habitation is located in the county and he intends to return to the county after any temporary absences.
- A person with no fixed residence or a new resident in the county who declares intent to remain in the county is also considered a county resident if intent is proven. Examples of proof of intent can include the following: change of driver's license, change of address, lease agreement, and proof of employment.
- A person does not lose his residency status because of a temporary absence from Montgomery County.
- A person cannot qualify for more than one entitlement program from more than one county simultaneously.
- A person living in a Halfway House may be eligible for MCICP benefits after he has been released from the Texas Department of Corrections if the state only paid for room and board at the halfway house and did not cover health care services.
 - If this person otherwise meets all eligibility criteria and plans to remain a resident of the county where the halfway house is located, this person is eligible for the MCICP.
 - If this person plans to return to his original county of residence, which is not the county where the halfway house is located, this person would not be considered a resident of the county and therefore not eligible for the MCICP.
- Persons Not Considered Residents:

SECTION TWO
ELIGIBILITY CRITERIA
RESIDENCE

- An inmate or resident of a state school or institution operated by any state agency,
- An inmate, patient, or resident of a school or institution operated by a federal agency,
- A minor student primarily supported by his parents whose home residence is in another county or state,
- A person living in an area served by a public facility, and
- A person who moved into the county solely for the purpose of obtaining health care assistance.

Verifying Residence

Verify residence for all clients.

Proof may include but is not limited to:

- Mail addressed to the applicant, his spouse, or children,
- Texas driver's license or other official identification,
- Rent, mortgage payment, or utility receipt,
- Property tax receipt,
- Voting record,
- School enrollment records, and
- Lease agreement.

No PO boxes are allowed to verify a residence, so all clients must provide a current physical address.

No medical (hospital) bills, invoices, nor claims may be used to prove/verify a residence.

Documenting Residence

On HCAP Form 101, document why information regarding residence is questionable and how questionable residence is verified.

CITIZENSHIP

General Principles

- A person must be a natural born citizen, a naturalized citizen, or a documented alien with a current legal residency status.

HOUSEHOLD

General Principles

- A MCHD MCICP household is a person living alone or two or more persons living together where legal responsibility for support exists, excluding disqualified persons.
- Legal responsibility for support exists between:
 - Persons who are legally married under the laws of the State of Texas, (including common-law marriage),
 - A legal parent and a minor child (including unborn children), or
 - A managing conservator and a minor child.
- Medicaid is the only program that disqualifies a person from the Montgomery County Indigent Care Plan.

MCHD MCICP Household

The MCHD MCICP household is a person living alone or two or more persons living together where legal responsibility for support exists, excluding disqualified persons.

Disqualified Persons

- A person who receives or is categorically eligible to receive Medicaid,
- A person who receives TANF benefits,
- A person who receives SSI benefits and is eligible for Medicaid,
- A person who receives Qualified Medicare Beneficiary (QMB), Medicaid Qualified Medicare Beneficiary (MQMB), Specified Low-Income Medicare Beneficiary (SLMB), Qualified Individual-1 (QI-1); or Qualified Disabled and Working Individuals (QDWI), and
- A Medicaid recipient who partially exhausts some component of his Medicaid benefits,

A disqualified person is not a MCHD MCICP household member regardless of his legal responsibility for support.

SECTION TWO
ELIGIBILITY CRITERIA
HOUSEHOLD

MCHD MCICP One-Person Household

- A person living alone,
- An adult living with others who are not legally responsible for the adult's support,
- A minor child living alone or with others who are not legally responsible for the child's support,
- A Medicaid-ineligible spouse,
- A Medicaid-ineligible parent whose spouse and/or minor children are Medicaid-eligible,
- A Medicaid-ineligible foster child, and
- An inmate in a county jail (not state or federal).

MCHD MCICP Group Households – two or more persons who are living together and meet one of the following descriptions:

- Two persons legally married to each other,
- One or both legal parents and their legal minor children,
- A managing conservator and a minor child and the conservator's spouse and other legal minor children, if any,
- Minor children, including unborn children, who are siblings, and
- Both Medicaid-ineligible parents of Medicaid-eligible children.

Verifying Household

All households are verified.

Proof may include but is not limited to:

- Lease agreement or
- Statement from a landlord, a neighbor, or other reliable source.

Documenting Household

On HCAP Form 101, document why information regarding household is questionable and how questionable household is verified.

RESOURCES

General Principles

- A household must pursue all resources to which the household is legally entitled unless it is unreasonable to pursue the resource. Reasonable time (at least three months) must be allowed for the household to pursue the resource, which is not considered accessible during this time.
- The resources of all MCHD MCICP household members are considered.
- Resources are either countable or exempt.
- Resources from disqualified and non-household members are excluded, but may be included if processing an application for a sponsored alien.
- A household is not eligible if the total countable household resources exceed:
 - \$3,000.00 when a person who is aged or has disabilities and who meets relationship requirements lives in the home or
 - \$2,000.00 for all other households.
- A household is not eligible if their total countable resources exceed the limit on or after:
 - A household is not eligible if their total countable resources exceed the limit on or after the first interview date or the process date for cases processed without an interview.
- In determining eligibility for a prior month, the household is not eligible if their total countable resources exceed the limit anytime during the prior month.
- Consider a joint bank account with a nonmember as inaccessible if the money in the account is used solely for the nonmember's benefit. The CIHCP household must provide verification that the bank account is used solely for the nonmember's benefit and that no CIHCP household member uses the money in the account for their benefit. If a household member uses any of the money for their benefit or if any household

SECTION TWO
ELIGIBILITY CRITERIA
RESOURCES

member's money is also in the account, consider the bank account accessible to the household.

Alien Sponsor's Resources

Calculate the total resources accessible to the alien sponsor's household according to the same rules and exemptions for resources that apply for the sponsored alien applicant. The total countable resources for the alien sponsor household will be added to the total countable resources of the sponsored alien applicant.

Please refer to Texas Health and Safety Code, Chapter 61, §61.012.

Sec.61.012. REIMBURSEMENT FOR SERVICES.

(a) In this section, "sponsored alien" means a person who has been lawfully admitted to the United States for permanent residence under the Immigration and Nationality Act (8 U.S.C. Section 1101 et seq.) and who, as a condition of admission, was sponsored by a person who executed an affidavit of support on behalf of the person.

(b) A public hospital or hospital district that provides health care services to a sponsored alien under this chapter may recover from a person who executed an affidavit of support on behalf of the alien the costs of the health care services provided to the alien.

(c) A public hospital or hospital district described by Subsection (b) must notify a sponsored alien and a person who executed an affidavit of support on behalf of the alien, at the time the alien applies for health care services, that a person who executed an affidavit of support on behalf of a sponsored alien is liable for the cost of health care services provided to the alien.

(b) Section 61.012, Health and Safety Code, as added by this section, applies only to health care services provided by a public hospital or hospital district on or after the effective date of this act.

Bank Accounts

Count the cash value of checking and savings accounts for the current month as income and for prior months as a resource unless exempt for another reason.

Burial Insurance (Prepaid)

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ELIGIBILITY CRITERIA
RESOURCES

Exempt up to \$7,500 cash value of a prepaid burial insurance policy, funeral plan, or funeral agreement for each certified household member.

Count the cash value exceeding \$7,500 as a liquid resource.

Burial Plots

Exempt all burial plots.

Crime Victim's Compensation Payments

Exempt.

Energy Assistance Payments

Exempt payments or allowances made under any federal law for the purpose of energy assistance.

Exemption: Resources/Income Payments

If a payment or benefit counts as income for a particular month, do count it as a resource in the same month. If you prorate a payment income over several months, do not count any portion of the payment resource during that time.

Example: Income of students or self-employed persons that is prorated over several months.

If the client combines this money with countable funds, such as a bank account, exempt the prorated amounts for the time you prorate it.

Homestead

Exempt the household's usual residence and surrounding property not separated by property owned by others. The exemption remains in effect if public rights of way, such as roads, separate the surrounding property from the home. The homestead exemption applies to any structure the person uses as a primary residence, including additional buildings on

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ELIGIBILITY CRITERIA
RESOURCES

contiguous land, a houseboat, or a motor home, as long as the household lives in it. If the household does not live in the structure, count it as a resource.

Houseboats and Motor Homes. Count houseboats and motor homes according to vehicle policy, if not considered the household's primary residence or otherwise exempt.

Own or Purchasing a Lot. For households that currently do not own a home, but own or are purchasing a lot on which they intend to build, exempt the lot and partially completed home.

Real Property Outside of Texas. Households cannot claim real property outside of Texas as a homestead, except for migrant and itinerant workers who meet the residence requirements.

Homestead Temporarily Unoccupied. Exempt a homestead temporarily unoccupied because of employment, training for future employment, illness (including health care treatment), casualty (fire, flood, state of disrepair, etc.), or natural disaster, if the household intends to return.

Sale of a Homestead. Count money remaining from the sale of a homestead as a resource.

Income- Producing Property

Exempt property that:

- Is essential to a household member's employment or self-employment (examples: tools of a trade, farm machinery, stock, and inventory). Continue to exempt this property during temporary periods of unemployment if the household member expects to return to work;
- Annually produces income consistent with its fair market value, even if used only on a seasonal basis; or
- Is necessary for the maintenance or use of a vehicle that is exempt as income producing or as necessary for transporting a physically disabled household member. Exempt the portion of the property used for this purpose.

For farmers or fishermen, continue to exempt the value of the land or equipment for one year from the date that the self-employment ceases.

Insurance Settlement

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RESOURCES

Count, minus any amount spent or intended to be spent for the Household's bills for burial, health care, or damaged/lost possessions.

Lawsuit Settlement

Count, minus any amount spent or intended to be spent for the household's bills for burial, legal expenses, health care expenses, or damaged/lost possessions.

Life Insurance

Exempt the cash value of life insurance policies.

Liquid Resources

Count, if readily available. Examples include but are not limited to cash, a checking accounts, a savings accounts, a certificates of deposit (CDs), notes, bonds, and stocks.

Loans (Non-Educational)

Exempt these loans from resources.

Consider financial assistance as a loan if there is an understanding that the loan will be repaid and the person can reasonably explain how he will repay it.

Count assistance not considered a loan as unearned income (contribution).

Lump-Sum Payments

Effective January 1, 2013 exempt federal tax refunds permanently as income and resources for 12 months after receipt. Exempt the Earned Income Credit (EIC) for a period of 12 months after receipt through December 31, 2018.

Count lump sum payments received once a year or less frequently as resources in the month received, unless specifically exempt.

Countable lump-sum payments include but are not limited to lump-sum insurance settlements, lump-sum payments on child support, public assistance, refunds of security deposits on rental property or utilities, retirement benefits, and retroactive lump sum RSDI.

Count lump-sum payments received or anticipated to be received more often than once a year as unearned income in the month received.

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ELIGIBILITY CRITERIA
RESOURCES

Exception: Count contributions, gifts, and prizes as unearned income in the month received regardless of the frequency of receipt.

Personal Possessions

Exempt.

Real Property

Count the equity value of real property unless it is otherwise exempt. Exempt any portion of real property directly related to the maintenance or use of a vehicle necessary for employment or to transport a physically disabled household member. Count the equity value of any remaining portion unless it is otherwise exempt.

Good Faith Effort to Sell. Exempt real property if the household is making a good effort to sell it.

Jointly Owned Property. Exempt property jointly owned by the household and other individuals not applying for or receiving benefits if the household provides proof that he cannot sell or divide the property without consent of the other owners and the other owners will not sell or divide the property.

Reimbursement

Exempt a reimbursement in the month received. Count as a resource in the month after receipt.

Exempt a reimbursement earmarked and used for replacing and repairing an exempt resource. Exempt the reimbursement indefinitely.

Retirement Accounts

A retirement account is one in which an employee and/or his employer contribute money for retirement. There are several types of retirement plans.

Some of the most common plans authorized under Section 401 (a) of the Internal Revenue Services (IRS) Code are the 401 (k) plan, Keogh, Roth Individual Retirement Account (IRA), and a pension or traditional benefit plan. Common plans under Section 408 of the IRS Code are the IRA, Simple IRA and Simplified Employer Plan.

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A 401K plan allows an employee to postpone receiving a portion of current income until retirement.

An individual retirement account (IRA) is an account in which an individual contributes an amount of money to supplement his retirement income (regardless of his participation in a group retirement plan).

A Keogh plan is an IRA for a self-employed individual.

A Simplified Employee Pension (SEP) plan is an IRA owned by an employee to which an employer makes contributions or an IRA owned by a self-employed individual who contributes for himself.

A pension or traditional defined benefit plan is employed based and promises a certain benefit upon retirement regardless of investment performance.

Exclude all retirement accounts or plans established under:

- Internal Revenue Code of 1986, Sections 401(a), 403(a), 403(b), 408, 408A, 457(b), 501(c)(18);
- Federal Thrift Savings Plan, Section 8439, Title 5, United States Code; and
- Other retirement accounts determined to be tax exempt under the Internal Revenue Code of 1986.

Count any other retirement accounts not established under plans or codes listed above.

Trust Fund

Exempt a trust fund if all of the following conditions are met:

- The trust arrangement is unlikely to end during the certification period; and
- No household member can revoke the trust agreement or change the name of the beneficiary during the certification period; and
- The trustee of the fund is either a
 - Court, institution, corporation, or organization not under the direction or ownership of a household member; or

SECTION TWO
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RESOURCES

- Court-appointed individual who has court-imposed limitations placed on the use of the funds; and
- The trust investments do not directly involve or help any business or corporation under the control, direction, or influence of a household member. Exempt trust funds established from the household's own funds if the trustee uses the funds
 - Only to make investments on behalf of the trust or
 - To pay the education or health care expenses of the beneficiary.

Vehicles

Exempt a vehicle necessary to transport physically disabled household members, even if disqualified and regardless of the purpose of the trip. Exempt no more than one vehicle for each disabled member. There is no requirement that the vehicle be used primarily for the disabled person.

Exempt up to \$15,000 FMV of one primary vehicle per household necessary to transport household members, regardless of the purpose of the trip.

Exempt vehicles if the equity value is less than \$4,650, regardless of the number of vehicles owned by the household. Count the value in excess of \$4,650 toward the household's resource limit. **Examples listed below:**

\$15,000	(FMV)	\$9,000	(FMV)
<u>-12,450</u>	(Amount still owed)	<u>- 0</u>	(Amount still owed)
\$2,550	(Equity Value)	\$9,000	(Equity Value)
<u>-4,650</u>		<u>-4,650</u>	
\$0	(Countable resource)	\$4,350	(Countable resource)

SECTION TWO
ELIGIBILITY CRITERIA
RESOURCES

Income-producing Vehicles. Exempt the total value of all licensed vehicles used for income-producing purposes. This exemption remains in effect when the vehicle is temporarily not in use. A vehicle is considered income producing if it:

- Is used as a taxi, a farm truck, or fishing boat,
- Is used to make deliveries as part of the person's employment,
- Is used to make calls on clients or customers,
- Is required by the terms of employment, or
- Produces income consistent with its fair market value.

Solely Owned Vehicles. A vehicle, whose title is solely in one person's name, is considered an accessible resource for that person. This includes the following situations:

- Consider vehicles involved in community property issues to belong to the person whose name is on the title.
- If a vehicle is solely in the household member's name and the household member claims he purchased it for someone else, the vehicle is considered as accessible to the household member.

Exceptions: The vehicle is inaccessible if the titleholder verifies:
[complete documentation is required in each of the situations below]

- That he sold the vehicle but has not transferred the title. In this situation, the vehicle belongs to the buyer. Note: Count any payments made by the buyer to the household member or the household member's creditors (directly) as self-employment income.
- That he sold the vehicle but the buyer has not transferred the title into the buyer's name.
- That the vehicle was repossessed.
- That the vehicle was stolen.
- That he filed for bankruptcy (Title 7, 11, or 13) and that the household member is not claiming the vehicle as exempt from the bankruptcy.
 - Note: In most bankruptcy petitions, the court will allow each adult individual to keep one vehicle as exempt for the bankruptcy estate. This vehicle is a countable resource.

A vehicle is accessible to a household member even though the title is not in the household member's name if the household member purchases or is purchasing the vehicle from the person who is the titleholder or if the household member is legally entitled to the vehicle through an inheritance or divorce settlement.

SECTION TWO
ELIGIBILITY CRITERIA
RESOURCES

Jointly Owned Vehicles. Consider vehicles jointly owned with another person not applying for or receiving benefits as inaccessible if the other owner is not willing to sell the vehicle.

Leased Vehicles. When a person leases a vehicle, they are not generally considered the owner of the vehicle because the

- Vehicle does not have any equity value,
- Person cannot sell the vehicle, and
- Title remains in the leasing company's name.

Exempt a leased vehicle until the person exercises his option to purchase the vehicle. Once the person becomes the owner of the vehicle, count it as a resource. The person is the owner of the vehicle if the title is in their name, even if the person and the dealer refer to the vehicle as leased. Count the vehicle as a resource.

How To Determine Fair Market Value of Vehicles.

- Determine the current fair market value of licensed vehicles using the average trade-in or wholesale value listed on a reputable automotive buying resource website (i.e., National Automobile Dealers Association (NADA), Edmunds, or Kelley Blue Book). Note: If the household claims that the listed value does not apply because the vehicle is in less-than-average condition, allow the household to provide proof of the true value from a reliable source, such as a bank loan officer or a local licensed car dealer.
- Do not increase the basic value because of low mileage, optional equipment, or special equipment for the handicapped.
- Accept the household's estimate of the value of a vehicle no longer listed on an automotive buying resource website unless it is questionable and would affect the household's eligibility. In this case, the household must provide an appraisal from a licensed car dealer or other evidence of the vehicle's value, such as a tax assessment or a newspaper advertisement indicating the sale value of similar vehicles.
- Determine the value of new vehicles not listed on an automotive buying resource website by asking the household to provide an estimate of the average trade-in or wholesale value from a new car dealer or a bank loan officer. If this cannot be done, accept the household's estimate unless it is questionable and would affect eligibility. Use the vehicle's loan value only if other sources are unavailable. Request proof of the value of licensed antique, custom made, or classic vehicles from the household if you cannot make an accurate appraisal.

SECTION TWO
ELIGIBILITY CRITERIA
RESOURCES

Penalty for Transferring Resources

A household is ineligible if, within three months before application or any time after certification, they transfer a countable resource for less than its fair market value to qualify for health care assistance.

This penalty applies if the total of the transferred resource added to other resources affects eligibility.

Base the length of denial on the amount by which the transferred resource exceeds the resource maximum when added to other countable resources.

Use the chart below to determine the length of denial.

Amount in Excess of Resource Limit	Denial Period
\$.01 to \$ 249.99	1 month
\$ 250.00 to \$ 999.99	3 months
\$1,000.00 to \$2,999.99	6 months
\$3,000.00 to \$4,999.99	9 months
\$5,000.00 or greater	12 months

If the spouses separate and one spouse transfers his property, it does not affect the eligibility of the other spouse.

Verifying Resources

Verify all countable resources.

Proof may include but is not limited to:

- Bank account statements and
- Award letters.

Documenting Resources

On HCAP Form 101, document whether a resource is countable or exempt and how resources are verified.

INCOME

General Principles

- A household must pursue and accept all income to which the household is legally entitled, unless it is unreasonable to pursue the resource. Reasonable time (at least three months) must be allowed for the household to pursue the income, which is not considered accessible during this time.
- The income of all MCHD MCICP household members is considered.
- Income is either countable or exempt.
- If attempts to verify income are unsuccessful because the payer fails or refuses to provide information and other proof is not available, the household's statement is used as best available information.
- All income of a disqualified person is exempt.
- Income of disqualified and non-household members is excluded, but may be included if processing an application for a sponsored alien.

Adoption Payments

Exempt.

Alien Sponsor's Income

Calculate the total income accessible to the alien sponsor's household according to the same rules and exemptions for income that apply for the sponsored alien applicant. The total countable income for the alien sponsor household will be considered unearned income and added to the total countable income of the sponsored alien applicant.

Please refer to Texas Health and Safety Code, Chapter 61, §61.012.

Sec. 61.012. REIMBURSEMENT FOR SERVICES.

(a) In this section, "sponsored alien" means a person who has been lawfully admitted to the United States for permanent residence under the Immigration and Nationality Act (8 U.S.C. Section 1101 et seq.) and who, as a condition of admission, was sponsored by a person who executed an affidavit of support on behalf of the person.

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ELIGIBILITY CRITERIA
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(b) A public hospital or hospital district that provides health care services to a sponsored alien under this chapter may recover from a person who executed an affidavit of support on behalf of the alien the costs of the health care services provided to the alien.

(c) A public hospital or hospital district described by Subsection (b) must notify a sponsored alien and a person who executed an affidavit of support on behalf of the alien, at the time the alien applies for health care services, that a person who executed an affidavit of support on behalf of a sponsored alien is liable for the cost of health care services provided to the alien.

(b) Section 61.012, Health and Safety Code, as added by this section, applies only to health care services provided by a public hospital or hospital district on or after the effective date of this act.

Cash Gifts and Contributions

Count as unearned income unless they are made by a private, nonprofit organization on the basis of need; and total \$300 or less per household in a federal fiscal quarter. The federal fiscal quarters are January - March, April - June, July - September, and October-December. If these contributions exceed \$300 in a quarter, count the excess amount as income in the month received.

Exempt any cash contribution for common household expenses, such as food, rent, utilities, and items for home maintenance, if it is received from a non-certified household member who:

- Lives in the home with the certified household member,
- Shares household expenses with the certified household member, and
- No landlord/tenant relationship exists.

If a noncertified household member makes additional payments for use by a certified member, it is a contribution.

Child's Earned Income

Exempt a child's earned income if the child, who is under age 18 and not an emancipated minor, is a full-time student (including a home schooled child) or a part-time student employed less than 30 hours a week.

Child Support Payments

SECTION TWO
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INCOME

Count as unearned income after deducting up to \$75 from the total monthly child support payments the household receives.

Count payments as child support if a court ordered the support, or the child's caretaker or the person making the payment states the purpose of the payment is to support the child.

Count ongoing child support income as income to the child even if someone else, living in the home receives it.

Count child support arrears as income to the caretaker.

Exempt child support payments as income if the child support is intended for a child who receives Medicaid, even though the parent actually receives the child support.

Child Support Received for a Non-Member. If a caretaker receives, ongoing child support for a non-member (or a member who is no longer in the home) but uses the money for personal or household needs, count it as unearned income. Do not count the amount actually used for or provided to the non-member for whom it is intended to cover.

Lump-Sum Child Support Payments. Count lump-sum child support payments (on child support arrears or on current child support) received, or anticipated to be received more often than once a year, as unearned income in the month received. Consider lump-sum child support payments received once a year or less frequently as a resource in the month received.

Returning Parent. If an absent parent is making child support payments but moves back into the home of the caretaker and child, process the household change.

Crime Victim's Compensation Payments

Exempt.

These are payments from the funds authorized by state legislation to assist a person who has been a victim of a violent crime; was the spouse, parent, sibling, or adult child of a victim who died as a result of a violent crime; or is the guardian of a victim of a violent crime. The payments are distributed by the Office of the Attorney General in monthly payments or in a lump sum.

Disability Insurance Payments

SECTION TWO
ELIGIBILITY CRITERIA
INCOME

Count disability payments as unearned income, including Social Security Disability Insurance (SSDI) payments and disability insurance payments issued for non-medical expenses. Exception: Exempt Supplemental Security Income (SSI) payments.

Dividends and Royalties

Count dividends as unearned income. Exception: Exempt dividends from insurance policies as income.

Count royalties as unearned income, minus any amount deducted for production expenses and severance taxes.

Educational Assistance

Exempt educational assistance, including educational loans, regardless of source. Educational assistance also includes college work-study.

Energy Assistance

Exempt the following types of energy assistance payments:

- Assistance from federally-funded, state or locally-administered programs, including HEAP, weatherization, Energy Crisis, and one-time emergency repairs of a heating or cooling device (down payment and final payment);
- Energy assistance received through HUD, USDA's Rural Housing Service (RHS), or Farmer's Administration (FmHA);
- Assistance from private, non-profit, or governmental agencies based on need.

If an energy assistance payment is combined with other payments of assistance, exempt only the energy assistance portion from income (if applicable).

Foster Care Payments

Exempt.

Government Disaster Payments

Exempt federal disaster payments and comparable disaster assistance provided by states, local governments and disaster assistance

SECTION TWO
ELIGIBILITY CRITERIA
INCOME

organizations if the household is subject to legal penalties when the funds are not used as intended.

Examples: Payments by the Individual and Family Grant Program, Small Business Administration, and/or FEMA.

In-Kind Income

Exempt. An in-kind contribution is any gain or benefit to a person that is not in the form of money/check payable directly to the household, such as clothing, public housing, or food.

Interest

Count as unearned income.

Job Training

Exempt payments made under the Workforce Investment Act (WIA).

Exempt portions of non-WIA job training payments earmarked as reimbursements for training-related expenses. Count any excess as earned income.

Exempt on-the-job training (OJT) payments received by a child who is under age 19 and under parental control of another household member.

Loans (Non-educational)

Count as unearned income unless there is an understanding that the money will be repaid and the person can reasonably explain how he will repay it.

Lump-Sum Payments

Count as income in the month received if the person receives it or expects to receive it more often than once a year.

Consider retroactive or restored payments to be lump-sum payments and count as a resource. Separate any portion that is ongoing income from a lump-sum amount and count it as income.

SECTION TWO
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Exempt lump sums received once a year or less, unless specifically listed as income. Count them as a resource in the month received.

Effective January 1, 2013 exempt federal tax refunds permanently as income and resources for 12 months after receipt. Exempt the Earned Income Credit (EIC) for a period of 12 months after receipt through December 31, 2018.

If a lump sum reimburses a household for burial, legal, or health care bills, or damaged/lost possessions, reduce the countable amount of the lump sum by the amount earmarked for these items.

Military Pay

Count military pay and allowances for housing, food, base pay, and flight pay as earned income, minus pay withheld to fund education under the G.I. Bill.

Mineral Rights

Count payments for mineral rights as unearned income.

Pensions

Count as unearned income. A pension is any benefit derived from former employment, such as retirement benefits or disability pensions.

Reimbursement

Exempt a reimbursement (not to exceed the individual's expense) provided specifically for a past or future expense. If the reimbursement exceeds the individual's expenses, count any excess as unearned income. Do not consider a reimbursement to exceed the individual's expenses unless the individual or provider indicates the amount is excessive.

Exempt a reimbursement for future expenses only if the household plans to use it as intended.

RSDI Payments

Count as unearned income the Retirement, Survivors, and Disability Insurance (RSDI) benefit amount including the deduction for the Medicare premium, minus any amount that is being recouped for a prior RSDI overpayment.

SECTION TWO
ELIGIBILITY CRITERIA
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If a person receives an RSDI check and an SSI check, exempt both checks since the person is a disqualified household member.

If an adult receives a Social Security survivor's benefit check for a child, this check is considered the child's income.

Self-Employment Income

Count as earned income, minus the allowable costs of producing the self-employment income. (Use HCAP Form 200: Employer Verification Form).

Self-employment income is earned or unearned income available from one's own business, trade, or profession rather than from an employer. However, some individuals may have an employer and receive a regular salary. If an employer does not withhold FICA or income taxes, even if required to do so by law, the person is considered self-employed.

Types of self-employment include:

- Odd jobs, such as mowing lawns, babysitting, and cleaning houses;
- Owning a private business, such as a beauty salon or auto mechanic shop;
- Farm income; and
- Income from property, which may be from renting, leasing, or selling property on an installment plan. Property includes equipment, vehicles, and real property.

If the person sells the property on an installment plan, count the payments as income. Exempt the balance of the note as an inaccessible resource.

SSI Payments

Only exempt Supplemental Security Income (SSI) benefits when the household is receiving Medicaid.

A person receiving any amount of SSI benefits who also receives Medicaid is, therefore, a disqualified household member.

TANF

Exempt Temporary Assistance to Needy Families (TANF) benefits.

SECTION TWO
ELIGIBILITY CRITERIA
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A person receiving TANF benefits also receives Medicaid and is, therefore, a disqualified household member.

Terminated Income

Count terminated income in the month received. Use actual income and do not use conversion factors if terminated income is less than a full month's income.

Income is terminated if it will not be received in the next usual payment cycle.

Income is not terminated if:

- Someone changes jobs while working for the same employer,
- An employee of a temporary agency is temporarily not assigned,
- A self-employed person changes contracts or has different customers without having a break in normal income cycle, or
- Someone received regular contributions, but the contributions are from different sources.

Third-Party Payments

Exempt the money received that is intended and used for the maintenance of a person who is not a member of the household.

If a single payment is received for more than one beneficiary, exclude the amount actually used for the non-member up to the non-member's identifiable portion or prorated portion, if the portion is not identifiable.

Tip Income

Count the actual (not taxable) gross amount of tips as earned income. Add tip income to wages before applying conversion factors.

Tip income is income earned in addition to wages that is paid by patrons to people employed in service-related occupations, such as beauticians, waiters, valets, pizza delivery staff, etc.

Do not consider tips as self-employment income unless related to a self-employment enterprise.

Trust Fund

SECTION TWO
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INCOME

Count as unearned income trust fund withdrawals or dividends that the household can receive from a trust fund that is exempt from resources.

Unemployment Compensation Payments

Count the gross amount as unearned income, minus any amount being recouped for an Unemployment Insurance Benefit (UIB) overpayment.

Count the cash value of UIB in a UI debit account, less amounts deposited in the current month, as a resource. Account inquiry is accessible to a UIB recipient online at www.myaccount.chase.com or at any Chase Bank automated teller machine free of charge.

Exception: Count the gross amount if the household agreed to repay a food stamp overpayment through voluntary garnishment.

VA Payments

Count the gross Veterans Administration (VA) payment as unearned income, minus any amount being recouped for a VA overpayment. Exempt VA special needs payments, such as annual clothing allowances or monthly payments for an attendant for disabled veterans.

Vendor Payments

Exempt vendor payments if made by a person or organization outside the household directly to the household's creditor or person providing the service.

Exception: Count as income money that is legally obligated to the household, but which the payer makes to a third party for a household expense.

Wages, Salaries, Commissions

Count the actual (not taxable) gross amount as earned income.

If a person asks his employer to hold his wages or the person's wages are garnished, count this money as income in the month the person would otherwise have been paid. If, however, an employer holds his employees' wages as a general practice, count this money as income in the month it is paid. Count an advance in the month the person receives it.

SECTION TWO
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INCOME

Workers' Compensation Payments

Count the gross payment as unearned income, minus any amount being recouped for a prior worker's compensation overpayment or paid for attorney's fees. NOTE: The Texas Workforce Commission (TWC) or a court sets the amount of the attorney's fee to be paid.

Do not allow a deduction from the gross benefit for court-ordered child support payments.

Exception: Exclude worker's compensation benefits paid to the household for out-of-pocket health care expenses. Consider these payments as reimbursements.

Other Types of Benefits and Payments

Exempt benefits and payments from the following programs:

- Americorp,
- Child Nutrition Act of 1966,
- Food Stamp Program – SNAP (Supplemental Nutrition Assistance Program),
- Foster Grandparents,
- Funds distributed or held in trust by the Indian Claims Commission for Indian tribe members under Public Laws 92-254 or 93-135,
- Learn and Serve,
- National School Lunch Act,
- National Senior Service Corps (Senior Corps),
- Nutrition Program for the Elderly (Title III, Older American Act of 1965),
- Retired and Senior Volunteer Program (RSVP),
- Senior Companion Program,
- Tax-exempt portions of payments made under the Alaska Native Claims Settlement Act,
- Uniform Relocation Assistance and Real Property Acquisitions Act (Title II),
- Volunteers in Service to America (VISTA), and
- Women, Infants, and Children (WIC) Program.

Verifying Income

Verify countable income, including recently terminated income, at initial application and when changes are reported. Verify countable income at review, if questionable.

Proof may include but is not limited to:

- Last four (4) consecutive paycheck stubs (for everyone in your household),
- HCAP Form 200, Employment Verification Form, which we provide,
- W-2 forms,
- Notes for cash contributions,
- Business records,
- Social Security award letter,
- Court orders or public decrees (support documents),
- Sales records
- Income tax returns, and
- Statements completed, signed, and dated by the self-employed person.

Documenting Income

On HCAP Form 101, document the following items.

- Exempt income and the reason it is exempt
- Unearned income, including the following items:
 - Date income is verified,
 - Type of income,
 - Check or document seen,
 - Amount recorded on check or document,
 - Frequency of receipt, and
 - Calculations used.
- Self-employment income, including the following items:
 - The allowable costs for producing the self-employment income,
 - Other factors used to determine the income amount.
- Earned income, including the following items:
 - Payer's name and address,
 - Dates of each wage statement or pay stub used,
 - Date paycheck is received,
 - Gross income amount,
 - Frequency of receipt, and
 - Calculations used.
- Allowable deductions.

A household is ineligible for a period of 6 months if they intentionally alter their income to become eligible for the Plan (example: have employer lower their hourly or salary amount).

The following exceptions apply:

- Change in job description that would require a lower pay rate
- Loss of job
- Changed job

BUDGETING INCOME

General Principles

- Count income already received and any income the household expects to receive. If the household is not sure about the amount expected or when the income will be received, use the best estimate.
- Income, whether earned or unearned, is counted in the month that it is received.

Count terminated income in the month received. Use actual income and do not use conversion factors if terminated income is less than a full month's income.

- View at least two pay amounts in the time period beginning 45 days before the interview date or the process date for cases processed without an interview. However, do not require the household to provide verification of any pay amount that is older than two months before the interview date or the process date for cases processed without an interview.
- When determining the amount of self-employment income received, verify four recent pay amounts that accurately represent their pay. Verify one month's pay amount that accurately represent their pay for self-employed income received monthly. Do not require the household to provide verification of self-employment income and expenses for more than two calendar months before the interview date or the case process date if not interviewed, for income received monthly or more often.
- Accept the applicant's statement as proof if there is a reasonable explanation of why documentary evidence or a collateral source is not available and the applicant's statement does not contradict other individual statements or other information received by the entity.
- The self-employment income projection, which includes the current month and 3 months prior, is the period of time that the household expects the income to support the family.
- There are deductions for earned income that are not allowed for unearned income.
- The earned income deductions are not allowed if the income is gained from illegal activities, such as prostitution and selling illegal drugs.

Steps for Budgeting Income

- Determine countable income.
- Determine how often countable income is received.
- Convert countable income to monthly amounts.
- Convert self-employment allowable costs to monthly amounts.
- Determine if countable income is earned or unearned.
- Subtract converted monthly self-employment allowable costs, if any, from converted monthly self-employment income.
- Subtract earned income deductions, if any.
- Subtract the deduction for Medicaid individuals, if applicable.
- Subtract the deduction for legally obligated child support payments made by a member of the household group, if applicable.
- Compare the monthly gross income to the MCHD MCICP monthly income standard.

Step 1

Determine countable income.

Evaluate the household's current and future circumstances and income. Decide if changes are likely during the current or future months.

If changes are likely, then determine how the change will affect eligibility.

Step 2

Determine how often countable income is received, such as monthly, twice a month, every other week, weekly.

All income, excluding self-employment. Based on verifications or the person's statement as best available information, determine how often income is received. If the income is based hourly or for piecework, determine the amount of income expected for one week of work.

Self-employment Income.

- Compute self-employment income, using one of these methods:
 - Annual. Use this method if the person has been self-employed for at least the past 12 months.
 - Monthly. Use this method if the person has at least one full representative calendar month of self-employment income.

SECTION TWO
ELIGIBILITY CRITERIA
BUDGETING INCOME

- Daily. Use this method when there is less than one full representative calendar month of self-employment income, and the source or frequency of the income is unknown or inconsistent.
- Determine if the self-employment income is monthly, daily, or seasonal, since that will determine the length of the projection period.
 - The projection period is monthly if the self-employment income is intended to support the household for at least the next 6 months. The projection period is the last 3 months and the current month.
 - The projection period is seasonal if the self-employment income is intended to support the household for less than 12 months since it is available only during certain months of the year. The projection period is the number of months the self-employment is intended to provide support.
- Determine the allowable costs of producing self-employment income by accepting the deductions listed on the 1040 U.S. Individual Income Tax Return or by allowing the following deductions:
 - Capital asset improvements,
 - Capital asset purchases, such as real property, equipment, machinery and other durable goods, i.e., items expected to last at least 12 months,
 - Fuel,
 - Identifiable costs of seed and fertilizer,
 - Insurance premiums,
 - Interest from business loans on income-producing property,
 - Labor,
 - Linen service,
 - Payments of the principal of loans for income-producing property,
 - Property tax,
 - Raw materials,
 - Rent,
 - Repairs that maintain income-producing property,
 - Sales tax,
 - Stock,
 - Supplies,

SECTION TWO
ELIGIBILITY CRITERIA
BUDGETING INCOME

- Transportation costs. The person may choose to use 50.0 cents per mile instead of keeping track of individual transportation expenses. Do not allow travel to and from the place of business.
- Utilities

NOTE: If the applicant conducts a self-employment business in his home, consider the cost of the home (rent, mortgage, utilities) as shelter costs, not business expenses, unless these costs can be identified as necessary for the business separately.

The following are not allowable costs of producing self-employment income:

- Costs not related to self-employment,
- Costs related to producing income gained from illegal activities, such as prostitution and the sale of illegal drugs,
- Depreciation,
- Net loss which occurred in a previous period, and
- Work-related expenses, such as federal, state, and local income taxes, and retirement contributions.

Step 3

Convert countable income to monthly amounts, if income is not received monthly.

When converting countable income to monthly amounts, use the following conversion factors:

- Multiply weekly amounts by 4.33.
- Multiply amounts received every other week by 2.17.
- Add amounts received twice a month (semi-monthly).
- Divide yearly amounts by 12.

Step 4

SECTION TWO
ELIGIBILITY CRITERIA
BUDGETING INCOME

Convert self-employment allowable costs to monthly amounts.

When converting the allowable costs for producing self-employment to monthly amounts, use the conversion factors in Step 3 above.

Step 5

Determine if countable income is earned or unearned. For earned income, proceed with Step 6. For unearned income, skip to Step 8.

Step 6

Subtract converted monthly self-employment allowable costs, if any, from converted monthly self-employment income.

Step 7

Subtract earned income deductions, if any. Subtract these deductions, if applicable, from the household's monthly gross income, including monthly self-employment income after allowable costs are subtracted:

- Deduct \$120.00 per employed household member for work-related expenses.
- Deduct 1/3 of remaining earned income per employed household member.
- Dependent childcare or adult with disabilities care expenses shall be deducted from the total income when determining eligibility, if paying for the care is necessary for the employment of a member in the CIHCP household. This deduction is allowed even when the child or adult with disabilities is not included in the CIHCP household. Deduct the actual expenses up to:
 - \$200 per month for each child under age 2,
 - \$175 per month for each child age 2 or older, and
 - \$175 per month for each adult with disabilities.

Exception: For self-employment income from property, when a person spends an average of less than 20 hours per week in management or maintenance activities, count the income as unearned and only allow deductions for allowable costs of producing self-employment income.

Step 8

SECTION TWO
ELIGIBILITY CRITERIA
BUDGETING INCOME

Subtract the deduction for Medicaid individuals, if applicable. This deduction applies when the household has a member who receives Medicaid and, therefore, is disqualified from the MCHD MCICP household. Using the Deduction chart on the following page to deduct an amount for support of the Medicaid member(s) as follows: Subtract an amount equal to the deduction for the number (#) of Medicaid-eligible individuals.

Deductions for Medicaid-Eligible Individuals

# of Medicaid-Eligible Individuals	Single Adult or Adult with Children	Minor Children Only
1	\$ 78	\$ 64
2	\$ 163	\$ 92
3	\$ 188	\$ 130
4	\$ 226	\$ 154
5	\$ 251	\$ 198
6	\$ 288	\$ 241
7	\$ 313	\$ 267
8	\$ 356	\$ 293

Consider the remainder as the monthly gross income for the MCICP household

Step 9

Subtract the Deduction for Child Support, Alimony, and Other Payments to Dependents Outside the Home, if applicable.

Allow the following deductions from members of the household group, including disqualified members:

- The actual amount of child support and alimony a household member pays to persons outside the home.
- The actual amount of a household member's payments to persons outside the home that a household member can claim as tax dependents or is legally obligated to support.

Consider the remaining income as the monthly net income for the CIHCP household.

Step 10

SECTION TWO
ELIGIBILITY CRITERIA
BUDGETING INCOME

Compare the household's monthly gross income to the 21% FPIL monthly income standard, using the MCHD MCICP Monthly Income Standards chart below.

**MONTGOMERY COUNTY HOSPITAL DISTRICT
MONTGOMERY COUNTY INDIGENT CARE PLAN
INCOME GUIDELINES EFFECTIVE 04/01/~~19~~2020
21 % FPIL**

# of Individuals in the MCICP Household	Income Standard
	21% FPIL
1	\$ 219 224
2	\$ 296 302
3	\$ 374 381
4	\$ 454 459
5	\$ 528 537
6	\$ 606 616
7	\$ 683 694
8	\$ 764 773
9	\$ 838 851
10	\$ 915 929
11	\$ 993 1,008
12	\$ 1,070 1,086

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Note: Based on the ~~2019~~ 2020 Federal Poverty Income Limits (FPIL), which changes March/April 1 of every year.

A household is eligible if its monthly gross income, after rounding down cents, does not exceed the monthly income standard for the MCHD MCICP household's size.

SECTION THREE. CASE PROCESSING

CASE PROCESSING

General Principles

- Use the MCHD MCICP application, documentation, and verification procedures.
- Issue HCAP Form 100 to the applicant or his representative on the same date that the request is received.
- Accept an identifiable application.
- Assist the applicant with accurately completing the HCAP Form 100 if the applicant requests help. Anyone who helps fill out the HCAP Form 100 must sign and date it.
- If the applicant is incompetent, incapacitated, or deceased, someone acting responsibly for the client (a representative) may represent the applicant in the application and the review process, including signing and dating the HCAP Form 100 on the applicant's behalf. This representative must be knowledgeable about the applicant and his household. Document the specific reason for designating this representative.
- Determine eligibility based on residence, household, resources, income, and citizenship.
- Allow at least 14 days for requested information to be provided, unless the household agrees to a shorter timeframe, when issuing HCAP Form 12. Note: The requested information is documented on HCAP Form 12 and a copy is given to the household.
- All information required by the "How to Apply for MCICP" document is needed to complete the application process and is the responsibility of the applicant.
- Use any information received from the provider of service when making the eligibility determination; but further eligibility information from the applicant may be required.
- The date that a complete application is received is the application completion date, which counts as Day 0.
- Determine eligibility not later than the 14th day after the application completion date based on the residence, household, resources, income, and citizenship guidelines.

SECTION THREE
CASE PROCESSING

- Issue written notice, namely, HCAP Form 109, Notice of Eligibility and HCAP Form 110, the MCICP Identification Card, HCAP Form 120, Notice of Incomplete Application, or HCAP Form 117, Notice of Ineligibility, of the District's decision. If the District denies health care assistance, the written notice shall include the reason for the denial and an explanation of the procedure for appealing the denial.
- Review each eligible case record at least once every six months.
 - Approved applications are valid for a period not to exceed six (6) months but no less than 1 month.
 - Before the expiration date, all clients will receive a notice by mail that benefits will expire in the next two weeks.
 - All clients must start the eligibility process all over again at the time of re-application.
- Use the "Prudent Person Principle" in situations where there are unusual circumstances in which an applicant's statement must be accepted as proof if there is a reasonable explanation why documentary evidence or a collateral contact is not available and the applicant's statement does not contradict other client statements or other information received by staff.
- Current eligibility continues until a change resulting in ineligibility occurs and a HCAP Form 117 is issued to the household.
- Consult the hospital district's legal counsel to develop procedures regarding disclosure of information.
- The applicant has the right to:
 - Have his application considered without regard to race, color, religion, creed, national origin, age, sex, disability, or political belief;
 - Request a review of the decision made on his application or re-certification for health care assistance; and
 - Request, orally and in writing, a fair hearing about actions affecting receipt or termination of health care assistance.
- The applicant is responsible for:
 - Completing the HCAP Form 100 accurately.

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CASE PROCESSING

Application for the Montgomery County Indigent Care Plan (MCICP) are available at the Montgomery County Indigent Care Plan Office located at 1400 South Loop 336 West, Conroe, TX 77304. Applications may be picked up, Monday through Thursday, except holidays, from 7:30 am to 11:30 am and 1:00 pm to 4:30 pm and on Fridays from 7:30 am to 11:30 am. The MCICP phone number is 936-523-5100 and the fax number is 936-539-3450. Applications are also available at <http://www.mchd-tx.org/>.

- Providing all needed information requested by staff. If information is not available or is not sufficient, the applicant may designate a collateral contact for the information. A collateral contact could be any objective third party who can provide reliable information. A collateral contact does not need to be separately and specifically designated if that source is named either on HCAP Form 100 or during the interview.
- Attending the scheduled interview appointment.

All appointments will be set automatically by the MCICP eligibility office and will be the applicant's responsibility to attend the scheduled appointment. Failure to attend the appointment will result in denial of assistance.

The client's application is valid for 30 days from the identifiable date and it is within that 30-day period that the client may reschedule another appointment with the eligibility office. After the 30-day period, the client would have to fill out another application and begin the application process all over again.

- Reporting changes, which affect eligibility, within 14 days after the date that the change actually occurred. Failure to report changes could result in repayment of expenditures paid.
- Any changes in income, resources, residency other than federal cost of living adjustments mandates re application and reconsideration of determination.
- To cooperate or follow through with an application process for any other source of medical assistance before being processed for the Montgomery County Indigent Care Plan, since MCHD is a payor of last resort.
- Note: Misrepresentation of facts or any attempt by any applicant or interested party to circumvent the policies of the district in order

SECTION THREE CASE PROCESSING

to become or remain eligible is grounds for immediate and permanent refusal of assistance. Furthermore, if a client fails to furnish any requested information or documentation, the application will be denied.

- The Montgomery County Hospital District has installed a comprehensive video and audio recording system in the Health Care Assistance Program office suite. This system serves many purposes. This system is designed to ensure quality services and to provide a level of security for the staff. It also provides documentation of client interviews which is useful in reducing fraud and abuse of the system. The recordings provide the staff protection against false claims from disgruntled clients, and ensure accuracy in connection with HCAP client interviews. All persons who apply for services, renewal of services, or other issues with the Health Care Assistance Program shall be subject to the video and audio taping equipment of the Montgomery County Hospital District.

PROCESSING AN APPLICATION

Steps for Processing an Application

- **Accept the identifiable application.**
- **Check information.**
- **Request needed information.**
- **Determine if an interview is needed.**
- **Interview.**
- **Determine eligibility.**
- **Issue the appropriate form.**

Step 1

Accept the identifiable application. On the HCAP Form 100 document the date that the identifiable Form 100 is received. This is the application file date.

Step 2

Check that all information is complete, consistent, and sufficient to make an eligibility determination.

Step 3

Request needed information pertaining to the five eligibility criteria, namely, residence, citizenship, household, resources, and income.

Decision Pended. If eligibility cannot be determined because components that pertain to the eligibility criteria are missing, issue HCAP Form 12, Request for Information, listing additional information that needs to be provided as well as listing the due date by which the additional information is needed. If the requested information is not provided by the due date, follow the Denial Decision procedure in Step 8. If the requested information is provided by the due date, proceed with Step 5. The application is not considered complete until all requested information is received.

Decision Pended for an SSI Applicant. If eligibility cannot be determined because the person is also an SSI applicant, issue HCAP Form 12, Request for Information, listing additional information that needs to be provided, including the SSI decision, as well as listing the date by which the additional information is needed. In addition, the client is issued HCAP Form G, "How to

SECTION THREE
CASE PROCESSING
PROCESSING AN APPLICATION

contact the eligibility office regarding your SSI status". If the SSI application is denied for eligibility requirements, proceed with Step 3 whether or not the SSI denial is appealed.

Step 4

Determine if an interview is needed. Eligibility may be determined without interviewing the applicant if all questions on HCAP Form 100 are answered and all additional information has been provided.

Step 5

Interview the applicant or his representative face-to-face or by telephone in an interview is necessary.

If an interview appointment is scheduled, provide the applicant with an MCICP Appointment Card, HCAP Form 2, indicating the date, time, place of the interview, and name of interviewer.

Applicants may only be up to 10 minutes late to their interview appointment before they **must** reschedule.

If the applicant fails to keep the appointment, reschedule the appointment, if requested before the time of the scheduled appointment, or follow the Denial Decision procedure in Step 7.

Step 6

Repeat Steps 2 and 3 as necessary.

Step 7

Determine eligibility based on the five eligibility criteria.

Document information in the case record to support the decision.

At this step, all candidates must complete the following forms:

1. Acknowledgment of Receipt of Notice of Privacy Practices, HCAP Form A
2. Background Check Form, HCAP Form B
3. Medical History Form, HCAP Form C
4. Release Form, HCAP Form D
5. Subrogation Form, HCAP Form E
6. Representation and Acknowledgement Form, HCAP Form H

If a candidate has a telephone interview or does not require an interview and becomes eligible for MCICP benefits, the forms listed above must be filled out at the time the client comes in to get their

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PROCESSING AN APPLICATION

MCICP Identification Card, HCAP Form 110, and the Notice of eligibility, HCAP Form 109.

Additionally at this step in the process, some candidates must complete additional forms as they apply:

1. Statement of Support, HCAP Form 102
2. Request for Domicile Verification, HCAP Form 103
3. Employer Verification Form, HCAP Form 200
4. Other Forms as may be developed and approved by Administrator
5. Assignment of Health Insurance Proceeds, HCAP Form I:

Staff Acknowledgement regarding Step 2

All applicants will undergo a background/credit check, as this is a mandatory MCICP process. Candidates will be asked to clarify discrepancies. Do not pry or inquire into non-eligibility determination related information. Remember this is confidential material.

Step 8

Issue the appropriate form, namely, HCAP Form 117, Notice of Ineligibility, HCAP Form 120, Notice of Incomplete Application, or HCAP Form 109, Notice of Eligibility along with HCAP Form 110, the MCICP Identification Card.

The MCICP Identification Card is owned by MCHD and is not transferable. MCHD may revoke or cancel it at any time after notice has been sent out 2 weeks before the termination date explaining the reason for termination.

Incomplete Decision. If any of the requested documentation is not provided the application is not complete. Issue HCAP Form 120, Notice of Incomplete Application.

Denial Decision. If any one of the eligibility criteria is not met, the applicant is ineligible. Issue HCAP Form 117, Notice of Ineligibility, including the reason for denial, the effective date of the denial, if applicable, and an explanation of the procedure for appealing the denial.

Reasons for denial include but are not limited to:

- Not a resident of the county,
- A recipient of Medicaid,
- Resources exceed the resource limit,
- Income exceeds the income limit,

SECTION THREE
CASE PROCESSING
PROCESSING AN APPLICATION

- Failed to keep an appointment,
- Failed to provide information requested,
- Failed to return the review application,
- Failed to comply with requirements to obtain other assistance, or
- Voluntarily withdrew.

Eligible Decision. If all the eligibility criteria are met, the applicant is eligible.

Determine the applicant's Eligibility Effective Date. Current Eligibility begins on the first calendar day in the month that an identifiable application is filed or the earliest, subsequent month in which all eligibility criteria are met. (Exception: Eligibility effective date for a new county resident begins the date the applicant is considered a county resident. For example, if the applicant meets all four eligibility criteria, but doesn't move to the county until the 15th of the month, the eligibility effective date will be the 15th of the month, not the first calendar day in the month that an identifiable application is filed.)

The applicant may be retroactively eligible in any of the three calendar months before the month the identifiable application is received if all eligibility criteria are met.

Issue HCAP Form 109, Notice of Eligibility, including the Eligibility Effective Date along with HCAP Form 110, the MCICP Identification Card.

All active cases will be reviewed every 6 months as determined by the Eligibility Supervisor.

Termination of Coverage

Expiration of Coverage:

All active clients are given MCICP coverage for a specified length of time and will be notified by mail **two weeks** before their MCICP benefits will expire. Coverage will terminate at the end of the specified length of time unless the client chooses to re-apply for coverage.

Termination:

In certain circumstances, a client may have their benefits revoked before their coverage period expires. Clients will be notified by mail or phone two weeks before their MCICP benefits will terminate, along with the

SECTION THREE
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explanation for termination. Coverage will terminate on the date listed on HCAP Form 117, Notice on Ineligibility.

Note: Clients who are found to have proof of another source of healthcare coverage will be terminated on the day that the other payor source was identified.

DENIAL DECISION DISPUTES

Responses Regarding a Denial Decision

If a denial decision is disputed by the household, the following may occur:

- The household may submit another application to have their eligibility re-determined,
- The household may appeal the denial, or
- The hospital district may choose to re-open a denied application or in certain situations override earlier determinations based on new information.

The Household/Client Appeal Process

- The Household/Client may appeal any eligibility decision by signing the bottom of HCAP Form 117, Notice of Ineligibility within 30 days from the date of denial.
- District will have 14 days from the date HCAP Form 117 was received in the MCICP eligibility office with the appropriate signature to respond to the client to let them know that MCHD received their appeal. At this time, the client will be notified as to the next step in the appeal process either:
 1. An appeal hearing is not necessary as a mistake has been made on MCHD's behalf. MCHD and the client will take the appropriate steps required to remedy the situation, or
 2. An appeal hearing is necessary and the Hearing Officer or appointee will schedule a date and time for the appeal hearing.

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CASE PROCESSING
DENIAL DECISION DISPUTES

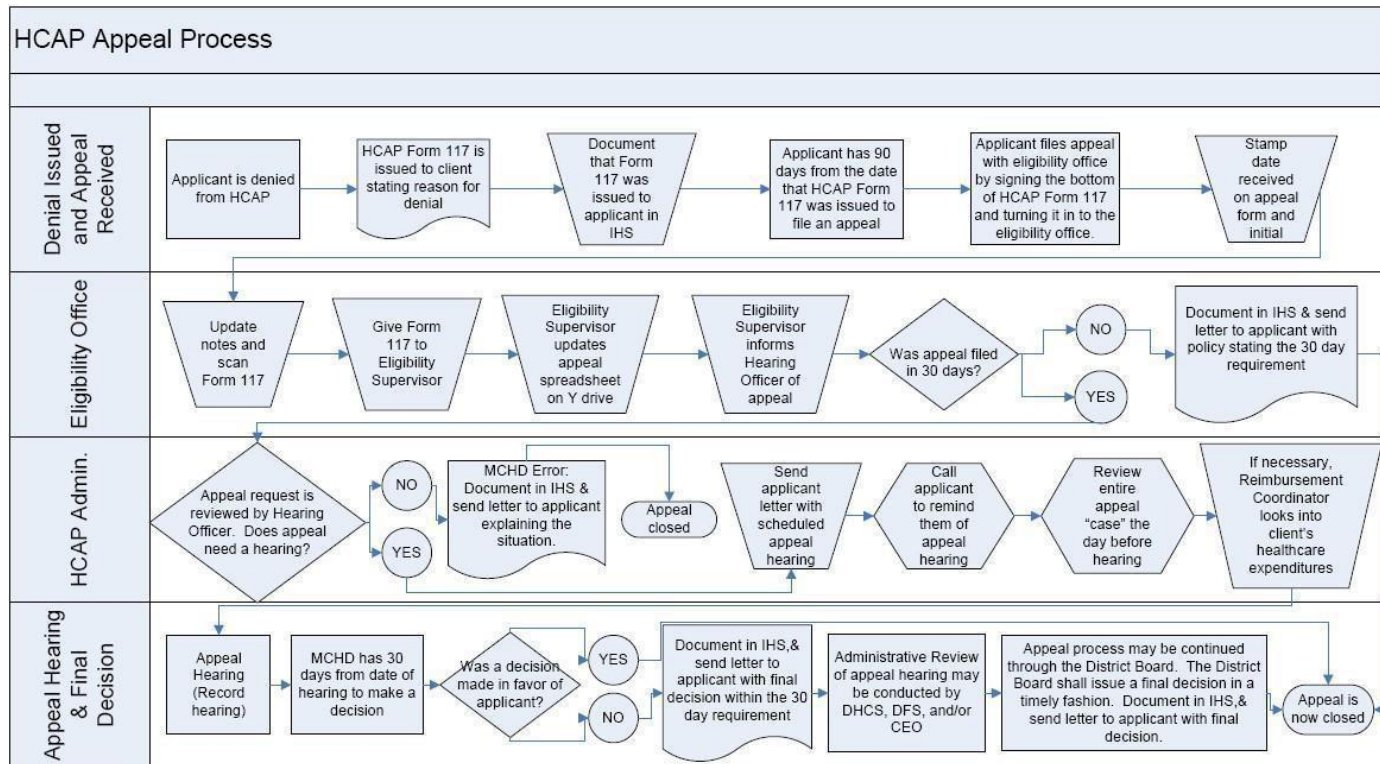
The decision as to whether or not an appeal is necessary is decided upon by the Hearing Officer after reviewing the case.

Anytime during the 14-day determination period further information may be requested from the client by The District.

- The District will have 30 days in which to schedule the appeal hearing.
- Should a client choose not to attend their scheduled appeal hearing, leave a hearing, or become disruptive during a hearing, the case will be dropped and the appeal denied.
- MCHD calls the client to remind the client of appeal hearing.
- After the date of the appeal hearing, the District will have 30 days in which to make a decision. The client will be notified of the District's decision in writing.
- An Administrative Review of the appeal hearing can be conducted through the Chief Operating Officer, Chief Financial Officer, and/or the Chief Executive Officer.
- The Appeal process may be continued through the District Board.
- The District Board shall issue a final decision in a timely fashion.

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CASE PROCESSING
DENIAL DECISION DISPUTES

MCICP Appeal Process Flowchart



Note: At any time it is very important to update IHS with notes regarding the appeal process and to scan in all documents that are important to the appeal "case".

SECTION FOUR. SERVICE DELIVERY

SERVICE DELIVERY

General Principles

- MCHD shall provide or arrange for the basic health care services established by TDSHS or less restrictive health care services.
 - The basic health care services are:
 - Physician services
 - Annual physical examinations
 - Immunizations
 - Medical screening services
 - Blood pressure
 - Blood sugar
 - Cholesterol screening
 - Laboratory and x-ray services
 - Family planning services
 - Skilled nursing facility services
 - Prescription drugs
 - Rural health clinic services
 - Inpatient hospital services
 - Outpatient hospital services
- In addition to providing basic health care services, MCHD may provide other extended health care services that the hospital district determines to be cost-effective.

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- The extended health care services are:
 - Advanced practice nurse services provided by
 - Nurse practitioner services (ANP)
 - Clinical nurse specialist (CNS)
 - Certified nurse midwife (CNM)
 - Certified registered nurse anesthetist (CRNA)
 - Ambulatory surgical center (freestanding) services
 - Bi-level Positive Airway Pressure (BIPAP) therapy
 - Catastrophic Oncology Services
 - Mental Health - Counseling services provided by:
 - Licensed clinical social worker (LCSW)
 - Licensed marriage family therapist (LMFT)
 - Licensed professional counselor (LPC)
 - Ph.D. psychologist
 - Colostomy medical supplies and equipment
 - Diabetic medical supplies and equipment
 - Durable medical equipment (DME)
 - Emergency medical services (EMS)
 - Federally qualified health center services (FQHC)
 - Health and Wellness services
 - Home and community health care services (in special circumstances with authorization)
 - Occupational Therapy Services
 - Physician assistant services (PA)
 - Physical Therapy Services

SECTION FOUR
SERVICE DELIVERY

- Other medically necessary services or supplies that the Montgomery County Hospital District determines to be cost effective.
- Services and supplies must be usual, customary, and reasonable as well as medically necessary for diagnosis and treatment of an illness or injury.
- A hospital district may:
 - Arrange for health care services through local health departments, other public health care facilities, private providers, or insurance companies regardless of the provider's location;
 - Arrange to provide health care services through the purchase of insurance for eligible residents;
 - Affiliate with other governmental entities, public hospitals, or hospital districts for administration and delivery of health care services.
 - Use out-of-county providers.
- As prescribed by Chapter 61, Health and Safety Code, a hospital district shall provide health care assistance to each eligible resident in its service area who meets:
 - The basic income and resources requirements established by the department under Sections 61.006 and 61.008 and in effect when the assistance is requested; or
 - A less restrictive income and resources standard by the hospital district serving the area in which the person resides.
- The maximum Hospital District liability for each fiscal year for health care services provided by all assistance providers, including hospital and skilled nursing facility (SNF), to each MCICP client is, excluding Oncology clients:
 1. \$60,000; or
 2. the payment of 30 days of hospitalization or treatment in a SNF, or both, or \$60,000, whichever occurs first.

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SERVICE DELIVERY

a. 30 days of hospitalization refers to inpatient hospitalization.

- The maximum Hospital District liability for each fiscal year for Mental Health – Counseling services provided by all assistance providers, including hospital, to each MCICP client is:
 - 1. \$20,000;
- The Montgomery County Hospital District is the payor of last resort and shall provide assistance only if other adequate public or private sources of payment are not available. In addition, MCHD is not secondary to any insurance benefits or exhausted benefits.
- For claim payment to be considered, a claim should be received:
 - 1. Within 95 days from the approval date for services provided before the household was approved or
 - 2. Within 95 days from the date of service for services provided after the approval date.
- The payment standard is determined by the date the claim is paid.
- MCHD MCICP mandated providers must provide services and supplies.
- Montgomery County Hospital District's EMS must provide all EMS services.
 - Upon request for EMS the provider must identify the patient as an MCICP client to the EMS Dispatch center.
- Any exception requires MCHD MCICP approval for each service, supply, or expense.
- Co-payments:

Pursuant to Chapter 61 of the Texas Health and Safety Code, the District recognizes that it may request contribution toward cost of assistance.

Households/clients who meet eligibility criteria by their income as compared to 21% of the Federal Poverty Income Limit (FPIL) scale are then requested to contribute a \$5.00 co-payment toward their healthcare for those services for which they are requested.

Level	FPIL	Current
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SECTION FOUR
SERVICE DELIVERY

TA1	0-21%	\$5
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Services for which co-payments are requested:

- Diabetic training
- EMS transports
- ED visits
- Hyperbaric Services
- Physical therapies
 - OT
 - PT
 - ST
- Primary care visits
- Specialty care visits

Clients at the TA1 Level will not be denied or have a reduction in assistance if they cannot or refuse to contribute a co-payment. Such cases will receive a waiver by the Director of Health Care Services or designee on a case-by-case basis.

BASIC HEALTH CARE SERVICES

MCHD-established Basic Health Care Services:

- **Annual Physical Examinations**
- **Family Planning Services**
- **Immunizations**
- **Inpatient Hospital Services**
- **Laboratory and X-Ray Services**
- **Medical Screening Services**
- **Outpatient Hospital Services**
- **Physician Services**
- **Prescription Drugs**
- **Rural Health Clinic Services**
- **Skilled Nursing Facility Services**

Annual Physical Examinations

These are examinations provided once per client per calendar year by a Texas licensed physician or midlevel practitioner.

Associated testing, such as mammograms, can be covered with a physician's referral.

These services may also be provided by an Advanced Practice Nurse (APN) if they are within the scope of practice of the APN in accordance with the standards established by the Board of Nurse Examiners.

Family Planning Services

These preventive health care services assist an individual in controlling fertility and achieving optimal reproductive and general health.

Other Montgomery County entities provide family planning services at little or no charge; therefore, the district reserves the right to redirect clients to utilize their services.

SECTION FOUR
SERVICE DELIVERY
BASIC HEALTH CARE SERVICES

- Charges to clients are based on a sliding fee scale according to family income and size. No client is refused service due to his or her inability to pay.

Immunizations

These are given when appropriate. A client must have a current prescription from a physician for the immunization. Immunizations covered are those that MCHD is able to administer in its offices. In the event an immunization is prescribed that MCHD is unable to administer, the immunization must be pre-authorized by MCHD staff.

Inpatient Hospital Services

Inpatient hospital services must be medically necessary and be:

- Provided in an acute care hospital that is JCAHO and TDH compliant,
- Provided to hospital inpatients,
- Provided under the direction of a Texas licensed physician in good standing, and
- Provided for the medical care and treatment of patients.

The date of service for an inpatient hospital claim is the discharge date.

Laboratory and X-Ray Services

These are professional and technical laboratory and radiological services ordered and provided by, or under the direction of, a Texas licensed physician in an office or a similar facility other than a hospital outpatient department or clinic.

Medical Screening Services

These health care services include blood pressure, blood sugar, and cholesterol screening

Outpatient Hospital Services

Outpatient hospital services must be medically necessary and be:

- Provided in an acute care hospital or hospital-based ambulatory surgical center (HASC),
- Provided to hospital outpatients,
- Provided by or under the direction of a Texas licensed physician in good standing, and
- Diagnostic, therapeutic, or rehabilitative.

Physician Services

Physician services include services ordered and performed by a physician that are within the scope of practice of their profession as defined by Texas state law. Physician services must be provided in the doctor's office, the patient's home, a hospital, a skilled nursing facility, or elsewhere.

In addition, the anesthesia procedures in the chart below may be payable.

CPT Codes and Descriptions only are Copyright 2004 American Medical Association All Rights Reserved

TOS	CPT Code	Description
1	99100	Anesthesia for patient of extreme age, under one year or over 70. (List separately in addition to code for primary anesthesia procedure.)
1	99116	Anesthesia complicated by utilization of total body hypothermia. (List separately in addition to code for primary anesthesia procedure.)
1	99135	Anesthesia complicated by utilization of controlled hypotension. (List separately in addition to code for primary anesthesia procedure.)
1	99140	Anesthesia complicated by emergency conditions (specify). (List separately in addition to code for primary anesthesia procedure.) An emergency is defined as existing when delay in treatment of the patient would lead to a significant increase in the threat to life or body part.

Prescription Drugs

This service includes up to three prescription drugs per month. New and refilled prescriptions count equally toward this three prescription drugs per month total. Drugs must be prescribed from the MCHD HCAP Formulary, by a Texas licensed physician or other practitioner within the scope of practice under law.

The quantity of drugs prescribed depends on the prescribing practice of the physician and the needs of the patient. However, each prescription is limited to a 30-day supply and dispensing only.

The MCHD HCAP Formulary may be found in Appendix VII.

The MCICP co-payment for the monthly three covered formulary medications on both generic and brand name drugs, is zero.

Over the counter Aspirin will be covered without a co-payment up to a quantity limit of 500 per year.

Asthma Chambers- Active clients with a diagnosis of Asthma or COPD will be allowed under the RX program to have 1 asthma chamber per year per active client and will not count against the 3 per month prescription limit.

Rural Health Clinic (RHC) Services

RHC services must be provided in a freestanding or hospital-based rural health clinic and provided by a physician, a physician assistant, an advanced practice nurse (including a nurse practitioner, a clinical nurse specialist, and a certified nurse midwife), or a visiting nurse.

Skilled Nursing Facility Services

Services must be:

- Medically necessary,
- Ordered by a Texas licensed physician in good standing, and
- Provided in a skilled nursing facility that provides daily services on an inpatient basis.

EXTENDED HEALTH CARE SERVICES

- **Advanced Practice Nurse Services**
- **Ambulatory Surgical Center (Freestanding) Services**
- **Bi-level Positive Airway Pressure**
- **Catastrophic Oncology Services**
- **Colostomy Medical Supplies and Equipment**
- **Home Health Care Services**
- **Mental Health - Counseling services provided by:**
 - **Licensed clinical social worker (LCSW)**
 - **Licensed marriage family therapist (LMFT)**
 - **Licensed professional counselor (LPC)**
 - **Ph.D. psychologist**
- **Diabetic Medical Supplies and Equipment**
- **Durable Medical Equipment**
- **Emergency Medical Services**
- **FQHC (Federally Qualified Health Center) Services**
- **Health and Wellness Services**
- **Home Health Care Services**
- **Occupational Therapy Services**
- **Physician Assistant Services**
- **Physical Therapy Services**
- **Other medically necessary services or supplies**

Advanced Practice Nurse (APN) Services

An APN must be licensed as a registered nurse (RN) within the categories of practice, specifically, a nurse practitioner, a clinical nurse specialist, a certified nurse midwife (CNM), and a certified registered nurse anesthetist (CRNA), as determined by the Board of Nurse Examiners. APN services must be medically necessary and provided within the scope of practice of the APN, and covered in the Texas Medicaid Program.

Ambulatory Surgical Center (ASC) Services

These services must be provided in a freestanding ASC, and are limited to items and services provided in reference to an ambulatory surgical

procedure. A freestanding ASC service should be billed as one inclusive charge on a HCFA-1500, using the TOS "F."

Bi-level Positive Airway Pressure (BIPAP)

Bi-pap therapy must be deemed as medically necessary before treatment is initiated.

Catastrophic Oncology Services

Benefits for Oncology clients will not automatically terminate once maximum hospital district liability has been met. Once an Oncology client reaches maximum hospital liability, the Oncology provider will be required to submit a projected care plan to the MCICP third party administrator to consider continuation of benefits. If the third party administrator confirms the costs and medical appropriateness of the care plan, the Chief Operating Officer, Chief Financial Officer, or Chief Executive Officer will review the case and consider continuation of benefits based on funds budgeted. The funds budgeted are based on the projected earnings of the Catastrophic Reserve Fund. If insufficient funding is available to continue benefits, the Chief Operating Officer, Chief Financial Officer, or Chief Executive Officer will petition the District Board for additional funding. If the funding is not available, the client will be referred to an alternate provider and the hospital district will no longer be responsible for providing health care benefits.

Colostomy Medical Supplies and Equipment:

These supplies and equipment must be medically necessary and prescribed by a Texas licensed physician, PA, or an APN in good standing, within the scope of their practice in accordance with the standards established by their regulatory authority.

The hospital district requires the supplier to receive prior authorization.

Items covered are:

SECTION FOUR
SERVICE DELIVERY
EXTENDED HEALTH CARE SERVICES

- Cleansing irrigation kits, colostomy bags/pouches, paste or powder, and skin barriers with flange (wafers).

Colostomy Medical Supplies and Equipment:

Description
Ostomy irrigation supply bag
Ostomy irrigation set
Ostomy closed pouch w att. st. barrier
Ostomy rings
Adhesive for ostomy, liquid, cement, powder, or paste
Skin barrier with flange (solid, flexible, or accordion), any size/Wafer

Mental Health - Counseling Services:

Mental health counseling and inpatient services will be available for International Classification of Diseases, Ninth Revision mental illnesses beginning with 290.0 – 316 for psychoses, neurotic disorders, personality disorders, and other nonpsychotic mental disorders.

Inpatient services are provided to those who need 24-hour professional monitoring, supervision and assistance in an environment designed to provide safety and security during acute psychiatric crisis.

Inpatient and outpatient psychiatric services: psychotherapy services must be medically necessary; based on a physician referral; and provided by a licensed psychiatrist (MD) or licensed clinical social worker (LCSW, previously known as LMSW -ACP), a licensed marriage family therapist (LMFT), licensed professional counselor (LPC), or a Ph.D. psychologist. These services may also be provided based on an APN referral if the referral is within the scope of their practice.

The hospital district requires prior authorization for all mental health

SECTION FOUR
SERVICE DELIVERY
EXTENDED HEALTH CARE SERVICES

(inpatient and outpatient) counseling services.

- All Inpatient Admissions including Residential Care Inpatient Admissions
- All hospital or facility day treatment admissions
- All multiple (more than one) counseling sessions per week
- All multiple hour counseling sessions

Services provided by a physician or therapist for one counseling session (or less) per week, for medication checks, CSU services, and Lab work do not require pre-certification for payment

Diabetic Medical Supplies and Equipment:

These supplies and equipment must be medically necessary and prescribed by a Texas licensed physician, PA, or an APN within the scope of their practice in accordance with the standards established by their regulatory authority.

The hospital district requires the supplier to receive prior authorization.

Items covered are:

- Test strips, alcohol prep pads, lancets, glucometers, insulin syringes, humulin pens, and needles required for the humulin pens.
- Insulin syringes, humulin pens, and the needles required for humulin pens are dispensed with a National Dispensing Code (NDC) number and are paid as prescription drugs; they do not count toward the three prescription drugs per month limitation. Insulin and humulin pen refills are prescription drugs (not optional services) and count toward the three prescription drugs per month limitation.

Diabetic Medical Supplies and Equipment:

Description
Urine test or reagent strips or tablets, 100 tablets or strips
Blood glucose test or reagent test strips

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SERVICE DELIVERY
EXTENDED HEALTH CARE SERVICES

for home blood glucose monitors, 50 strips
Dextrostick or glucose test strips, per box
Protein reagent strips, per box of 50
Glucose tablets, 6 per box
Glucose gel/react gel, 3 dose pack
Home glucose monitor kit
Alcohol wipes, per box
Spring-powered device for lancet, each
Lancets, per box of 100

Durable Medical Equipment:

This equipment must be medically necessary and provided under a written, signed, and dated physician's prescription. A Pa or an APN may also prescribe these supplies and equipment if this is within the scope of their practice in accordance with the standards established by their regulatory authority.

The hospital district requires the supplier to receive prior authorization. Items can be rented or purchased, whichever is the least costly or most efficient.

Items covered with MCHD authorization are:

- Appliances for measuring blood pressure that are reasonable and appropriate, canes, crutches, home oxygen equipment (including masks, oxygen hose, and nebulizers), standard wheelchairs, and walkers that are reasonable and appropriate

Durable Medical Equipment:

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SERVICE DELIVERY
EXTENDED HEALTH CARE SERVICES

Description
Digital blood pressure & pulse monitor
Oxygen, gaseous, per cubic ft
Oxygen contents, liq. Per lb
Oxygen contents, liq. Per 100 lbs
Tubing (oxygen), per foot
Mouth Piece
Variable concentration mask
Disposable kit (pipe style)
Disposable kit (mask style)
Mask w/ headgear
6' tubing
Filters
Cane with tip [New]
Cane with tip [Monthly Rental]
Cane, quad or 3 prong, with tips [New]
Cane, quad or 3 prong, with tips [Monthly Rental]
Crutches, underarm, wood, pair with pads, tips, handgrips [New]
Crutches, underarm, wood, pair with pads, tips, handgrips [Monthly Rental]
Crutch, underarm, wood, each with pad, tip, handgrip
Crutch, underarm, wood, each with pad, tip, handgrip [Monthly Report]
Walker, folding (pickup) adjustable or fixed height [New]
Walker, folding (pickup) adjustable or fixed height [Monthly Rental]

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SERVICE DELIVERY
EXTENDED HEALTH CARE SERVICES

Walker, folding with wheels
Portable oxygen [Rental] Includes: regulator, cart and (2) tanks per month
Nebulizer, with compressor [New]
Nebulizer, durable, glass or autoclavable plastic, bottle [New]
Nebulizer, durable, glass or autoclavable plastic, bottle [Monthly Rental]
Wheelchair, standard [New]
Wheelchair, standard [Monthly Rental]
Oxygen Concentrator, Capable of delivering 85% or > Oxygen Concen at Persc Flw Rt [Monthly Rental]
Standard wheelchair
Lightweight wheelchair
Ultra lightweight wheelchair
Elevating leg rests, pair
Continuous positive airway pressure (CPAP) device [monthly rental up to purchase]
Orthopedic braces [monthly rental up to purchase]
Wound care supplies

Emergency Medical Services:

Emergency Medical Services (EMS) services are ground ambulance transport services. When the client's condition is life-threatening and requires the use of special equipment, life support systems, and close

SECTION FOUR
SERVICE DELIVERY
EXTENDED HEALTH CARE SERVICES

monitoring by trained attendants while en route to the nearest appropriate (mandated) facility, ground transport is an emergency service.

The hospital district requires the clients to use MCHD EMS services only. EMS Dispatch must be notified by provider that the patient is a MCHD MCICP Client at time of request.

Federally Qualified Health Center (FQHC) Services:

These services must be provided in an approved FQHC by a Texas licensed physician, a physician's assistant, or an advanced practice nurse, a clinical psychologist, or a clinical social worker.

Health and Wellness Services

All MCICP clients will participate in a Health Risk Assessment (HRA) annually while enrolled in the program. Results of the HRA will be reviewed by and with a medical provider and clients will be assigned a HCAP Case Manager and a primary care medical home to aid in disease prevention, disease management, health education, and care coordination.

Compliance with this service will be mandatory for continued participation in the MCICP.

Home Health Care Services

These services must be medically necessary and provided under a written, signed, and dated physician's prescription. A PA or an APN may also prescribe these services if this is within the scope of their practice in accordance with the standards established by their regulatory authority.

The hospital district requires the provider to receive prior authorization.

Occupational Therapy Services:

These services must be medically necessary and may be covered if provided in a physician's office, a therapist's office, in an outpatient rehabilitation or free-standing rehabilitation facility, or in a licensed

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EXTENDED HEALTH CARE SERVICES

hospital. Services must be within the provider's scope of practice, as defined by Occupations Code, Chapter 454.

The hospital district requires the provider to receive prior authorization.

Physician Assistant (PA) Services:

These services must be medically necessary and provided by a PA under the supervision of a Texas licensed physician and billed by and paid to the supervising physician.

Physical Therapy Services:

These services must be medically necessary and may be covered if provided in a physician's office, a therapist's office, in an outpatient rehabilitation or free-standing rehabilitation facility, or in a licensed hospital. Services must be within the provider's scope of practice, as defined by Occupations Code, Chapter 453.

The hospital district requires the provider to receive prior authorization.

EXCLUSIONS AND LIMITATIONS

The Following Services, Supplies, and Expenses are not MCHD MCICP Benefits:

- Abortions; unless the attending physician certifies in writing that, in his professional judgment, the mother's life is endangered if the fetus were carried to term or unless the attending physician certifies in writing that the pregnancy is related to rape or incest;
- Acupuncture or Acupressure
- Air conditioners, humidifiers and purifiers, swimming pools, hot tubs, or waterbeds, whether or not prescribed by a physician;
- Air Medical Transport;
- Ambulation aids unless they are authorized by MCHD;
- Autopsies;
- Charges exceeding the specified limit per client in the Plan;
 - The maximum Hospital District liability for each fiscal year for health care services provided by all assistance providers, including hospital and skilled nursing facility (SNF), to each MCICP client is, excluding Oncology clients:
 - \$60,000; or
 - the payment of 30 days of hospitalization or treatment in a SNF, or both, or \$60,000, whichever occurs first.
 - 30 days of hospitalization refers to inpatient hospitalization.
 - The maximum Hospital District liability for each fiscal year for Mental Health – Counseling services provided by all assistance providers, including hospital, to each MCICP client is:
 - \$20,000;
- Charges made by a nurse for services which can be performed by a person who does not have the skill and training of a nurse;
- Chiropractors;

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- Cosmetic (plastic) surgery to improve appearance, rather than to correct a functional disorder; here, functional disorders do not include mental or emotional distress related to a physical condition. All cosmetic surgeries require MCHD authorization;
- Cryotherapy machine for home use;
- Custodial care;
- Dental care; except for reduction of a jaw fracture or treatment of an oral infection when a physician determines that a life-threatening situation exists and refers the patient to a dentist;
- Dentures;
- Drugs, which are:
 - Not approved for sale in the United States, or
 - Over-the-counter drugs (except with MCHD authorization)
 - Outpatient prescription drugs not purchased through the prescription drug program, or
 - Not approved by the Food and Drug Administration (FDA), or
 - Dosages that exceed the FDA approval, or
 - Approved by the FDA but used for conditions other than those indicated by the manufacturer;
- Durable medical equipment supplies unless they are authorized by MCHD;
- Exercising equipment (even if prescribed by a physician), vibratory equipment, swimming or therapy pools, hypnotherapy, massage therapy, recreational therapy, enrollment in health or athletic clubs;
- Experimental or research programs;
- Family planning services are not payable if other entities exist to provide these services in Montgomery County;
- For care or treatment furnished by:

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- Christian Science Practitioner
- Homeopath
- Marriage, Family, Child Counselor (MFCC)
- Naturopath.
- Genetic counseling or testing;
- Hearing aids;
- Hormonal disorders, male or female;
- Hospice Care;
- Hospital admission for diagnostic or evaluation procedures unless the test could not be performed on an outpatient basis without adversely affecting the health of the patient;
- Hospital beds;
- Hospital room and board charges for admission the night before surgery unless it is medically necessary;
- Hysterectomies performed solely to accomplish sterilization:
 - A hysterectomy shall only be performed for other medically necessary reasons,
 - The patient shall be informed that the hysterectomy will render the patient unable to bear children.
 - A hysterectomy may be covered in an emergent situation if it is clearly documented on the medical record.
 - An emergency exists if the situation is a life-threatening emergency; or the patient has severe vaginal bleeding uncontrollable by other medical or surgical means; or the patient is comatose, semi-comatose, or under anesthesia;
- Immunizations and vaccines except with MCHD authorization;
 - Pneumovaccine shots for appropriate high risk clients and flu shots once a year may be covered
 - Other immunizations covered are those that can be administered by MCHD staff. A current prescription from a physician is required for immunizations given by MCHD staff.

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- Infertility, infertility studies, invitro fertilization or embryo transfer, artificial insemination, or any surgical procedure for the inducement of pregnancy;
- Legal services;
- Marriage counseling, or family counseling when there is not an identified patient;
- Medical services, supplies, or expenses as a result of a motor vehicle accident or assault unless MCHD MCICP is the payor last resort ;
- More than one physical exam per year per **active** client;
- Obstetrical Care, except with MCHD Administration authorization;
- Other CPT codes with zero payment or those not allowed by county indigent guidelines;
- Outpatient psychiatric services (Counseling) that exceed 30 visits during a fiscal year unless the hospital district chooses to exceed this limit upon hospital district review of an individual's case record.
- Parenteral hyperalimentation therapy as an outpatient hospital service unless the service is considered medically necessary to sustain life. Coverage does not extend to hyperalimentation administered as a nutritional supplement;
- Podiatric care unless the service is covered as a physician service when provided by a licensed physician;
- Private inpatient hospital room except when:
 - A critical or contagious illness exists that results in disturbance to other patients and is documented as such,
 - It is documented that no other rooms are available for an emergency admission, or
 - The hospital only has private rooms.
- Prosthetic or orthotic devices, except under MCICP Administration authorization;
- Recreational therapy;

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- Routine circumcision if the patient is more than three days old unless it is medically necessary. Circumcision is covered during the first three days of his newborn's life;
- Separate payments for services and supplies to an institution that receives a vendor payment or has a reimbursement formula that includes the services and supplies as a part of institutional care;
- Services or supplies furnished for the purpose of breaking a "habit", including but not limited to overeating, smoking, thumb sucking;
- Services or supplies provided in connection with cosmetic surgery unless they are authorized for specific purposes by the hospital district or its designee before the services or supplies are received and are:
 - Required for the prompt repair of an accidental injury
 - Required for improvement of the functioning of a malformed body member
- Services provided by an immediate relative or household member;
- Services provided outside of the United States;
- Services rendered as a result of (or due to complications resulting from) any surgery, services, treatments or supplier specifically excluded from coverage under this handbook;
- Sex change and/or treatment for transsexual purposed or treatment for sexual dysfunctions of inadequacy which includes implants and drug therapy;
- Sex therapy, hypnotics training (including hypnosis), any behavior modification therapy including biofeedback, education testing and therapy (including therapy intended to improve motor skill development delays) or social services;
- Social and educational counseling;
- Spinograph or thermograph;
- Surgical procedures to reverse sterilization;
- Take-home items and drugs or non-prescribed drugs;

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- Transplants, including Bone Marrow;
- Treatment of flat foot (flexible pes planus) conditions and the prescription of supportive devices (including special shoes), the treatment of subluxations of the foot and routine foot care more than once every six months, including the cutting or removal of corns, warts, or calluses, the trimming of nails, and other routine hygienic care
- Treatment of obesity and/or for weight reduction services or supplies (including weight loss programs);
- Vision Care, including eyeglasses, contacts, and glass eyes;
 - Except, every 12 month's one **diabetic** eye examination only may be covered.
- Vocational evaluation, rehabilitation or retraining;
- Voluntary self-inflicted injuries or attempted voluntary self-destruction while sane or insane;
- Whole blood or packed red cells available at not cost to patient.

Conflicts In Other Agreements:

The provisions set forth in this Handbook shall be subject to and superseded by any contrary and/or conflicting provisions in any contract or agreement approved by the District's Board of Directors. To the extent of such conflict, the provisions in such contract or agreement shall control, taking precedence over any conflicting provisions contained in this Handbook.

SERVICE DELIVERY DISPUTES

Appeals of Adverse Benefits Determinations

All claims and questions regarding health claims should be directed to the Third Party Administrator. MCHD shall be ultimately and finally responsible for adjudicating such claims and for providing full and fair review of the decision on such claims in accordance with the following provisions. Benefits under the Plan will be paid only if MCHD decides in its discretion that the Provider is entitled to them under the applicable Plan rules and regulations in effect at the time services were rendered. The responsibility to process claims in accordance with the Handbook may be delegated to the Third Party Administrator; provided, however, that the Third Party Administrator is not a fiduciary or trustee of the Plan and does not have the authority to make decisions involving the use of discretion.

Each Provider claiming benefits under the Plan shall be responsible for supplying, at such times and in such manner as MCHD in its sole discretion may require, written proof that the expenses were incurred or that the benefit is covered under the Plan. If MCHD in its sole discretion shall determine that the Provider has not Incurred a Covered Expense, provided a Covered Service, or that the benefit is not covered under the Plan, or if the Provider shall fail to furnish such proof as is requested, no benefits shall be payable under the Plan.

NOTE: PURSUANT TO TEXAS LOCAL GOVERNMENT CODE SECTION 271.154, THE EXHAUSTION OF THE FOLLOWING APPEAL PROCEDURES SHALL BE A PRECONDITION TO THE INSTITUTION OF LITIGATION AGAINST MCHD FOR PAYMENT OF A CLAIM ARISING FROM PROVIDER'S PROVISION OF SERVICES TO A MCHD HCAP CLIENT. ANY SUIT FILED PRIOR TO THE EXHAUSTION OF THE FOLLOWING APPEAL PROCEDURES SHALL BE SUBJECT TO ABATEMENT UNTIL SUCH APPEAL PROCEDURES HAVE BEEN EXHAUSTED.

Full and Fair Review of All Claims

In cases where a claim for benefits is denied, in whole or in part, and the Provider believes the claim has been denied wrongly, the Provider may appeal the denial and review pertinent documents, including the Covered Services and fee schedules pertaining to such Covered Services. The claims procedures of this Plan afford a Provider with a reasonable opportunity for a full and fair review of a claim and adverse benefit determination. More specifically, the Plan provides:

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1. Provider at least 95 days following receipt of a notification of an initial adverse benefit determination within which to appeal the determination and 60 days to appeal a second adverse benefit determination;
2. Provider the opportunity to submit written comments, documents, records, and other information relating to the claim for benefits;
3. For an independent review that does not afford deference to the previous adverse benefit determination and that is conducted by an appropriate named fiduciary of the Plan, who shall be neither the individual who made the adverse benefit determination that is the subject of the appeal, nor the subordinate of such individual;
4. For a review that takes into account all comments, documents, records, and other information submitted by the Provider relating to the claim, without regard to whether such information was submitted or considered in any prior benefit determination;
5. That, in deciding an appeal of any adverse benefit determination that is based in whole or in part upon a medical judgment, the Plan fiduciary shall consult with one or more health care professionals who have appropriate training and experience in the field of medicine involved in the medical judgment, and who are neither individuals who were consulted in connection with the adverse benefit determination that is the subject of the appeal, nor the subordinates of any such individual;
6. For the identification of medical or vocational experts whose advice was obtained on behalf of the Plan in connection with a claim, even if the Plan did not rely upon their advice; and
7. That a Provider will be provided, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the Provider's claim for benefits to the extent such records are in possession of the MCHD or the Third Party Administrator; information regarding any voluntary appeals procedures offered by the Plan; any internal rule, guideline, protocol or other similar criterion relied upon in making the adverse determination; and an explanation of the scientific or clinical judgment for the determination, applying the terms of the Plan to the Client's medical circumstances.

First Appeal Level

Requirements for First Appeal

The Provider must file the first appeal in writing within 95 days following receipt of the notice of an adverse benefit determination. Otherwise the initial determination stands as the final determination and is not appealable. To file an appeal, the Provider's appeal must be addressed as follows and either mailed or faxed as follows:

Pre-service Non-urgent Claims:

PrimeDX Attn:
Appeals P.O.
Box 9201
Austin, TX 78766
Fax Number: 512-454-1624

For Post-service Claims:

Boon-Chapman Benefit Administrators, Inc.
Attention: Appeals
P.O. Box 9201
Austin, TX 78766
Fax Number: 512-459-1552

It shall be the responsibility of the Provider to submit proof that the claim for benefits is covered and payable under the provisions of the Plan. Any appeal must include the following information:

1. The name of the Client/Provider;
2. The Client's social security number (Billing ID);
3. The Client's HCAP #;
4. All facts and theories supporting the claim for benefits. Failure to include any theories or facts in the appeal will result in their being deemed waived. In other words, the Provider will lose the right to raise factual arguments and theories, which support this claim if the Provider fails to include them in the appeal;
5. A statement in clear and concise terms of the reason or reasons for disagreement with the handling of the claim; and
6. Any material or information that the Provider has which indicates that the Provider is entitled to benefits under the Plan.

If the Provider provides all of the required information, it will facilitate a prompt decision on whether Provider's claim will be eligible for payment under the Plan.

Timing of Notification of Benefit Determination on First Appeal

MCHD shall notify the Provider of the Plan's benefit determination on review within the following timeframes:

Pre-service Non-urgent Care Claims

Within a reasonable period of time appropriate to the medical circumstances, but not later than 15 business days after receipt of the appeal

Concurrent Care Claims

The response will be made in the appropriate time period based upon the type of claim – Pre-service Non-urgent or Post-service.

Post-service Claims

Within a reasonable period of time, but not later than 30 days after receipt of the appeal

Calculating Time Periods

The period of time within which the Plan's determination is required to be made shall begin at the time an appeal is filed in accordance with the procedures of this Plan, with all information necessary to make the determination accompanying the filing.

Manner and Content of Notification of Adverse Benefit Determination on First Appeal.

MCHD may provide a Provider with notification, in writing or electronically, of a Plan's adverse benefit determination on review, setting forth:

1. The specific reason or reasons for the denial;
2. Reference to the specific portion(s) of the Handbook and/ or Provider Agreements on which the denial is based;
3. A description of the Plan's review procedures and the time limits applicable to the procedures for further appeal; and
4. The following statement: "You and your Provider Agreement may have other voluntary alternative dispute resolution options, such as mediation. One way to find out what additional recourse may be available is to contact MCHD."

Furnishing Documents in the Event of an Adverse Determination. In the case of an adverse benefit determination on review, MCHD may provide such access to, and copies of, documents, records, and other information used in making the determination of the section relating to "Manner and Content of Notification of Adverse Benefit Determination on First Appeal" as appropriate under the particular circumstances.

Second Appeal Level

Adverse Decision on First Appeal; Requirements for Second Appeal

Upon receipt of notice of the Plan's adverse decision regarding the first appeal, the Provider has an additional 60 days to file a second appeal of the denial of benefits. The Provider again is entitled to a "full and fair review" of any denial made at the first appeal, which means the Provider has the same rights during the second appeal as he or she had during the first appeal. As with the first appeal, the Provider's second appeal must be in writing and must include all of the items and information set forth in the section entitled "Requirements for First Appeal" And shall additionally include a brief statement setting forth the Provider's rationale as to why the initial appeal decision was in error

Timing of Notification of Benefit Determination on Second Appeal

MCHD shall notify the Provider of the Plan's benefit determination following the second appeal within the following timeframes:

Pre-service Non-urgent Care Claims

Within a reasonable period of time appropriate to the medical circumstances, but not later than 15 business days after receipt of the second appeal.

Concurrent Care Claims

The response will be made in the appropriate time period based upon the type of claim – Pre-service Urgent, Pre-service Non-urgent or Post-service.

Post-service Claims

Within a reasonable period of time, but not later than 30 days after receipt of the second appeal.

Calculating Time Periods

The period of time within which the Plan's determination is required to be made shall begin at the time the second appeal is filed in accordance with the procedures of this Plan, with all information necessary to make the determination accompanying the filing.

Manner and Content of Notification of Adverse Benefit Determination on Second Appeal

The same information must be included in the Plan's response to a second appeal as a first appeal, except for (i) a description of any additional information necessary for the Provider to perfect the claim and an explanation of why such information is needed; and (ii) a description of the Plan's review procedures and the time limits applicable to the procedures. See the section entitled "Manner and Content of Notification of Adverse Benefit Determination on First Appeal."

Furnishing Documents in the Event of an Adverse Determination In the case of an adverse benefit determination on the second appeal, MCHD may provide such access to, and copies of, documents, records, and other information used in making the determination of the section relating to "Manner and Content of Notification of Adverse Benefit Determination on First Appeal" as is appropriate, including its determinations pertaining to Provider's assertions and basis for believing the initial appeal decision was in error.

Decision on Second Appeal to be Final

If, for any reason, the Provider does not receive a written response to the appeal within the appropriate time period set forth above, the Provider may assume that the appeal has been denied. The decision by the MCHD or other appropriate named fiduciary of the Plan on review will be final, binding and conclusive and will be afforded the maximum deference permitted by law. All claim review procedures provided for in the Plan must be exhausted before any legal action is brought. Any legal action for the recovery of any benefits must be commenced within one-year after the Plan's claim review procedures have been exhausted or legal statute.

Appointment of Authorized Representative

A Provider is permitted to appoint an authorized representative to act on his behalf with respect to a benefit claim or appeal of a denial. To appoint such a representative, the Provider must complete a form, which can be obtained from MCHD or the Third Party Administrator. In the event a Provider designates an authorized representative, all future communications from the Plan will be with the representative, rather than the Provider, unless the Provider directs MCHD, in writing, to the contrary.

MANDATED PROVIDER INFORMATION

Policy Regarding Reimbursement Requests From Non-Mandated Providers For The Provision Of Emergency And Non-Emergency Services

Continuity of Care:

It is the intent of the District and its MCICP Office to assure continuity of care is received by the patients who are on the rolls of the Plan. For this purpose, mandated provider relationships have been established and maintained for the best interest of the patients' health status. The client/patient has the network of mandated providers explained to them and signs a document to this understanding at the time of eligibility processing in the MCICP Office. Additionally, they demonstrate understanding in a like fashion that failure to use mandated providers, unless otherwise authorized, will result in them bearing independent financial responsibility for their actions.

Prior Approval:

A non-mandated health care provider must obtain approval from the Hospital District's Montgomery County Indigent Care Plan (MCICP) Office before providing health care services to an active MCICP patient. Failure to obtain prior approval or failure to comply with the notification requirements below will result in rejection of financial reimbursement for services provided.

Mandatory Notification Requirements:

- The non-mandated provider shall attempt to determine if the patient resides within District's service area when the patient first receives services if not beforehand as the patients condition may dictate.
- The provider, the patient, and the patient's family shall cooperate with the District in determining if the patient is an active client on the MCICP rolls of the District for MCICP services.
- Each individual provider is independently responsible for their own notification on each case as it presents.
- If a non-mandated provider delivers emergency or non-emergency services to a MCICP patient who the provider suspects might be an active client on the MCICP rolls with the District, the provider shall notify the District's MCICP Office that services have been or will be provided to the patient.

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MANDATED PROVIDER INFORMATION

- The notice shall be made:
 - (1) By telephone not later than the 72nd hour after the provider determines that the patient resides in the District's service area and is suspect of being an active client on the District's MCICP rolls; and
 - (2) By mail postmarked not later than the fifth working day after the date on which the provider determines that the patient resides in the District's service area.

Authorization:

The District's MCICP Office may authorize health care services to be provided by a non-mandated provider to a MCICP patient only:

- In an emergency (as defined below and interpreted by the District);
- When it is medically inappropriate for the District's mandated provider to provide such services; or
- When adequate medical care is not available through the mandated provider.

Emergency Defined:

An "emergency medical condition" is defined as a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

- Placing the patients health in serious jeopardy,
- Serious impairment of bodily functions, or
- Serious dysfunction of any bodily organ or part.

Emergency Medical Services:

MCHD as a provider of EMS for Montgomery County is independently responsible in determining the most appropriate destination by its own policies and procedures for all transported patients, including MCICP client patients. MCICP client patients are to (as conditions allow) notify EMS about their mandated provider as a preferred destination.

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SERVICE DELIVERY
MANDATED PROVIDER INFORMATION

Reimbursement:

In such event, the District shall provide written authorization to the non-mandated provider to provide such health care services as are medically appropriate, and thereafter the District shall assume responsibility for reimbursement for the services rendered by the non-mandated provider at the reimbursement rates approved for the District's mandated provider, generally but not limited to, being those reimbursement rates approved by the Texas Department of State Health Services pursuant to the County Indigent Health Care And Treatment Act. Acceptance of reimbursement by the non-mandated provider will indicate payment in full for services rendered.

If a non-mandated provider delivers emergency or non-emergency services to a patient who is on the MCICP rolls of the District and fails to comply with this policy, including the mandatory notice requirements, the non-mandated provider is not eligible for reimbursement for the services from the District.

Return to Mandated Provider:

Unless authorized by the District's MCICP Office to provide health care services, a non-mandated provider, upon learning that the District has selected a mandated provider, shall see that the patient is transferred to the District's selected mandated provider of health care services.

Appeal:

If a health care provider disagrees with a decision of the MCICP Office regarding reimbursement and/or payment of a claim for treatment of a person on the rolls of the District's MCICP, the provider will have to appeal the decision to the District's Board of Directors and present its position and evidence regarding coverage under this policy. The District will conduct a hearing on such appeal in a reasonable and orderly fashion. The health care provider and a representative of the MCICP Office will have the opportunity to present evidence, including their own testimony and the testimony of witnesses. After listening to the parties' positions and reviewing the evidence, the District's Board of Directors will determine an appropriate action and issue a written finding.

SECTION FIVE. FORMS

FORMS

Forms may exist online in electronic form through MCHD's Indigent Healthcare Services (I.H.S.) software.

- HCAP Form 100: MONTGOMERY COUNTY HOSPITAL DISTRICT'S HEALTHCARE ASSISTANCE APPLICATION
- HCAP Form 2: MCICP APPOINTMENT CARD
- HCAP Form 3: MCICP BEHAVIORAL GUIDELINES
- HCAP Form A: ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES FORM
- HCAP Form B: ASSET AND BACKGROUND CHECK FORM
- HCAP Form C: MEDICAL HISTORY FORM
- HCAP Form D: RELEASE FORM
- HCAP Form E: SUBROGATION FORM
- HCAP Form G: HOW TO CONTACT THE ELIGIBILITY OFFICE REGARDING YOUR SSI STATUS
- HCAP Form H: REPRESENTATION AND ACKNOWLEDGEMENT FORM
- HCAP Form I: ASSIGNMENT OF HEALTH INSURANCE PROCEEDS
- HCAP FORM J: HCAP FRAUD POLICY AND PROCEDURES
- HCAP Form 12: REQUEST FOR INFORMATION
- HCAP Form 101: WORKSHEET (*Electronic Version*)
- HCAP Form 102: STATEMENT OF SUPPORT
- HCAP Form 103: REQUEST FOR DOMICILE VERIFICATION
- HCAP Form 109: NOTICE OF ELIGIBILITY (*Electronic Version*)
- HCAP Form 110: MCICP IDENTIFICATION CARD
- HCAP Form 117: NOTICE OF INELIGIBILITY (*Electronic Version*)
- HCAP Form 120: NOTICE OF INCOMPLETE APPLICATION
- HCAP Form 200: EMPLOYER VERIFICATION FORM
- HCAP Form 201: SELF-EMPLOYMENT VERIFICATION FORM

APPENDIX I. GLOSSARY OF TERMS

GLOSSARY

Adult - A person at least age 18 or a younger person who is or has been married or had the disabilities of minority removed for general purposes.

Accessible Resources - Resources legally available to the household.

Aged Person - Someone aged 60 or older as of the last day of the month for which benefits are being requested.

Alien Sponsor – a person who signed an affidavit of support (namely, INS Form I-864 or I-864-A) on or after December 19, 1997, agreeing to support an alien as a condition of the alien's entry into the United States.

Not all aliens must obtain a sponsor before being admitted into the U.S.

Application Completed Date – The date that Form 100 and all information necessary to make an eligibility determination is received.

Approval Date- The date that the hospital district issues Form 109, Notice of Eligibility, and HCAP Form 110, MCICP Identification Card, is issued to the client.

Assets - All items of monetary value owned by an individual.

Budgeting - The method used to determine eligibility by calculating income and deductions using the best estimate of the household's current and future circumstances and income.

Candidate - Person who is applying for MCICP benefits who has NEVER been on the Plan before.

Claim – Completed CMS-1500, UB-04 , pharmacy statement with detailed documentation, or an electronic version thereof.

Claim Pay Date - The date that the hospital district writes a check to pay a claim.

Client – Eligible resident who is actively receiving healthcare benefits on MCICP.

Common Law Marriage - relationship recognized under Texas law in which the parties age 18 or older are free to marry, live together, and hold out to the public that they are husband and wife.

A minor child in Texas is not legally allowed to enter a common law marriage unless the claim of common law marriage began before September 1, 1997.

Complete Application - A complete application (Application for MCICP, Form 100) includes validation of these components:

- The applicant's full name and address,
- The applicant's county of residence is Montgomery County,
- The names of everyone who lives in the house with the applicant and their relationship to the applicant,
- The type and value of the MCHD MCICP household's resources,
- The MCHD MCICP household's monthly gross income,
- Information about any health care assistance that household members may receive,
- The applicant's Social Security number,
- The applicant's signature with the date the Form 100 is signed, and
- All needed information, such as verifications.

The date that Form 100 and all information necessary to make an eligibility determination is received is the application completion date.

Co-payments – The amount requested from the client to help contribute to their healthcare expenses. Also known and referenced as “co-pays” in some MCICP documents.

County – A county not fully served by a public facility, namely, a public hospital or a hospital district; or a county that provides indigent health care services to its eligible residents through a hospital established by a board of managers jointly appointed by a county and a municipality.

Days - All days are calendar days, except as specifically identified as workdays.

Denial Date – The date that Form 117, Notice of Ineligibility, is issued to the candidate.

Disabled Person - Someone who is physically or mentally unfit for employment.

Disqualified Person – A person receiving or is categorically eligible to receive Medicaid.

The District – Montgomery County Hospital District

Domicile - A residence

DSHS - Department of State Health Services (Texas DSHS)

Earned Income - Income a person receives for a certain degree of activity or work. Earned income is related to employment and, therefore, entitles the person to work-related deductions not allowed for unearned income.

Eligible Montgomery County Resident - An eligible county resident must reside in Montgomery County, and meets the resource, income, and citizenship requirements.

Eligibility Effective Date - The date that a client becomes qualified for benefits.

Eligibility End (Expiration) Date – The date that a client's eligibility ends

Eligibility Staff - Individuals who determine Plan eligibility may be hospital district personnel, or persons under contract with the hospital district to determine Plan eligibility.

Emancipated Minor - A person under age 18 who has been married as recognized under Texas law. The marriage must not have been annulled.

Emergency medical condition - Is defined as a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

- Placing the patients health in serious jeopardy,
- Serious impairment of bodily functions, or
- Serious dysfunction of any bodily organ or part.

Equity - The amount of money that would be available to the owner after the sale of a resource. Determine this amount by subtracting from the fair market value any money owed on the item and the costs normally associated with the sale and transfer of the item.

Expenditure - Funds spent on basic or extended health care services.

Expenditure Tracking - A hospital district should track monthly basic and extended health care expenditures.

Extended Services – MCHD approved, extended health care services that the hospital district determines to be necessary and cost-effective and chooses to provide.

Fair Market Value - The amount a resource would bring if sold on the current local market.

Governmental Entity - A county, municipality, or other political subdivision of the state, excluding a hospital district or hospital authority.

Gross Income - Income before deductions.

GRTL - The county's General Revenue Tax Levy (GRTL) is used to determine eligibility for state assistance funds. For information on determining and reporting the GRTL, contact Teri Rodgers, Property Tax Division of the Texas State Comptroller of Public Accounts at 800/252-9121.

Hospital District - A hospital district created under the authority of the Texas Constitution Article IX, Sections 4 – 11.

Identifiable Application- An application is identifiable if it includes: the applicant's name, the applicant's address, the applicant's social security number, the applicant's date of birth, the applicant's signature, and the date the applicant signed the application.

Identifiable Application Date- The date on which an identifiable application is received from an applicant.

Inaccessible Resources - Resources not legally available to the household. Examples include but are not limited to irrevocable trust funds, property in probate, security deposits on rental property and utilities.

Income - Any type of payment that is of gain or benefit to a household.

Managing Conservator - A person designated by a court to have daily responsibility for a child.

Mandated Provider - A health care provider, selected by the hospital district, who agrees to provide health care services to eligible clients.

Married Minor - An individual, age 14-17, who is married and such is recognized under the laws of the State of Texas. These individuals must have parental consent or court permission. An individual under age 18 may not be a party to an informal (common law) marriage.

MCHD Fiscal Year - The twelve-month period beginning October 1 of each calendar year and ending September 30 of the following calendar year.

Medicaid - The Texas state-paid insurance program for recipients of Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), and health care assistance programs for families and children.

Midlevel Practitioner – An Individual healthcare practitioner other than a physician, dentist or podiatrist, who is licensed, registered, or otherwise, permitted in the State of Texas who practices professional medicine.

APPENDIX I.
GLOSSARY OF TERMS

Minor Child - A person under age 18 who is not or has not been married and has not had the disabilities of minority removed for general purposes.

Net income - Gross income minus allowable deductions.

Personal Possessions - appliances, clothing, farm equipment, furniture, jewelry, livestock, and other items if the household uses them to meet personal needs essential for daily living.

Public Facility - A hospital owned, operated, or leased by a hospital district.

Public Hospital - A hospital owned, operated, or leased by a county, city, town, or other political subdivision of the state, excluding a hospital district and a hospital authority. For additional information, refer to Chapter 61, Health and Safety Code, Subchapter C.

Real Property - Land and any improvements on it.

Reimbursement - Repayment for a specific item or service.

Relative - A person who has one of the following relationships biologically or by adoption:

- Mother or father,
- Child, grandchild, stepchild,
- Grandmother or grandfather,
- Sister or brother,
- Aunt or uncle,
- Niece or nephew,
- First cousin,
- First cousin once removed, and
- Stepmother or stepfather.

Relationship also extends to:

- The spouse of the relatives listed above, even after the marriage is terminated by death or divorce,
- The degree of great-great aunt/uncle and niece/nephew, and
- The degree of great-great-grandmother/grandfather.

Resources - Both liquid and non-liquid assets a person can convert to meet his needs. Examples include but are not limited to: bank accounts, boats, bonds, campers, cash, certificates of deposit, gas rights, livestock (unless the livestock is used to meet personal needs essential for daily living), mineral rights, notes, oil rights, real estate (including buildings and land, other than a homestead), stocks, and vehicles.

APPENDIX I.
GLOSSARY OF TERMS

Service Area - The geographic region in which a hospital district has a legal obligation to provide health care services.

Sponsored Alien – a sponsored alien means a person who has been lawfully admitted to the United States for permanent residence under the Immigration and Nationality Act (8 U.S.C. Section 1101 et seq.) and who, as a condition of admission, was sponsored by a person who executed an affidavit of support on behalf of the person.

Status Date – The date when the hospital district make a change to a clients status.

TDSHS – Texas Department of State Health Services

Temporary Absence – When a client is absent from Montgomery County for less than or equal to 30 days.

Termination Date - The date that the hospital district ends a client's benefits.

Third Party Administrator (TPA) – The designated TPA shall be Boon-Chapman Benefit Administrators, Inc.

Tip Income - Income earned in addition to wages that is paid by patrons to people employed in service-related occupations, such as beauticians, waiters, valets, pizza delivery staff, etc.

Unearned Income - Payments received without performing work-related activities.

V.A. Veteran – A veteran must have served at least 1 day of active duty military time prior to September 7, 1980 and if service was after that date, at least 24 months of active duty military time to eligible for medical services through the Department of Veteran affairs (Form DD214 may be requested).

APPENDIX II. MCHD'S ENABLING LEGISLATION

MONTGOMERY COUNTY HOSPITAL DISTRICT'S ENABLING LEGISLATION

MONTGOMERY COUNTY HOSPITAL DISTRICT¹

An Act relating to the creation, administration, maintenance, operation, powers, duties, and financing of the Montgomery County Hospital District of Montgomery County, Texas, by authority of Article IX, Section 9 of the Texas Constitution.

Be it enacted by the Legislature of the State of Texas:

Section 1. In accordance with the provisions of Article IX, Section 9, of the Texas Constitution, this Act authorizes the creation, administration, maintenance, operation, and financing of a hospital district within this state with boundaries coextensive with the boundaries of Montgomery County, Texas, to be known as "Montgomery County Hospital District" with such rights, powers, and duties as provided in this Act.

Sec. 2. The district shall take over and there shall be transferred to it title to all land, buildings, improvements, and equipment pertaining to the hospitals or hospital system owned by the county or any city or town within the boundaries of the proposed district and shall provide for the establishment of a health care or hospital system by the purchase, gift, construction, acquisition, repair, or renovation of buildings and equipment and equipping same and the administration of the system for health care or hospital purposes. The district may take over and may accept title to land, buildings, improvements, and equipment of a nonprofit hospital within the district if the governing

¹ The Montgomery County Hospital District was created in 1977 by the 65th Leg., R.S., Ch. 258. It was amended by the following Acts: Act of 1985, 69th Leg., R.S., Ch. 516; Act of 1991, 72nd Leg., R.S., Ch. 511; Act of 1993, 73rd Leg., R.S., Ch. 267; Act of 1995, Ch. 468; Act of 1999, 76th Leg. R.S., Ch. 747; Act of 2003, 78th Leg. R.S., Ch. 529 (HB 1251); Act of 2005, 79th Leg. R.S.Ch. 690 (SB 264) and Ch. 476 (HB 192).

authority or authorities of the hospital and district agree to the transfer. The district shall assume the outstanding indebtedness incurred by any city or town within the district or by the county for hospital purposes within the boundaries of the district.

Section 3. (a) The district shall not be created nor shall any tax in the district be authorized unless and until the creation and tax are approved by a majority of the electors of the area of the proposed district voting at an election called for that purpose. The election may be called by the commissioners court on presentation of a petition therefor signed by at least 50 electors of the area of the proposed district. The election shall be held not less than 35 nor more than 60 days from the date the election is ordered. The order calling the election shall specify the date, place or places of holding the election, the form of ballot, and the presiding judge and alternate judge for each voting place and shall provide for clerks as in county elections. Notice of election shall be given by publishing a substantial copy of the election order in a newspaper of general circulation in the county once a week for two consecutive weeks, the first publication to appear at least 30 days prior to the date established for the election. The failure of the election shall not operate to prohibit the calling and holding of subsequent elections for the same purposes; provided no district confirmation election shall be held within 12 months of any preceding election for the same purpose. If the district is not confirmed at an election held within 60 months from the effective date of this Act, this Act is repealed.

(b) At the election there shall be submitted to the electors of the area of the proposed district the proposition of whether the hospital district shall be created with authority to levy annual taxes at a rate not to exceed 75 cents on the \$100 valuation on all taxable property situated within the hospital district, subject to hospital district taxation, for the purpose of meeting the requirements of the district's bonds, indebtedness assumed

by it, and its maintenance and operating expenses, and a majority of the electors of the area of the proposed district voting at the election in favor of the proposition shall be sufficient for its adoption.

(c) The form of ballot used at the election on the creation of the district shall be in conformity with Section 61, Texas Election Code, as amended (Article 6.05, Vernon's Texas Election Code), so that ballots may be cast on the following proposition: The creation of Montgomery County Hospital District, providing for the levy of a tax not to exceed 75 cents on each \$100 of valuation on all taxable property situated within the hospital district, subject to hospital district taxation, and providing for the assumption by the district of all outstanding bonds and indebtedness previously issued or incurred for hospital purposes within the boundaries of the proposed hospital district by the county and any city or town therein.

Sec. 4. (a) The district is governed by a board of seven directors. Three of the directors shall be elected at large from the entire district, and the remaining four directors each shall be elected from a different commissioner's precinct in the district, and each shall be a resident of the precinct he represents. Candidates to represent the district at large shall run by position. A qualified elector is entitled to vote for the directors to be elected at large and for the director to be elected from the precinct in which the elector resides. Directors shall serve for terms of four years expiring on the second Tuesday in June. No person may be appointed or elected as a member of the board of directors of the hospital district unless he is a resident of the district and a qualified elector and unless at the time of such election or appointment he shall be more than 21 years of age. No person may be appointed or elected as a director of the hospital district if he holds another appointed or

elected public office of honor, trust or profit. A person holding another public office of honor, trust or profit who seeks to be appointed or elected a director automatically vacates the first office. Each member of the board of directors shall serve without compensation and shall qualify by executing the constitutional oath of office and shall execute a good and sufficient bond for \$1,000 payable to the district conditioned upon the faithful performance of his duties, and the bonds shall be deposited with the depository bank of the district for safekeeping.

(b) The board of directors shall organize by electing from among its membership a chairman, vice-chairman, treasurer and secretary one of their number as president and one of their number as secretary. Any four members of the board of directors shall constitute a quorum, and a concurrence of a majority of the directors present is sufficient in all matters pertaining to the business of the district. A meeting of the board of directors may be called by the chairman or any four directors. All vacancies in the office of director shall be filled for the unexpired term by appointment by the remainder of the board of directors. In the event the number of directors shall be reduced to less than four for any reason, the remaining directors shall immediately call a special election to fill said vacancies, and upon failure to do so a district court may, upon application of any voter or taxpayer of the district, issue a mandate requiring that such election be ordered by the remaining directors.

(c) A regular election of directors shall be held on the first Saturday in May of each even-numbered year, and notice of such election shall be published in a newspaper of general circulation in the county one time at least 10 days prior to the date of election. Any person desiring his name to be printed on the ballot as a candidate for director shall file a

petition, signed by not less than 10 legally qualified electors asking that such name be printed on the ballot, with the secretary of the board of directors of the district. Such petitions shall be filed with such secretary at least 25 days prior to the date of election.

(d) If no candidate for director from a particular commissioner's precinct or no candidate for a district at-large position receives a majority of the votes of the qualified voters voting in that race at the regular election of directors, the board shall order a runoff election between the two candidates from the precinct or from the at-large position who received the highest number of votes in that race at the regular election. The board shall publish notice of the runoff election in a newspaper or newspapers that individually or collectively provide general circulation in the area of the runoff election one time at least seven days before the date of the runoff election. Of the names printed on the ballot at the runoff election, the name of the candidate who received the higher number of votes at the regular election shall be printed first on the ballot. If before the date of the runoff election a candidate who is eligible to participate in the runoff dies or files a written request with the secretary of the board to have his name omitted from the ballot at the runoff election, the other candidate eligible to participate in the runoff election is considered elected and the runoff election shall be cancelled by order of the board.

Sec. 5. (a) The board of directors shall manage, control, and administer the health care or hospital system and all funds and resources of the district, but in no event shall any operating, depreciation, or building reserves be invested in any funds or securities other than those specified in Article 836 or 837, Revised Civil Statutes of Texas, 1925, as amended. The district, through its board of directors, shall have the power and authority to sue and be sued, to promulgate rules governing the operation of the hospital, the health

care or hospital system, its staff, and its employees. The board of directors shall appoint a qualified person to be known as the chief administrative officer of the district to be known as the president of the hospital district or by another title selected by the board. The board may appoint assistants to the chief administrative officer to be known as vice-presidents of the hospital district or by another title selected by the board. The chief administrative officer and any assistant shall serve at the will of the board and shall receive such compensation as may be fixed by the board. The chief administrative officer shall supervise all the work and activities of the district and shall have general direction of the affairs of the district, subject to limitations prescribed by the board. The board of directors shall have the authority to appoint to the staff such doctors as necessary for the efficient operation of the district and may provide for temporary appointments to the staff if warranted by circumstances. The board may delegate to the chief administrative officer the authority to employ technicians, nurses, and employees of the district. The board shall be authorized to contract with any other political subdivision or governmental agency whereby the district will provide investigatory or other services as to the medical, health care, hospital, or welfare needs of the inhabitants of the district and shall be authorized to contract with any county or incorporated municipality located outside its boundaries for the care and treatment of the sick, diseased, or injured persons of any such county or municipality and shall have the authority to contract with the State of Texas or agencies of the federal government for the treatment of sick, diseased, or injured persons.

(b) The district may enter into contracts, and make payments thereunder, relating to or arranging for the provision of health care services as permitted by the Texas Constitution and Chapter 61, Health and Safety Code, and its subsequent amendments, on

terms and conditions as the board of directors determines to be in the best interests of the district. The term of a contract entered into under this subsection may not exceed 15 years.

Sec. 6. The board of directors may provide retirement benefits for employees of the hospital district. The board may provide the benefits by establishing or administering a retirement program or by electing to participate in the Texas County and District Retirement System or in any other statewide retirement system in which the district is eligible to participate.

Sec. 7. The district shall be operated on the basis of a fiscal year as established by the board of directors; provided such fiscal year may not be changed during the time revenue bonds of the district are outstanding or more than once in any 24-month period. The board shall have an audit made of the financial condition of the district, which together with other records of the district shall be open to inspection at the principal office of the district. The chief administrative officer shall prepare an annual budget for approval by the board of directors. The budget shall also contain a complete financial statement of the district showing all outstanding obligations of the district, the cash on hand to the credit of each and every fund of the district, the funds received from all sources during the previous year, the funds available from all sources during the ensuing year, with balances expected at year-end of the year in which the budget is being prepared, and estimated revenues and balances available to cover the proposed budget and the estimated tax rate which will be required. A public hearing on the annual budget shall be held by the board of directors after notice of such hearing has been published one time at least 10 days before the date set therefor. Any person residing in the district shall have the right to be present and participate in the hearing. At the conclusion of the hearing, the budget, as

proposed by the chief administrative officer, shall be acted on by the board of directors. The board of directors shall have authority to make such changes in the budget as in their judgment the law warrants and the interest of the taxpayers demands. No expenditure may be made for any expense not included in the annual budget or an amendment to it. The annual budget may be amended from time to time as the circumstances may require, but the annual budget, and all amendments thereto, shall be approved by the board of directors. As soon as practicable after the close of each fiscal year, the chief administrative officer shall prepare for the board a full sworn statement of all money belonging to the district and a full account of the disbursements of same.

Sec. 8. (a) The board of directors shall have the power and authority to issue and sell its bonds in the name and on the faith and credit of the hospital district for the purchase, construction, acquisition, repair, or renovation of buildings and improvements and equipping the same for health care or hospital purposes, and for any or all such purposes. At the time of the issuance of any bonds by the district, a tax shall be levied by the board sufficient to create an interest and sinking fund to pay the interest and the principal of said bonds as same mature; providing the tax together with any other taxes levied for the district shall not exceed 75 cents on each \$100 valuation of all taxable property situated in the district subject to hospital district taxation in any one year. No bonds shall be issued by such hospital district except refunding bonds until authorized by a majority of the electors of the district. The order for bond election shall specify the date of the election, the amount of bonds to be authorized, the maximum maturity of the bonds, the place or places where the election shall be held, the presiding judge and alternate judge for each voting place, and provide for clerks as in county elections. Notice of any bond

election except one held under the provisions of Section 9 of this Act in which instance notice shall be given as provided in Section 3 of this Act, shall be given as provided in Article 704, Revised Civil Statutes of Texas, 1925, as amended, and shall be conducted in accordance with the Texas Election Code, as amended, except as modified by the provisions of this Act.

(b) Refunding bonds of the district may be issued for the purpose of refunding and paying off any outstanding indebtedness it has issued or assumed. Such refunding bonds may be sold and the proceeds thereof applied to the payment of outstanding indebtedness or may be exchanged in whole or in part for not less than a like principal amount of outstanding indebtedness. If the refunding bonds are to be sold and the proceeds hereof applied to the payment of any outstanding indebtedness, the refunding bonds shall be issued and payments made in the manner specified by Chapter 502, Acts of the 54th Legislature, 1955, as amended (Article 717k, Vernon's Texas Civil States).

(c) Bonds of the district shall mature within 40 years of their date, shall be executed in the name of the hospital district and on its behalf by the president of the board and countersigned by the secretary in the manner provided by Chapter 204, Acts of the 57th Legislature, Regular Session, 1961 as amended (Article 717j--1, Vernon's Texas Civil Statutes), shall bear interest at a rate not to exceed that prescribed by Chapter 3, Acts of the 61st Legislature, Regular Session, 1969, as amended (Article 717k--2, Vernon's Texas Civil Statutes), and shall be subject to the same requirements in the manner of approval by the Attorney General of Texas and registration by the Comptroller of Public Accounts of the State of Texas as are by law provided for approval and registration of bonds issued by

counties. On the approval of bonds by the attorney general and registration by the comptroller, the same shall be incontestable for any cause.

(d) The district shall have the same power and authority as cities and counties under The Certificate of Obligation Act of 1971 (Article 2368a.1, Vernon's Texas Civil Statutes) to issue and sell certificates of obligation for permitted purposes under this Act in accordance with the provisions of The Certificate of Obligation Act. Certificates of Obligation shall be issued in conformity with and in the manner specified in The Certificate of Obligation Act, as it may be amended from time to time.

Sec. 9. A petition for an election to create a hospital district, as provided in Section 3 of this Act, may incorporate a request that a separate proposition be submitted at such election as to whether the board of directors of the district, in the event same is created, shall be authorized to issue bonds for the purposes specified in Section 8 of this Act. Such petition shall specify the maximum amount of bonds to be issued and their maximum maturity, and same shall be included in the proposition submitted at the election.

Sec. 9A. The district may issue revenue bonds or certificates of obligation or may incur or assume any other debt only if authorized by a majority of the voters of the district voting in an election held for that purpose. This section does not apply to refunding bonds or other debt incurred solely to refinance an outstanding debt.

Sec. 10. In addition to the power to issue bonds payable from taxes levied by the district, as contemplated by Section 8 of this Act, the board of directors is further authorized to issue and to refund any previously issued revenue bonds for purchasing, constructing, acquiring, repairing, equipping, or renovating buildings and improvements for health care or hospital purposes and for acquiring sites for health care or hospital

purposes, the bonds to be payable from and secured by a pledge of all or any part of the revenues of the district to be derived from the operation of its hospital or health care facilities. The bonds may be additionally secured by a mortgage or deed of trust lien on any part or all of its properties. The bonds shall be issued in the manner and in accordance with the procedures and requirements specified for the issuance of revenue bonds by county hospital authorities in Sections 8 and 10 through 13 of Chapter 122, Acts of the 58th Legislature, 1963 (Article 4494r, Vernon's Texas Civil Statutes).

Sec. 11. (a) The board of directors is hereby given complete discretion as to the type of buildings, both as to number and location, required to establish and maintain an adequate health care or hospital system. The health care or hospital system may include domiciliary care and treatment of the sick, wounded, and injured, hospitals, outpatient clinic or clinics, dispensaries, geriatric domiciliary care and treatment, convalescent home facilities, necessary nurses, domicilaries and training centers, blood banks, community mental health centers and research centers or laboratories, ambulance services, and any other facilities deemed necessary for health or hospital care by the directors. The district, through its board of directors, is further authorized to enter into an operating or management contract with regard to its facilities or a part thereof or may lease all or part of its buildings and facilities on terms and conditions considered to be to the best interest of its inhabitants. Except as provided by Subsection (c) of Section 15 of this Act, the term of a lease may not exceed 25 years from the date entered. The district shall be empowered to sell or otherwise dispose of any property, real or personal, or equipment of any nature on terms and conditions found by the board to be in the best interest of its inhabitants.

(b) The district may sell or exchange a hospital, including real property necessary or convenient for the operation of the hospital and real property that the board of directors finds may be useful in connection with future expansions of the hospital, on terms and conditions the board determines to be in the best interests of the district, by complying with the procedures prescribed by Sections 285.052, Health and Safety Code, and any subsequent amendments.

(c) The board of directors of the district shall have the power to prescribe the method and manner of making purchases and expenditures by and for the hospital district and shall also be authorized to prescribe all accounting and control procedures. All contracts for construction involving the expenditure of more than \$10,000 may be made only after advertising in the manner provided by Chapter 163, Acts of the 42nd Legislature, Regular Session, 1931, as amended (Article 2368a, Vernon's Texas Civil Statutes). The provisions of Article 5160, Revised Civil Statutes of Texas, 1925, as amended, relating to performance and payment bonds shall apply to construction contracts let by the district. The district may acquire equipment for use in its health care or hospital system and mortgage or pledge the property so acquired as security for the payment of the purchase price, but any such contract shall provide for the entire obligation of the district to be retired within five years from the date of the contract. Except as permitted in the preceding sentence and as permitted by Sections 5, 8, 9 and 10 of this Act, the district may incur no obligation payable from any revenues of the district, except those on hand or to be on hand within the then current and following fiscal year of the district.

(d) The board may declare an emergency in the matter of funds not being available to pay principal of and interest on any bonds of the district payable in whole or in part

from taxes or to meet any other needs of the district and may issue negotiable tax anticipation notes to borrow the money needed by the district. Tax anticipation notes may bear interest at any rate or rates authorized by general law and must mature within one year of their date. Tax anticipation notes may be issued for any purpose for which the district is authorized to levy taxes, and tax anticipation notes shall be secured with the proceeds of taxes to be levied by the district in the succeeding 12-month period. The board may covenant with the purchasers of the notes that the board will levy a sufficient tax in the following fiscal year to pay principal of and interest on the notes and pay the costs of collecting the taxes.

Section 12. (a) The board of directors of the district shall name one or more banks within its boundaries to serve as depository for the funds of the district. All funds of the district, except those invested as provided in Section 5 of this Act and those transmitted to a bank or banks of payment for bonds or obligations issued or assumed by the district shall be deposited as received with the depository bank and shall remain on deposit; provided that nothing in this Act shall limit the power of the board to place a portion of such funds on time deposit or purchase certificates of deposit.

(b) Before the district deposits in any bank funds of the district in an amount which exceeds the maximum amount secured by the Federal Deposit Insurance Corporation, the bank shall be required to execute a bond or other security in an amount sufficient to secure from loss the district funds which exceed the amount secured by the Federal Deposit Insurance Corporation.

Sec. 13. (a) The board of directors shall annually levy a tax not to exceed the amount hereinabove permitted for the purpose of paying:

(1) the indebtedness assumed or issued by the district, but no tax shall be levied to pay principal of or interest on revenue bonds issued under the provisions of Section 9 of this Act; and

(2) the maintenance and operating expenses of the district.

(b) In setting the tax rate the board shall take into consideration the income of the district from sources other than taxation. On determination of the amount of tax required to be levied, the board shall make the levy and certify the same to the tax assessor-collector.

Sec. 13A. (a) Notwithstanding Section 26.07(b)(3), Tax Code, a petition to require an election under Section 26.07, Tax Code, on reducing the district's tax rate to the rollback tax rate shall be submitted to the county election administrator of Montgomery County instead of to the board of directors of the district.

(b) Notwithstanding Section 26.07(c), Tax Code, not later than the 20th day after the day a petition is submitted under Subsection (a) of this section, the county elections administrator shall:

(1) determine whether the petition is valid under Section 26.07, Tax Code;
and

(2) certify the determination of the petition's validity to the board of directors of the district.

(c) If the county elections administrator fails to act within the time allowed, the petition is treated as if it had been found valid.

(d) Notwithstanding Section 26.07(d), Tax Code, if the county elections administrator certifies to the board of directors that the petition is valid or fails to act within the time allowed, the board of directors shall order that an election under Section

26.07, Tax Code, to determine whether to reduce the district's tax rate to the rollback rate be held in the district in the manner prescribed by Section 26.07(d) of that code.

(e) The district shall reimburse the county elections administrator for reasonable costs incurred in performing the duties required by this section.

Sec. 14. All bonds issued and indebtedness assumed by the district shall be and are hereby declared to be legal and authorized investments of banks, savings banks, trust companies, building and loan associations, savings and loan associations, insurance companies, trustees, and sinking funds of cities, towns, villages, counties, school districts, or other political subdivisions of the State of Texas, and for all public funds of the State of Texas or its agencies including the Permanent School Fund. Such bonds and indebtedness shall be eligible to secure deposit of public funds of the State of Texas and public funds of cities, towns, villages, counties, school districts, or other political subdivisions or corporations of the State of Texas and shall be lawful and sufficient security for said deposits to the extent of their value when accompanied by all unmatured coupons appurtenant thereto.

Sec. 15. (a) The district shall have the right and power of eminent domain for the purpose of acquiring by condemnation any and all property of any kind and character in fee simple, or any lesser interest therein, within the boundaries of the district necessary or convenient to the powers, rights, and privileges conferred by this Act, in the manner provided by the general law with respect to condemnation by counties; provided that the district shall not be required to make deposits in the registry of the trial court of the sum required by Paragraph 2 of Article 3268, Revised Civil Statutes of Texas, 1925, as amended, or to make bond as therein provided. In condemnation proceedings being

prosecuted by the district, the district shall not be required to pay in advance or give bond or other security for costs in the trial court, nor to give any bond otherwise required for the issuance of a temporary restraining order or a temporary injunction, nor to give bond for costs or for supersedeas on any appeal or writ of error.

(b) If the board requires the relocation, raising, lowering, rerouting, or change in grade or alteration in the construction of any railroad, electric transmission, telegraph or telephone lines, conduits, poles, or facilities or pipelines in the exercise of the power of eminent domain, all of the relocation, raising, lowering, rerouting, or changes in grade or alteration of construction due to the exercise of the power of eminent domain shall be the sole expense of the board. The term “sole expense” means the actual cost of relocation, raising, lowering, rerouting, or change in grade or alteration of construction to provide comparable replacement without enhancement of facilities, after deducting the net salvage value derived from the old facility.

(c) Land owned by the district may not be leased for a period greater than 25 years unless the board of directors:

- (1) funds that the land is not necessary for health care or hospital purposes;
- (2) complies with any indenture securing the payment of bonds issued by the district; and
- (3) receives on behalf of the district not less than the current market value for the lease.

(d) Land of the district, other than land that the district is authorized to sell or exchange under Subsection (b) of Section 11 of this Act, may not be sold unless the board of directors complies with Section 272.002, Local Government Code.

Sec. 16. (a) The directors shall have the authority to levy taxes for the entire year in which the district is created as the result of the election herein provided. All taxes of the district shall be assessed and collected on county tax values as provided in Subsection (b) of this section unless the directors, by majority vote, elect to have taxes assessed and collected by its own tax assessor-collector under Subsection (c) of this section. Any such election may be made prior to December 1 annually and shall govern the manner in which taxes are subsequently assessed and collected until changed by a similar resolution. Hospital tax shall be levied upon all taxable property within the district subject to hospital district taxation.

(b) Under this subsection, district taxes shall be assessed and collected on county tax values in the same manner as provided by law with relation to county taxes. The tax assessor-collector of the county in which the district is situated shall be charged and required to accomplish the assessment and collection of all taxes levied by and on behalf of the district. The assessor-collector of taxes shall charge and deduct from payments to the hospital districts an amount as fees for assessing and collecting the taxes at a rate of one percent of the taxes assessed and one percent of the taxes collected but in no event shall the amount paid exceed \$5000 in any one calendar year. Such fees shall be deposited in the officers salary funds of the county and reported as fees of office of the county tax assessor- collector. Interest and penalties on taxes paid to the hospital district shall be the same as in the case of county taxes. Discounts shall be the same as allowed by the county. The residue of tax collections after deduction of discounts and fees for assessing and collecting shall be deposited in the district's depository. The bond of the county tax assessor-collector shall stand as security for the proper performance of his duties as assessor-collector of the

district, or if in the judgment of the district board of directors it is necessary, additional bond payable to the district may be required. In all matters pertaining to the assessment, collection, and enforcement of taxes for the district, the county tax assessor-collector shall be authorized to act in all respects according to the laws of the State of Texas relating to state and county taxes.

(c) Under this subsection, taxes shall be assessed and collected by a tax assessor-collector appointed by the directors, who shall also fix the term of his employment, compensation, and requirement for bond to assure the faithful performance of his duties, but in no event shall such bond be for less than \$5,000, or the district may contract for the assessment and collection of taxes as provided by the Tax Code.

Sec. 17. The district may employ fiscal agents, accountants, architects, and attorneys as the board may consider proper.

Sec. 18. Whenever a patient residing within the district has been admitted to the facilities of the district, the chief administrative officer may cause inquiry to be made as to his circumstances and those of the relatives of the patient legally liable for his support. If he finds that the patient or his relatives are able to pay for his care and treatment in whole or in part, an order shall be made directing the patient or his relatives to pay to the hospital district for the care and support of the patient a specified sum per week in proportion to their financial ability. The chief administrative officer shall have the power and authority to collect these sums from the estate of the patient or his relatives legally liable for his support in the manner provided by law for collection of expenses in the last illness of a deceased person. If the chief administrative officer finds that the patient or his relatives are not able to pay either in whole or in part for his care and treatment in the

facilities of the district, same shall become a charge on the hospital district as to the amount of the inability to pay. Should there be any dispute as to the ability to pay or doubt in the mind of the chief administrative officer, the board of directors shall hear and determine same after calling witnesses and shall make such order or orders as may be proper. Appeals from a final order of the board shall lie to the district court. The substantial evidence rule shall apply.

Sec. 19. (a) The district may sponsor and create a nonstock, nonmember corporation under the Texas Non-Profit Corporation Act (Article 1396-1.01 et seq., Vernon's Texas Civil Statutes) and its subsequent amendments and may contribute or cause to be contributed available funds to the corporations.

(b) The funds of the corporations, other than funds paid by the corporation to the district, may be used by the corporation only to provide, to pay the costs of providing, or to pay the costs related to providing indigent health care or other services that the district is required or permitted to provide under the constitution or laws of this state. The board of directors of the hospital district shall establish adequate controls to ensure that the corporation uses its funds as required by this subsection.

(c) The board of directors of the corporation shall be composed of seven residents of the district appointed by the board of directors of the district. The board of directors of the district may remove any director of the corporation at any time with or without cause.

(d) The corporation may invest funds in any investment in which the district is authorized to invest funds of the district, including investments authorized by the Public Funds Investment Act of 1987 (Article 842a-2, Vernon's Texas Civil Statutes) and its subsequent amendments.

Sec. 20. After creation of the hospital district, no county, municipality, or political subdivision wholly or partly within the boundaries of the district shall have the power to levy taxes or issue bonds or other obligations for hospital or health care purposes or for providing medical care for the residents of the district. The hospital district shall assume full responsibility for the furnishing of medical and hospital care for its needy inhabitants. When the district is created and established, the county and all towns and cities located wholly or partly therein shall convey and transfer to the district title to all land, buildings, improvements, and equipment in anywise pertaining to a hospital or hospital system located wholly within the district which may be jointly or separately owned by the county or any city or town within the district. Operating funds and reserves for operating expenses which are on hand and funds which have been budgeted for hospital purposes by the county or any city or town therein for the remainder of the fiscal year in which the district is created shall likewise be transferred to the district, as shall taxes previously levied for hospital purposes for the current year, and all sinking funds established for payment of indebtedness assumed by the district.

Sec. 21. The support and maintenance of the hospital district shall never become a charge against or obligation of the State of Texas nor shall any direct appropriation be made by the legislature for the construction, maintenance, or improvement of any of the facilities of the district.

Sec. 22. In carrying out the purposes of this act, the district will be performing an essential public function, and any bonds issued by it and their transfer and the issuance therefrom, including any profits made in the sale thereof, shall at all times be free from taxation by the state or any municipality or political subdivision thereof.

Sec. 23. The legislature hereby recognizes there is some confusion as to the proper qualification of electors in the light of recent court decisions. It is the intention of this Act to provide a procedure for the creation of the hospital district and to allow the district, when created, to issue bonds payable from taxation, but that in each instance the authority shall be predicated on the expression of the will of the majority of those who cast valid ballots at an election called for the purpose. Should the body calling an election determine that all qualified electors, including those who own taxable property which has been duly rendered for taxation, should be permitted to vote at an election by reason of the aforesaid court decisions nothing herein shall be construed as a limitation on the power to call and hold an election; provided provision is made for the voting, tabulating, and counting of the ballots of the resident qualified property taxpaying electors separately from those who are qualified electors, and in any election so called a majority vote of the resident qualified property taxpaying voters and a majority vote of the qualified electors, including those who own taxable property which has been duly rendered for taxation, shall be required to sustain the proposition.

23A. (a) The board of directors may order an election on the question of dissolving the district and disposing of the districts assets and obligations.

(b) The election shall be held on the earlier of the following dates that occurs at least 90 days after the date on which the election is ordered:

- (1)** the first Saturday in May; or
- (2)** the date of the general election for state and county officers.

(c) The ballot for the election shall be printed to permit voting for or against the proposition: "The dissolution of the Montgomery County Hospital District." The election shall be held in accordance with the applicable provisions of the Election Code.

(d) If a majority of the votes in the election favor dissolution, the board of directors shall find that the district is dissolved. If a majority of the votes in the election do not favor dissolution, the board of directors shall continue to administer the district and another election on the question of dissolution may not be held before the fourth anniversary of the most recent election to dissolve the district.

(e) If a majority of the votes in the election favor dissolution, the board of directors shall:

(1) transfer the ambulance service and related equipment, any vehicles, and any mobile clinics and related equipment that belong to the district to Montgomery County not later than the 45th day after the date on which the election is held; and

(2) transfer the land, buildings, improvements, equipment not described by Subdivision (1) of this subsection, and other assets that belong to the district to Montgomery County or administer the property, assets, and debts in accordance with Subsections (g)-(k) of this section.

(f) The county assumes all debts and obligations of the district relating to the ambulance service and related equipment, any vehicles, and any mobile clinics and related equipment at the time of the transfer. If the district also transfers the land, buildings, improvements, equipment, and other assets to Montgomery County under Subsection (e)(2) of this section, the county assumes

all debts and obligations of the district relating to those assets at the time of the transfer and the district is dissolved. The county shall use all transferred assets to:

(1) pay the outstanding debts and obligations of the district relating to the assets at the time of the transfer; or

(2) furnish medical and hospital care for the needy residents of the county.

(g) If the board of directors finds that the district is dissolved but does not transfer the land, buildings, improvements, equipment, and other assets to Montgomery County under Subsection (e)(2) of this section, the board of directors shall continue to control and administer that property and those assets and the related debts of the district until all funds have been disposed of and all district debts have been paid or settled.

(h) After the board of directors finds that the district is dissolved, the board of directors shall:

(1) determine the debt owed by the district; and

(2) impose on the property included in the district's tax rolls a tax that is in proportion of the debt to the property value.

(i) The board of directors may institute a suit to enforce payment of taxes and to foreclose liens to secure the payment of taxes due the district.

(j) When all outstanding debts and obligations of the district are paid, the board of directors shall order the secretary to return the pro rata share of all unused tax money to each district taxpayer and all unused district money from any other source to Montgomery County. A taxpayer may request that the taxpayer's share of surplus tax money be credited to the taxpayer's county taxes. If a taxpayer requests the credit, the board of directors shall direct the secretary to transmit the funds to the county tax

assessor-collector. Montgomery County shall use unused district money received under this section to furnish medical and hospital care for the needy residents of the county.

(k) After the district has paid all its debts and has disposed of all its assets and funds as prescribed by this section, the board of directors shall file a written report with the Commissioners Court of Montgomery County setting forth a summary of the board of directors' actions in dissolving the district. Not later than the 10th day after it receives the report and determines that the requirements of this section have been fulfilled, the commissioners court shall enter an order dissolving the district.

Sec. 23B. (a) The residents of the district by petition may request the board of directors to order an election on the question of dissolving the district and disposing of the district's assets and obligations. A petition must:

(1) state that it is intended to request an election in the district on the question of dissolving the district and disposing of the district's assets and obligations;

(2) be signed by a number of residents of the district equal to at least 15 percent of the total vote received by all candidates for governor in the most recent gubernatorial general election in the district that occurs more than 30 days before the date the petition is submitted; and

(3) be submitted to the county elections administrator of Montgomery County.

(a-1) Not later than the 30th day after the date a petition requesting the dissolution of the district is submitted under Subsection (a) of this section, the county elections administrator shall:

(1) determine whether the petition is valid; and

(2) certify the determination of the petition's validity to the board of directors of the district.

(a-2) If the county elections administrator fails to act within the time allowed, the petition is treated as if it had been found valid;

(a-3) If the county elections administrator certifies to the board of directors that the petition is valid or fails to act within the time allowed, the board of directors shall order that a dissolution election be held in the district in the manner prescribed by this section.

(a-4) If a petition submitted under Subsection (a) of this section does not contain the necessary number of valid signatures, the residents of the district may not submit another petition under Subsection (a) of this section before the third anniversary of the date the invalid petition was submitted.

(a-5) The district shall reimburse the county elections administrator for reasonable costs incurred in performing the duties required by this section.

(b) The election shall be held on the earlier of the following dates that occurs at least 90 days after the date on which the election is ordered:

(1) the first Saturday in May; or

(2) the date of the general election for state and county officers.

(c) The ballot for the election shall be printed to permit voting for or against the proposition: "The dissolution of the Montgomery County Hospital District." The election shall be held in accordance with the applicable provisions of the Election Code.

(d) If a majority of the votes in the election favor dissolution, the board of directors shall find that the district is dissolved. If less than a majority of the votes in the election

favor dissolution, the board of directors shall continue to administer the district and another election on the question of dissolution may not be held before the third anniversary of the most recent election to dissolve the district.

(e) If a majority of the votes in the election favor dissolution, the board of directors shall transfer the land, buildings, improvements, equipment, and other assets that belong to the district to Montgomery County not later than the 45th day after the date on which the election is held. The county assumes all debts and obligations of the district at the time of the transfer and the district is dissolved. The county should use all transferred assets in a manner that benefits residents of the county residing in territory formerly constituting the district. The county shall use all transferred assets to:

(1) pay the outstanding debts and obligations of the district relating to the assets at the time of the transfer; or

(2) furnish medical and hospital care for the needy residents of the county.

Sec. 24. If a hospital district has not been created under this Act by January 1, 1982, then the Act will no longer be in effect.

Sec. 25. Proof of provisions of the notice required in the enactment hereof under the provisions of Article IX, Section 9, of the Texas Constitution, has been made in the manner and form provided by law pertaining to the enactment of local and special laws, and the notice is hereby found and declared proper and sufficient to satisfy the requirement.

Sec. 26. The importance of this legislation and the crowded condition of the calendars in both houses create an emergency and an imperative public necessity that the constitutional rule requiring bills to be read on three several days in each house be suspended, and this rule is hereby suspended, and that this Act take effect and be in force from and after its passage, and it is so enacted.

APPENDIX III.

CHAPTER 61

Chapter 61 of the Health and Safety Code is a law passed by the First Called Special Session of the 69th Legislature in 1985 that:

- Defines who is indigent,
- Assigns responsibilities for indigent health care,
- Identifies health care services eligible people can receive, and
- Establishes a state assistance fund to match expenditures for counties that exceed certain spending levels and meet state requirements.

Chapter 61, Health and Safety Code, is intended to ensure that needy Texas residents, who do not qualify for other state or federal health care assistance programs, receive health care services.

Chapter 61, Health and Safety Code, may be accessed at:

http://www.dshs.state.tx.us/cihcp/cihcp_info.shtm

APPENDIX IV. TEXAS ADMINISTRATIVE CODE SUBCHAPTERS

APPENDIX IV.
TEXAS ADMINISTRATIVE CODE SUBCHAPTERS

The Texas Administrative Code (TAC) is the compilation of all state agency rules in Texas.

The County Indigent Health Care Program (CIHCP) rules are in: TAC, Title 25 (Health Services), Part 1 (TDSHS), Chapter 14 (CIHCP), and the following Subchapters:

- A - Program Administration
- B - Determining Eligibility
- C - Providing Services

The CIHCP rules may be accessed at:

http://www.dshs.state.tx.us/cihcp/cihcp_info.shtm

APPENDIX V. FEDERAL POVERTY GUIDELINES

APPENDIX V.
FEDERAL POVERTY GUIDELINES

FEDERAL POVERTY GUIDELINES

FAMILY SIZE	21% FPIL
1	\$219 <u>224</u>
2	\$296 <u>302</u>
3	\$374 <u>381</u>
4	\$451 <u>459</u>
5	\$528 <u>537</u>
6	\$606 <u>616</u>
7	\$683 <u>694</u>
8	\$761 <u>773</u>
9	\$838 <u>851</u>
10	\$915 <u>929</u>
11	\$993 <u>1,008</u>
12	\$1,070 <u>1,086</u>

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* Effective April 1, 2019

**APPENDIX VI.
AGREEMENT FOR
ENROLLMENT OF COUNTY
INMATES INTO
MONTGOMERY COUNTY
HOSPITAL DISTRICT'S
*HEALTHCARE ASSISTANCE
PROGRAM***

State of Texas §
 §
County of Montgomery §

**AGREEMENT FOR ENROLLMENT OF COUNTY INMATES INTO
MONTGOMERY COUNTY HOSPITAL DISTRICT'S HEALTHCARE ASSISTANCE
PROGRAM**

This Agreement is made and entered into this ~~the~~ day of March, 2014, by and between the County of Montgomery, a governmental subdivision of the State of Texas, (hereinafter "the County") and the Montgomery County Hospital District, a governmental subdivision of the State of Texas created pursuant to Acts of the 65th Legislature, Regular Session, 1977, Chapter 258, as amended (hereinafter "the MCHD").

WITNESSETH:

WHEREAS, the County operates a county jail and provides law enforcement services; and

WHEREAS, County jail inmates and detainees have the need for occasional medical treatment beyond that which jail personnel are qualified to administer; and

WHEREAS, many County inmates and detainees at the County jail qualify under the financial and other criteria of the Montgomery County Hospital District Public Assistance Program (hereinafter "Hospital District Public Assistance Program" or sometimes "Program") as indigent persons; and

WHEREAS; the MCHD was created and enacted for the purpose of providing healthcare services to the needy or indigent residents of Montgomery County; and

WHEREAS, the MCHD is the only local governmental entity with the power to levy taxes, issue bonds or other obligations for hospital or health care purposes or for providing medical care for the residents of Montgomery County; and

WHEREAS, providing for the healthcare needs of the citizens in Montgomery County is MCHD's primary mission; and

WHEREAS, the County is authorized to provide minor medical treatment for inmates and the MCHD is authorized to provide the indigent healthcare services for certain inmates as is contemplated by this Agreement; and

WHEREAS, both the County and the MCHD have budgeted and appropriated sufficient funds which are currently available to carry out their respective obligations contemplated herein.

NOW, THEREFORE, for and in consideration of the mutual covenants, considerations and undertakings herein set forth, it is agreed as follows:

I.
ENROLLMENT INTO HOSPITAL DISTRICT PUBLIC ASSISTANCE PROGRAM

A. *The* County will assist inmates in seeking coverage under the Hospital District Public Assistance Program. County staff shall make available to County inmates such application forms and instructions necessary to seek enrollment in *the* Hospital District Public Assistance Program. Upon completion of such enrollment materials the County will promptly forward such enrollment materials to MCHD for evaluation. Alternatively, County staff may assist potentially eligible inmates with MCHD's online application process for determining eligibility into the Program.

B. Upon receipt of an inmate's enrollment materials from the County, MCHD shall promptly review such materials for purposes of qualifying the inmate for the Hospital District Public Assistance Program. In this regard, MCHD agrees to deem Montgomery County, Texas as the place of residence for any County inmate housed in the Montgomery County jail, regardless of whether the inmate has declared or maintained a residence outside the boundaries of MCHD. Upon obtaining satisfactory proof that the inmate qualifies under the Hospital District Public Assistance Program, MCHD shall enroll such inmate into such

program and place such inmate on its rolls as eligible for healthcare services under such program. MCHD agrees to abide by its criteria and policies regarding eligibility for the Hospital District Public Assistance Program and to not unreasonably withhold approval of an indigent inmate eligible under the program. If MCHD determines that the inmate is covered under another federal, state or local program which affords medical benefits to covered individuals and such benefits are accessible to the inmate, MCHD will promptly advise the County of such fact. As requested by County, MCHD enrollment and eligibility personnel shall reasonably assist County personnel with the application and enrollment materials for inmates seeking enrollment into the Program, including providing periodic training to County staff on matters pertinent to the Program, including the Program policies and rules. However, MCHD shall not be required to assign Program staff member to the jail for purposes of fulfilling its assistance responsibilities.

C. MCHD agrees to provide for the health care and medical treatment of Montgomery County jail inmates that are enrolled in the Hospital District's Public Assistance Program, subject to the terms and conditions of such Program except as noted herein. The parties agree that the effective date of coverage under the Hospital District Public Assistance Program for such services is the actual date of enrollment into the program; however, certain health care expenses incurred by an eligible inmate up to ninety (90) days prior to the inmate's enrollment into the Program may be covered under the Program as is set out in the Program rules and guidelines. MCHD and County agree to cooperate in arranging for the provision of the health care services covered by the Program to jail inmates who qualify for such services, including use of MCHD's physician network and contracted healthcare providers as well as MCHD's patient care management protocols administered by MCHD's third-party claims

and benefits manager. The Parties understand and agree that eligible inmates enrolled in the Program will not receive prescription medications or similar prescription services from the Program as the County dispenses such medications at the jail.

E. If treatment at an out of network provider is medically necessary, the County shall notify MCHD of such need as soon as reasonably possible, not later than the close of business the first day following the incident giving rise to the medical necessity. If treatment is sought at a local healthcare provider within MCHD's patient care network, and the local healthcare provider determines additional treatment is necessary by an out of network provider, then any notice requirements set forth herein shall be the responsibility of the in-network healthcare provider and/or primary care physician, as per existing Hospital District Public Assistance Program guidelines and policies. MCHD shall honor and abide by all of the provisions of its Program and its in-network provider agreements as well as the Indigent Care and Treatment Act, Chapter 61 Texas Health & Safety Code.

F. The County shall remain responsible for medical care and treatment of county inmates who do not qualify for the Hospital District Public Assistance Program. MCHD shall not be responsible for treatment or payment for healthcare services provided to County inmates who are not eligible to participate in Program, or to State or Federal inmates (including INS detainees) incarcerated in the County jail. For purposes of this Agreement, a State or Federal inmate (including INS detainees) is a person incarcerated in the county jail through a contract or other agreement with a state or federal governmental agency, but shall not include a County inmate who is in the County jail, or who has been returned to the County jail while awaiting criminal proceedings on local, state or federal charges, or a combination thereof.

G. The County and MCHD agree that MCHD may deny an inmate's application for enrollment in the Program in the event MCHD determines the inmate's health care needs resulted from conduct or conditions for which the County or its employees would be responsible in a civil action at law, exclusive of any affirmative defenses of governmental and/or official immunity. In such event, County shall remain responsible for the inmate's health care needs. In addition, County agrees to reimburse MCHD for any medical expenses that MCHD incurred or expended on behalf of an indigent inmate or detainee housed at the County jail that resulted from conduct or conditions for which the County or its employees would be responsible in a civil action at law, exclusive of any affirmative defenses of governmental and/or official immunity. Should the County deny responsibility for any such claims, the County Judge, the County Sheriff and the Chief Executive Officer of MCHD shall meet to discuss the facts of such claims and the underlying responsibility therefor. Any agreement(s) reached at such meeting shall be reduced to writing and recommended by such persons to their respective governing boards for approval as necessary. Should the parties be unable to reach agreement as to financial responsibility, the dispute will be submitted to binding arbitration. The prevailing party in such arbitration shall be entitled to recover its reasonable attorneys' fees.

H. The County shall provide prompt written notification to MCHD in the event an enrolled inmate is transferred to another detention facility, or is released from the County jail, so that MCHD may revise its records to delete such inmate from its Program rolls. As used in this paragraph and the following paragraph "prompt written notification" shall be notification as soon as is practicable but in no event after the end of the calendar month in which the inmate is released from jail or transferred to another detention facility.

I. The County and MCHD agree that County will reimburse MCHD for health care expenses incurred by an enrolled inmate after such inmate has been released from jail or transferred to another detention facility if County fails to provide prompt written notification to MCHD of the inmate's release or transfer from the County jail.

J. In the event any portion of this agreement conflicts with the Texas Health and Safety Code, or the Montgomery County Hospital District enabling legislation, or any other applicable statutory provision, then said statutory provisions shall prevail to the extent of such conflict.

K. Any provision of this Agreement which is prohibited or unenforceable shall be ineffective to the extent of such prohibition or unenforceability without invalidating the remaining provisions hereof.

L. No provision herein nor any obligation created hereunder should be construed to impose any obligation or confer any liability on either party for claims of any non-signatory party. Further, it is expressly agreed by the parties hereto that other than those covenants contained in section 1(F), no provision herein is intended to affect any waiver of liability or immunity from liability to which either party may be entitled by laws affecting governmental entities.

II. LIABILITY

To the extent allowed by law, it is agreed that the MCHD agrees to indemnify and hold harmless the County for any acts or omissions associated with any medical treatment that the MCHD provides to eligible inmates through its Health Care Assistance Program in accordance with the terms and conditions of this Agreement. The foregoing indemnity

obligation is limited and does not extend to negligent, grossly negligent, reckless or intentional conduct of an enrolled inmate that result in injuries or property damages to the County or to third-parties.

III. NOTICES

The parties designate the following persons as contact persons for all notices contemplated by this Agreement:

MCHD: Donna Daniel, Records Manager
P.O. Box 478
Conroe, Texas 77305
(936) 523-5241
(936) 539-3450

COUNTY: Tommy Gage, Sheriff
#1 Criminal Justice Drive
Conroe, Texas 77301
(936) 760-5871
(936) 5387721 (fax)

IV. TERM

This Agreement shall take effect on the 11th day of March 2014 ("Effective Date") regardless of when executed by the Parties, and shall continue through the 10th day of March, 2015. Thereafter, contingent on the Parties' budgeting and appropriating funds for the continuation of their obligations hereunder, this Agreement shall automatically renew for successive terms of one-year unless terminated by either party in the manner set forth herein. Notwithstanding the foregoing, this Agreement shall be renewed automatically for not more than ten (10) successive terms.

V.
TERMINATION

This Agreement may be terminated at any time by either party upon thirty (30) days written notice delivered by hand, facsimile or U.S. Certified Mail to the other party of its intention to withdraw. In addition, this Agreement shall automatically terminate should either party fail to appropriate revenues sufficient to perform its obligations hereunder, such termination effective on the first date of the fiscal year of such non-appropriation.

VI.
APPROPRIATIONS AND CURRENT REVENUES

The Parties represent that they have each budgeted and appropriated funds necessary to carry out their respective duties and obligations hereunder for the current fiscal year. For any renewal terms of this Agreement, the Parties shall seek to budget and allocate appropriations in amounts sufficient to continue to carry out their respective obligations as set forth herein.


VII.
AMENDMENT

This Agreement may be amended only in writing approved by the Parties' respective governing boards.

IN WITNESS WHEREOF, Montgomery County, Texas and the Montgomery County Hospital District have hereunto caused their respective corporate names and seals to be subscribed and affixed by their respective officers, duly authorized.

PASSED AND APPROVED to become effective on the Effective Date.

MONTGOMERY COUNTY HOSPITAL
DISTRICT


By: Randy Johnson, Chief Executive
Officer

Date: March 25, 2014

MONTGOMERY COUNTY, TEXAS

By: Alan B. Sadler, County Judge

Date: _____

Attest:

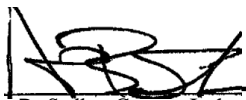
Mark Turnbull, County Clerk

MONTGOMERY COUNTY HOSPITAL
DISTRICT

By: Randy Johnson, Chief Executive
Officer

Date: _____

MONTGOMERY COUNTY, TEXAS



By: Al B. Sadler, County Judge

Date: ---11 MAR 24--20--- : 14 :---

Attest:



Mark Turnbull, County Clerk

APPENDIX VII. MCHD HCAP FORMULARY

APPENDIX VII
MCHD HCAP FORMULARY

MCHD 2013 Preferred Drug List

This is a condensed version of the US Script, Inc. MCHD Formulary. Please be aware that this is not an all-inclusive list. Changes may occur throughout the year and plan exclusions may override this list. Benefit designs may vary with respect to drug coverage, quantity limits, step therapy, days' supply, and prior authorization. Please contact MCHD HCAP pharmacy benefit personnel at 936-523-5108 or 936-523-5112 if you have any questions.

TAKE THIS LIST WITH YOU EACH TIME YOU VISIT A DOCTOR. ASK
YOUR DOCTOR FOR GENERIC DRUGS WHENEVER POSSIBLE.

*** = Prior Authorization Required

<u>ANTI-INFECTIVE AGENTS</u>	MISC. ANTI-INFECTIVES	ANTI-HYPERTENSIVE COMBOS	
ANTI-FUNGALS			paroxetine
clotrimazole	clindamycin	amlodipine/ benazepril	sertraline
fluconazole	doxycycline	atenolol/ chlorthalidone	trazodone
clotrimazole/betamethasone	metronidazole	benazepril/ HCTZ	venlafaxine
econazole	minocycline	bisoprolol /HCTZ	
ketoconazole	nitrofurantoin	captopril/ HCTZ	MIGRAINE AGENTS
nystatin	tetracycline	enalapril/ HCTZ	(Quantity Limits May Apply)
terbinafine	trimethoprim	fosinopril/ HCTZ	FIORICET® (generic)
nystatin/triamcinolone	trimethoprim/ sulfamethoxazole	lisinopril/ HCTZ	FIORICET/CODEINE® (generic)
	vancomycin	losartan/ HCTZ	FIORINAL® (generic)
		methyldopa/ HCTZ	FIORINAL/CODEINE® (generic)
CEPHALOSPORINS	<u>CARDIOVASCULAR AGENTS</u>	metoprolol/ HCTZ	IMITREX® (generic)***
cefaclor	ACE INHIBITORS	trimetere/ HCTZ	MIDRIN® (generic)
cefadroxil	benazepril		
cefdinir	captopril	BETABLOCKERS	<u>ENDOCRINE &</u>
cefepime	enalapril	atenolol	<u>METABOLIC AGENTS</u>
cefprozil	fosinopril	carvedilol	ANTI-DIABETICS
cefuroxime	lisinopril	labetalol	glimepiride
cephalexin	moexipril	metoprolol	glipizide/ extended-release
FLUOROQUINOLONES	quinapril	nadolol	glipizide/ metformin
ciprofloxacin	ramipril capsules	propranolol	glyburide
ofloxacin			glyburide/ metformin
levofloxacin	ANGIOTENSIN II BLOCKERS	CALCIUM CHANNEL BLOCKERS	metformin/ extended-release
	losartan	amlodipine	
ACROLIDE ANTIBIOTICS	ANTI-ADRENERGICS	diltiazem/ extended-release	ESTROGENS M
azithromycin	clonidine	felodipine	estradiol
clarithromycin	doxazosin	nifedipine/ extended-release	estradiol cypionate
erythromycin	terazosin	verapamil/ extended-release	estradiol/ norethindrone
			estradiol transdermal system
PENICILLINS	ANTI-HYPERLIPIDEMICS	<u>CENTRAL NERVOUS SYSTEM AGENTS</u>	ESTRATEST® (generic)
amoxicillin	cholestyramine	ANTI-DEPRESSANTS	ESTRATEST HS® (generic)
amoxicillin/ clavulanate	fenofibrate	amitriptyline	
		citalopram	estropipate

APPENDIX VII
MCHD HCAP FORMULARY

ampicillin
dicloxacillin
penicillin

INSULINS

HUMULIN ® ***
LANTUS ® ***
LEVEMIR ® ***
NOVOLIN ® ***
NOVOLOG ® ***

OTHER ENDOCRINE DRUGS

alendronate

GASTROINTESTINAL

AGENTS

H-2 ANTAGONISTS

famotidine
ranitidine

PROTON PUMP INHIBITORS

(**Prior Authorization Required-Must try/

fail OTC product prior to prescription

product coverage)

omeprazole
pantoprazole

MISC. ULCER

dicyclomine
misoprostol
sucralfate
PREVPAC® ***

MUSCULOSKELETAL

AGENTS

NSAIDS

diclofenac
etodolac
ibuprofen
indomethacin
ketorolac
meloxicam
nabumetone
naproxen
oxaprozin

gemfibrozil

lovastatin

pravastatin

simvastatin

ANTI-ASTHMATICS

albuterol nebulization
albuterol/ ipratropium neb
ipratropium nebulization
theophylline

***The following respiratory
medications are available
only with prior authorization.

ADVAIR® ***

ATROVENT® HFA ***

COMBIVENT® ***

FLOVENT® HFA***

FORADIL® ***

PULMICORT® ***

SPIRIVA® ***

SYMBICORT® ***

VENTOLIN® HFA ***

UROLOGICAL MEDICATIONS

ANTICHOLINERGICS/

ANTISPASMODICS

flavoxate
hyoscyamine subl
oxybutynin

BENIGN PROSTATIC

HYPERTROPHY DRUGS

doxazosin

tinastende

tamsulosin

terazosin

fluoxetine

imipramine

mirtazapine

nortriptyline

THYROID AGENTS

levothyroxine

ARMOUR THYROID ®

APPENDIX VII
MCHD HCAP FORMULARY

piroxicam

sulindac

RESPIRATORY AGENTS

ALLERGY-NASAL

flunisolide

fluticasone

Montgomery County Hospital District

Medical Assistance Plan

Handbook Procedures and Guidelines

Revised April 1, ~~2019~~ 2020

Board Reviewed/Approved

**MONTGOMERY COUNTY HOSPITAL DISTRICT
MEDICAL ASSISTANCE PLAN HANDBOOK**

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Note: Appendices may be changed or revised as needed with authorization from the Chief Operating Officer, Chief Financial Officer, and/or Chief Executive Officer of the District.

TECHNICAL ASSISTANCE

The MCHD Medical Assistance Plan (MAP) may be contacted at:

MCHD Healthcare Assistance Office
1400 South Loop 336 West
Conroe, Texas, 77304

Office Hours:
Monday through Thursday:
7:30am - 4:30pm

Friday:
7:30am - 11:30am

Office: (936) 523-5100
Fax: (936) 539-3450

<http://www.mchd-tx.org/>

Individual staff members can be contacted at (936) 523-5000.

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Chief Operating Officer
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Eligibility Coordinator
Ext. 5114
E-mail: ichapa@MCHD-tx.org

As not all situations are covered in this manual and thereby the Chief Operating Officer, Chief Financial Officer, and/or Chief Executive Officer for Montgomery County Hospital District have administrative control over the Medical Assistance Plan and are authorized to overrule and make management decisions for special circumstances, as they deem necessary.

SECTION ONE. PLAN ADMINISTRATION

INTRODUCTION

The Montgomery County Hospital District is charged by Article IX, section 9 of the Texas Constitution to provide certain health care services to the County's needy inhabitants. In addition, section 61.055 of the Texas Indigent Health Care And Treatment Act, (Ch. 61 Texas Health & Safety Code) requires the Montgomery County Hospital District to provide the health care services required under the Texas Constitution and the statute creating the District. The District's enabling legislation in section 5(a) provides that the Board of Directors of the District shall have the power and authority to promulgate rules governing the health care services to be delivered by the District in Montgomery County.

The Board of Directors of the Montgomery County Hospital District is committed to ensure that the needy inhabitants of the County receive quality health care services in an equitable and non-discriminatory manner through the District's Medical Assistance Plan. The Board of Directors believes quality medical care services can be provided to the County's needy inhabitants in a manner that is fair and equitable, efficient and without undue expense of local taxpayer dollars, which fund such care. The Board of Directors has adopted Plan rules for the provision of health services to those persons qualifying as "indigents" per chapter 61 of the Texas Health & Safety Code, and such indigent Plan rules strictly comply with the requirements of chapter 61 and the rules promulgated by the Texas Department of State Health Services thereunder.

In addition to the services provided to indigents, the Board of Directors have approved Plan rules for the provision of certain health care services to persons who are determined not to be indigent per the definitions contained in chapter 61 and the rules adopted by the Department, but whose income and resources fall between indigent (21% of federal poverty income limit, such limit known as "FPIL") and 133% of FPIL, it being found by the Board of Directors that such persons, while not meeting the chapter 61 definition of indigent, generally lack

SECTION ONE
PLAN ADMINISTRATION
INTRODUCTION

financial resources in amounts sufficient to obtain basic health care services. The Plan rules for services to persons who are found to be above 21% of FPIL but below 133% of FPIL are set forth in this Handbook.

These Medical Assistance Plan Policies are promulgated and approved pursuant to section 5(a) of the District's enabling legislation and are intended to provide guidelines and rules for the qualification and enrollment of participants into the District's Medical Assistance Plan. In many instances, these policies track the indigent health care Plan policies approved by the Texas Department of State Health Services and imposed upon non-hospital district counties pursuant to the Indigent Health Care and Treatment Act. In addition, these policies are intended to ensure the delivery of quality and medically necessary healthcare services to Plan participants in a fair and non-discriminatory manner.

These Medical Assistance Plan Policies are intended to cover the delivery of health care services to needy residents of the District. Such residents are not employees of the District therefore these policies do not create benefits or rights under ERISA, COBRA or other employment-related statutes, rules or regulations. These policies are intended to comply with medical privacy regulations imposed under HIPAA and other state regulations but are superseded by such statutes to the extent of any conflict. Compliance with ADA and other regulations pertaining to disabled individuals shall not be the responsibility of the District, but shall be the responsibility of those medical providers providing services to the District's needy inhabitants. As a hospital district, only certain provisions of the Indigent Healthcare and Treatment Act (Ch. 61 Texas Health & Safety Code) apply to services provided by the District, including these Policies.

These policies may be amended from time to time by official action of the District's Board of Directors.

- MCHD's Enabling Legislation may be found in Appendix II.

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PLAN ADMINISTRATION
INTRODUCTION

- Chapter 61, Health and Safety Code may be found in Appendix III or online at: http://www.dshs.state.tx.us/cihcp/cihcp_info.shtm.

MCHD MAP Handbook

The MCHD MAP Handbook is sometimes referred to in other agreements as the “MAP Plan”, “Plan”, or “Plan Document.”

The purpose of the MCHD MAP Handbook is to:

- Establish the eligibility standards and application, documentation, and verification procedures for MCHD MAP,
- Define basic and extended health care services.

GENERAL ADMINISTRATION

MCHD Responsibility

The District will:

- Administer a county wide indigent health care Program
- Serve all of and only Montgomery County's Needy Inhabitants
 - Needy inhabitants is defined by the district as any individual who meets the eligibility criteria for the Plan as defined herein and who meet an income level from 21-133% of FPIIL
- Provide basic health care services to eligible Montgomery County residents who have a medical necessity for healthcare
- Follow the policies and procedures described in this handbook, save and except that any contrary and/or conflicting provisions in any contract or agreement approved by the District's Board of Directors shall supersede and take precedence over any conflicting provisions contained in this Handbook. (See Exclusions And Limitations section below).
- Establish an application process
- Establish procedures for administrative hearings that provide for appropriate due process, including procedures for appeals requested by clients that are denied
- Adopt reasonable procedures
 - For minimizing the opportunity for fraud
 - For establishing and maintaining methods for detecting and identifying situations in which a question of fraud may exist, and
 - For administrative hearings to be conducted on disqualifying persons in cases where fraud appears to exist
- Maintain the records relating to an application at least until the end of the third complete MCHD fiscal year following the date on which the application is submitted

SECTION ONE
PLAN ADMINISTRATION
GENERAL ADMINISTRATION

- Montgomery County Hospital District will validate the accuracy of all disclosed information, especially information that may appear fraudulent or dishonest. Additionally, any applicant may be asked to produce additional information or documentation for any part of the Eligibility process
- Public Notice. Not later than the beginning of MCHD's operating year, the District shall specify the procedure it will use during the operating year to determine eligibility and the documentation required to support a request for assistance and shall make a reasonable effort to notify the public of the procedure
- Establish an optional work registration procedure that will contact the local Texas Workforce Commission (TWC) office to determine how to establish their procedure and to negotiate what type of information can be provided. In addition, MCHD must follow the guidelines below
 1. Notify all eligible residents and those with pending applications of the Plan requirements at least 30 days before the Plan begins.
 2. Allow an exemption from work registration if applicants or eligible residents meet one of the following criteria:
 - Receive food stamp benefits,
 - Receive unemployment insurance benefits or have applied but not yet been notified of eligibility,
 - Physically or mentally unfit for employment,
 - Age 18 and attending school, including home school, or on employment training program on at least a half-time basis,
 - Age 60 or older,
 - Parent or other household member who personally provides care for a child under age 6 or a disabled person of any age living with the household,
 - Employed or self-employed at least 30 hours per week,
 - Receive earnings equal to 30 hours per week multiplied by the federal minimum wage.

If there is ever a question as to whether or not an applicant should be exempt from work registration, contact the local Texas Workforce Commission (TWC) office when in doubt.

3. If a non-exempt applicant or MCHD MAP eligible resident fails without good cause to comply with work registration requirements, disqualify him from MCHD MAP as follows:

SECTION ONE
PLAN ADMINISTRATION
GENERAL ADMINISTRATION

- For one month or until he agrees to comply, whichever is later, for the first non-compliance;
 - For three consecutive months or until he agrees to comply, whichever is later, for the second non-compliance; or
 - For six consecutive months or until he agrees to comply, whichever is later, for the third or subsequent non-compliance.
- Establish Behavioral Guidelines that all applicants and MAP clients must follow in order to protect MCHD employees, agents such as third party administrators, and providers. Each situation will be carefully reviewed with the Chief Operating Officer, Chief Financial Officer, and/or Chief Executive Officer for determination. Failure to follow the guidelines will result in definitive action and up to and including refusal of coverage or termination of existing benefits.

SECTION TWO. ELIGIBILITY CRITERIA

RESIDENCE

General Principles

- A person must live in the Montgomery County prior to filing an application.
- An inmate of a county correctional facility, who is a resident of another Texas county, would not be required to apply for assistance to their county of residence. They may apply for assistance to the county of where they are incarcerated.
- A person lives in Montgomery County if the person's home and/or fixed place of habitation is located in the county and he intends to return to the county after any temporary absences.
- A person with no fixed residence or a new resident in the county who declares intent to remain in the county is also considered a county resident if intent is proven. Examples of proof of intent can include the following: change of driver's license, change of address, lease agreement, and proof of employment.
- A person does not lose his residency status because of a temporary absence from Montgomery County.
- A person cannot qualify for healthcare assistance from more than one county simultaneously.
- A person living in a Halfway House may be eligible for MAP benefits after he has been released from the Texas Department of Corrections if the state only paid for room and board at the halfway house and did not cover health care services.
 - If this person otherwise meets all eligibility criteria and plans to remain a resident of the county where the halfway house is located, this person is eligible for MAP.
 - If this person plans to return to his original county of residence, which is not the county where the halfway house is located, this person would not be considered a resident of the county and therefore not eligible for MAP.
- Persons Not Considered Residents:

SECTION TWO
ELIGIBILITY CRITERIA
RESIDENCE

- An inmate or resident of a state school or institution operated by any state agency,
- An inmate, patient, or resident of a school or institution operated by a federal agency,
- A minor student primarily supported by his parents whose home residence is in another county or state,
- A person living in an area served by a public facility, and
- A person who moved into the county solely for the purpose of obtaining health care assistance.

Verifying Residence

Verify residence for all clients.

Proof may include but is not limited to:

- Mail addressed to the applicant, his spouse, or children,
- Texas driver's license or other official identification,
- Rent, mortgage payment, or utility receipt,
- Property tax receipt,
- Voting record,
- School enrollment records, and
- Lease agreement.

No PO boxes are allowed to verify a residence, so all clients must provide a current physical address.

No medical (hospital) bills, invoices, nor claims may be used to prove/verify a residence.

Documenting Residence

On HCAP Form 101, document why information regarding residence is questionable and how questionable residence is verified.

CITIZENSHIP

General Principles

- A person must be a natural born citizen, a naturalized citizen, or a documented alien that has a green card and has had that status for at least 5 years as per citizenship guidelines of this text.
- All applicants must fill out HCAP Form F, Proof of Citizenship for MCHD MAP, which documents the citizenship status of the applicant.

Applicants must be one of the following:

- a U.S. citizen (natural born or naturalized), or
- an alien lawfully admitted before 8/22/96 who meets one of the following requirements:
 - a refugee admitted under Section 207 of INA,
 - a victim of severe trafficking admitted under Section (101)(a)(15)(T) of INA
 - an asylee admitted under Section 208 of INA,
 - an alien whose deportation is withheld under Sections 243(h) or 241(b)(3) of INA,
 - a Cuban/Haitian entrant paroled under Section 212(d)(5) of INA,
 - an Amerasian Legal Permanent Resident (LPR),
 - a parolee granted status under Section 212(d)(5) of INA for at least one year,
 - a Conditional Entrant admitted under Section 203(a)(7) of INA, or
 - an LPR other than an Amerasian.

SECTION TWO
ELIGIBILITY CRITERIA
CITIZENSHIP

- an alien lawfully admitted on or after 8/22/96 who meets one of the following requirements:
 - a refugee admitted under Section 207 of INA,
 - a victim of severe trafficking admitted under Section (101)(a)(15)(T) of INA
 - an asylee admitted under Section 208 of INA,
 - an alien whose deportation is being withheld under Section 243(h) or 241(b)(3) of INA,
 - a Cuban/Haitian Entrant paroled under Section 212(d)(5) of the INA, or
 - an Amerasian Legal Permanent Resident (LPR).
 - **NOTE: The aliens listed above meet the alien eligibility requirement for 5 years from their legal entry date into the United States**
 - an alien legally admitted for permanent residence who is:
 - an honorably discharged U.S. veteran, or
 - U.S. active duty military personnel, or
 - the spouse, un-remarried surviving spouse, or minor unmarried dependent child of an honorably discharged U.S. veteran or U.S. active duty military personnel.
- An alien who is the spouse or child of an honorably discharged U.S. veteran or U.S. active duty personnel and who has filed a petition with BCIS as being battered by the spouse or parent who no longer lives in the home.
- A documented alien that has a green card and has had that status for at least 5 years and does not meet any of the above criteria.

HOUSEHOLD

General Principles

- A MCHD MAP household is a person living alone or two or more persons living together where legal responsibility for support exists, excluding disqualified persons.
- Legal responsibility for support exists between:
 - Persons who are legally married under the laws of the State of Texas (including common-law marriage),
 - In Texas, a common-law is considered a legal marriage. A man and a woman who want to establish a common-law marriage must sign a form provided by the county clerk. In addition, they must (1) agree to be married, (2) cohabit, and (3) represent to others that they are married. The only way to dissolve a common-law marriage is through a formal divorce proceeding in a court of law
 - Persons who are legally married under the laws of the State of Texas and not divorced,
 - Persons that are separated from their spouse and not divorced are considered part of the household because the law states that if you are not legally divorced, everything you have is still considered community property.
 - Applicant may provide proof of income and resources for absent spouse, or
 - If applicant cannot provide proof of income and resources for absent spouse, they must:
 1. Present three verifiable domicile forms, HCAP Form 103, Request for Domicile Verification (provided by District) and,
 2. Sign HCAP Form 104, the MAP Affidavit of Marital Status and Financial Support regarding separation from spouse.

3. Review of background check:

- a. If background check illustrates that there are no joint income/resources between applicant and absent spouse, continue with eligibility process as normal.
 - b. If background check identifies joint income/resources between applicant and absent spouse, the applicant may be given a single 3 month period to pursue all income and resources from absent spouse.
 - i. Upon recertification, the applicant must prove or disprove any discrepancies identified on the background check.
 - ii. Once all requested documents are provided, completed, and accepted, the client may then become recertified for MAP benefits.
- A legal parent and a minor child (including unborn children), or
 - A managing conservator and a minor child.
- Eligibility for the Medicaid program automatically disqualifies a person from the Medical Assistance Plan.

MCHD MAP Household

The MCHD MAP household is a person living alone or two or more persons living together where legal responsibility for support exists, excluding disqualified persons.

Disqualified Persons

- A person who receives or is categorically eligible to receive Medicaid,
- A person who receives TANF benefits,
- A person who receives SSI benefits and is eligible for Medicaid,
- A person who receives Qualified Medicare Beneficiary (QMB), Medicaid Qualified Medicare Beneficiary (MQMB), Specified Low-

SECTION TWO
ELIGIBILITY CRITERIA
HOUSEHOLD

Income Medicare Beneficiary (SLMB), Qualified Individual-1 (QI-1); or Qualified Disabled and Working Individuals (QDWI), and

- A Medicaid recipient who partially exhausts some component of his Medicaid benefits,

A disqualified person is not a MCHD MAP household member regardless of his legal responsibility for support.

MCHD MAP One-Person Household

- A person living alone,
- An adult living with others who are not legally responsible for the adult's support,
- A minor child living alone or with others who are not legally responsible for the child's support,
- A Medicaid-ineligible spouse,
- A Medicaid-ineligible parent whose spouse and/or minor children are Medicaid-eligible,
- An inmate in a county jail (not state or federal).

MCHD MAP Group Households – two or more persons who are living together and meet one of the following descriptions:

- Two persons legally married to each other,
- Two persons who are legally married and not divorced,
- One or both legal parents and their legal minor children,
- A managing conservator and a minor child and the conservator's spouse and other legal minor children, if any,
- Minor children, including unborn children, who are siblings, and
- Both Medicaid-ineligible parents of Medicaid-eligible children.

Verifying Household

All households are verified.

Proof may include but is not limited to:

- Lease agreement or
- Statement from a landlord, a neighbor, or other reliable source.

Documenting Household

SECTION TWO
ELIGIBILITY CRITERIA
HOUSEHOLD

On HCAP Form 101, document why information regarding household is questionable and how questionable household is verified.

RESOURCES

General Principles

- A household must pursue all resources to which the household is legally entitled unless it is unreasonable to pursue the resource. Reasonable time (at least three months) must be allowed for the household to pursue the resource, which is not considered accessible during this time.
 - The applicant must not be eligible or potentially eligible for any other resource. Example: Medicaid, Medicare, Insurance, group health insurance, VA Veteran medical benefits, or any other source. MCHD's Medical Assistance Plan is payor of last resort!
- The resources of all MCHD MAP household members are considered.
- Resources are either countable or exempt.
- Resources from disqualified and non-household members are excluded, but may be included if processing an application for a sponsored alien.
- A household is not eligible if the total countable household resources exceed:
 - \$3,000.00 when a person who is aged or has disabilities and who meets relationship requirements lives in the home or
 - \$2,000.00 for all other households.
- A household is not eligible if their total countable resources exceed the limit on or after:
 - A household is not eligible if their total countable resources exceed the limit on or after the first interview date or the process date for cases processed without an interview.
- In determining eligibility for a prior month, the household is not eligible if their total countable resources exceed the limit anytime during the prior month.
- Consider a joint bank account with a nonmember as inaccessible if the money in the account is used solely for the nonmember's benefit. The

SECTION TWO
ELIGIBILITY CRITERIA
RESOURCES

CIHCP household must provide verification that the bank account is used solely for the nonmember's benefit and that no CIHCP household member uses the money in the account for their benefit. If a household member uses any of the money for their benefit or if any household member's money is also in the account, consider the bank account accessible to the household.

Alien Sponsor's Resources

Calculate the total resources accessible to the alien sponsor's household according to the same rules and exemptions for resources that apply for the sponsored alien applicant. The total countable resources for the alien sponsor household will be added to the total countable resources of the sponsored alien applicant.

Please refer to Texas Health and Safety Code, Chapter 61, §61.012.

Sec.61.012. REIMBURSEMENT FOR SERVICES.

(a) In this section, "sponsored alien" means a person who has been lawfully admitted to the United States for permanent residence under the Immigration and Nationality Act (8 U.S.C. Section 1101 et seq.) and who, as a condition of admission, was sponsored by a person who executed an affidavit of support on behalf of the person.

(b) A public hospital or hospital district that provides health care services to a sponsored alien under this chapter may recover from a person who executed an affidavit of support on behalf of the alien the costs of the health care services provided to the alien.

(c) A public hospital or hospital district described by Subsection (b) must notify a sponsored alien and a person who executed an affidavit of support on behalf of the alien, at the time the alien applies for health care services, that a person who executed an affidavit of support on behalf of a sponsored alien is liable for the cost of health care services provided to the alien.

(b) Section 61.012, Health and Safety Code, as added by this section, applies only to health care services provided by a public hospital or hospital district on or after the effective date of this act.

Bank Accounts

Count the cash value of checking and savings accounts for the current month as income and for prior months as a resource unless exempt for another reason.

Burial Insurance (Prepaid)

Exempt up to \$7,500 cash value of a prepaid burial insurance policy, funeral plan, or funeral agreement for each certified household member.

Count the cash value exceeding \$7,500 as a liquid resource.

Burial Plots

Exempt all burial plots.

Crime Victim's Compensation Payments

Exempt.

Energy Assistance Payments

Exempt payments or allowances made under any federal law for the purpose of energy assistance.

Exemption: Resources/Income Payments

If a payment or benefit counts as income for a particular month, do count it as a resource in the same month. If you prorate a payment income over several months, do not count any portion of the payment resource during that time.

Example: Income of students or self-employed persons that is prorated over several months.

If the client combines this money with countable funds, such as a bank account, exempt the prorated amounts for the time you prorate it.

Homestead

Exempt the household's usual residence and surrounding property not separated by property owned by others. The exemption remains in effect if public rights of way, such as roads, separate the surrounding property from the home. The homestead exemption applies to any structure the person uses as a primary residence, including additional buildings on contiguous land, a houseboat, or a motor home, as long as the

household lives in it. If the household does not live in the structure, count it as a resource.

Houseboats and Motor Homes. Count houseboats and motor homes according to vehicle policy, if not considered the household's primary residence or otherwise exempt.

Own or Purchasing a Lot. For households that currently do not own a home, but own or are purchasing a lot on which they intend to build, exempt the lot and partially completed home.

Real Property Outside of Texas. Households cannot claim real property outside of Texas as a homestead, except for migrant and itinerant workers who meet the residence requirements.

Homestead Temporarily Unoccupied. Exempt a homestead temporarily unoccupied because of employment, training for future employment, illness (including health care treatment), casualty (fire, flood, state of disrepair, etc.), or natural disaster, if the household intends to return.

Sale of a Homestead. Count money remaining from the sale of a homestead as a resource.

Income- Producing Property

Exempt property that:

- Is essential to a household member's employment or self-employment (examples: tools of a trade, farm machinery, stock, and inventory). Continue to exempt this property during temporary periods of unemployment if the household member expects to return to work;
- Annually produces income consistent with its fair market value, even if used only on a seasonal basis; or
- Is necessary for the maintenance or use of a vehicle that is exempt as income producing or as necessary for transporting a physically disabled household member. Exempt the portion of the property used for this purpose.

For farmers or fishermen, continue to exempt the value of the land or equipment for one year from the date that the self-employment ceases.

Insurance Settlement

Count, minus any amount spent or intended to be spent for the Household's bills for burial, health care, or damaged/lost possessions.

Lawsuit Settlement

Count, minus any amount spent or intended to be spent for the household's bills for burial, legal expenses, health care expenses, or damaged/lost possessions.

Life Insurance

Exempt the cash value of life insurance policies.

Liquid Resources

Count, if readily available. Examples include but are not limited to cash, a checking accounts, a savings accounts, a certificates of deposit (CDs), notes, bonds, and stocks.

Loans (Non-Educational)

Exempt these loans from resources.

Consider financial assistance as a loan if there is an understanding that the loan will be repaid and the person can reasonably explain how he will repay it.

Count assistance not considered a loan as unearned income (contribution).

Lump-Sum Payments

Effective January 1, 2013 exempt federal tax refunds permanently as income and resources for 12 months after receipt. Exempt the Earned Income Credit (EIC) for a period of 12 months after receipt through December 31, 2018.

Count lump sum payments received once a year or less frequently as resources in the month received, unless specifically exempt.

Countable lump-sum payments include but are not limited to lump-sum insurance settlements, lump-sum payments on child support, public assistance, refunds of security deposits on rental property or utilities, retirement benefits, and retroactive lump sum RSDI.

Count lump-sum payments received or anticipated to be received more often than once a year as unearned income in the month received.

Exception: Count contributions, gifts, and prizes as unearned income in the month received regardless of the frequency of receipt.

Personal Possessions

Exempt.

Real Property

Count the equity value of real property unless it is otherwise exempt. Exempt any portion of real property directly related to the maintenance or use of a vehicle necessary for employment or to transport a physically disabled household member. Count the equity value of any remaining portion unless it is otherwise exempt.

Good Faith Effort to Sell. Exempt real property if the household is making a good effort to sell it.

Jointly Owned Property. Exempt property jointly owned by the household and other individuals not applying for or receiving benefits if the household provides proof that he cannot sell or divide the property without consent of the other owners and the other owners will not sell or divide the property.

Reimbursement

Exempt a reimbursement in the month received. Count as a resource in the month after receipt.

Exempt a reimbursement earmarked and used for replacing and repairing an exempt resource. Exempt the reimbursement indefinitely.

Retirement Accounts

A retirement account is one in which an employee and/or his employer contribute money for retirement. There are several types of retirement plans.

Some of the most common plans authorized under Section 401 (a) of the Internal Revenue Services (IRS) Code are the 401 (k) plan, Keogh, Roth Individual Retirement Account (IRA), and a pension or traditional benefit plan. Common plans under Section 408 of the IRS Code are the IRA, Simple IRA and Simplified Employer Plan.

A 401K plan allows an employee to postpone receiving a portion of current income until retirement.

An individual retirement account (IRA) is an account in which an individual contributes an amount of money to supplement his retirement income (regardless of his participation in a group retirement plan).

A Keogh plan is an IRA for a self-employed individual.

A Simplified Employee Pension (SEP) plan is an IRA owned by an employee to which an employer makes contributions or an IRA owned by a self-employed individual who contributes for himself.

A pension or traditional defined benefit plan is employed based and promises a certain benefit upon retirement regardless of investment performance.

Exclude all retirement accounts or plans established under:

- Internal Revenue Code of 1986, Sections 401(a), 403(a), 403(b), 408, 408A, 457(b), 501(c)(18);
- Federal Thrift Savings Plan, Section 8439, Title 5, United States Code; and
- Other retirement accounts determined to be tax exempt under the Internal Revenue Code of 1986.

Count any other retirement accounts not established under plans or codes listed above.

Trust Fund

Exempt a trust fund if all of the following conditions are met:

- The trust arrangement is unlikely to end during the certification period; and
- No household member can revoke the trust agreement or change the name of the beneficiary during the certification period; and
- The trustee of the fund is either a
 - Court, institution, corporation, or organization not under the direction or ownership of a household member; or
 - Court-appointed individual who has court-imposed limitations placed on the use of the funds; and

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- The trust investments do not directly involve or help any business or corporation under the control, direction, or influence of a household member. Exempt trust funds established from the household's own funds if the trustee uses the funds
 - Only to make investments on behalf of the trust or
 - To pay the education or health care expenses of the beneficiary.

Vehicles

Exempt a vehicle necessary to transport physically disabled household members, even if disqualified and regardless of the purpose of the trip. Exempt no more than one vehicle for each disabled member. There is no requirement that the vehicle be used primarily for the disabled person.

Exempt up to \$15,000 FMV of one primary vehicle per household necessary to transport household members, regardless of the purpose of the trip.

Exempt vehicles if the equity value is less than \$4,650, regardless of the number of vehicles owned by the household. Count the value in excess of \$4,650 toward the household's resource limit. **Examples listed below:**

\$15,000	(FMV)	\$9,000	(FMV)
<u>-12,450</u>	(Amount still owed)	<u>- 0</u>	(Amount still owed)
\$2,550	(Equity Value)	\$9,000	(Equity Value)
<u>-4,650</u>		<u>-4,650</u>	
	(Countable resource)		(Countable resource)
\$0		\$4,350	

Income-producing Vehicles. Exempt the total value of all licensed vehicles used for income-producing purposes. This exemption remains in effect when the vehicle is temporarily not in use. A vehicle is considered income producing if it:

- Is used as a taxi, a farm truck, or fishing boat,
- Is used to make deliveries as part of the person's employment,
- Is used to make calls on clients or customers,
- Is required by the terms of employment, or
- Produces income consistent with its fair market value.

Solely Owned Vehicles. A vehicle, whose title is solely in one person's name, is considered an accessible resource for that person. This includes the following situations:

- Consider vehicles involved in community property issues to belong to the person whose name is on the title.
- If a vehicle is solely in the household member's name and the household member claims he purchased it for someone else, the vehicle is considered as accessible to the household member.

Exceptions: The vehicle is inaccessible if the titleholder verifies:
[complete documentation is required in each of the situations below]

- That he sold the vehicle but has not transferred the title. In this situation, the vehicle belongs to the buyer. Note: Count any payments made by the buyer to the household member or the household member's creditors (directly) as self-employment income.
- That he sold the vehicle but the buyer has not transferred the title into the buyer's name.
- That the vehicle was repossessed.
- That the vehicle was stolen.
- That he filed for bankruptcy (Title 7, 11, or 13) and that the household member is not claiming the vehicle as exempt from the bankruptcy.
 - Note: In most bankruptcy petitions, the court will allow each adult individual to keep one vehicle as exempt for the bankruptcy estate. This vehicle is a countable resource.

A vehicle is accessible to a household member even though the title is not in the household member's name if the household member purchases or is purchasing the vehicle from the person who is the titleholder or if the household member is legally entitled to the vehicle through an inheritance or divorce settlement.

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Jointly Owned Vehicles. Consider vehicles jointly owned with another person not applying for or receiving benefits as inaccessible if the other owner is not willing to sell the vehicle.

Leased Vehicles. When a person leases a vehicle, they are not generally considered the owner of the vehicle because the

- Vehicle does not have any equity value,
- Person cannot sell the vehicle, and
- Title remains in the leasing company's name.

Exempt a leased vehicle until the person exercises his option to purchase the vehicle. Once the person becomes the owner of the vehicle, count it as a resource. The person is the owner of the vehicle if the title is in their name, even if the person and the dealer refer to the vehicle as leased. Count the vehicle as a resource.

How To Determine Fair Market Value of Vehicles.

- Determine the current fair market value of licensed vehicles using the average trade-in or wholesale value listed on a reputable automotive buying resource website (i.e., National Automobile Dealers Association (NADA), Edmunds, or Kelley Blue Book). Note: If the household claims that the listed value does not apply because the vehicle is in less-than-average condition, allow the household to provide proof of the true value from a reliable source, such as a bank loan officer or a local licensed car dealer.
- Do not increase the basic value because of low mileage, optional equipment, or special equipment for the handicapped.
- Accept the household's estimate of the value of a vehicle no longer listed on an automotive buying resource website unless it is questionable and would affect the household's eligibility. In this case, the household must provide an appraisal from a licensed car dealer or other evidence of the vehicle's value, such as an ax assessment or a newspaper advertisement indicating the sale value if similar vehicles.
- Determine the value of new vehicles not listed on an automotive buying resource website by asking the household to provide an estimate of the average trade-in or wholesale value from a new car dealer or a bank loan officer. If this cannot be done, accept the household's estimate unless it is questionable and would affect eligibility. Use the vehicle's loan value only if other sources are unavailable. Request proof of the value of licensed antique, custom made, or classic vehicles from the household if you cannot make an accurate appraisal.

Penalty for Transferring Resources

A household is ineligible if, within three months before application or any time after certification, they transfer a countable resource for less than its fair market value or fail to disclose a resource to qualify for health care assistance.

This penalty applies if the total of the transferred resource added to other resources affects eligibility.

Base the length of denial on the amount by which the transferred resource or undisclosed resource exceeds the resource maximum when added to other countable resources.

Use the chart below to determine the length of denial.

Amount in Excess of Resource Limit	Denial Period
\$.01 to \$ 249.99	1 month
\$ 250.00 to \$ 999.99	3 months
\$1,000.00 to \$2,999.99	6 months
\$3,000.00 to \$4,999.99	9 months
\$5,000.00 or greater	12 months

If the spouses separate and one spouse transfers his property, it does not affect the eligibility of the other spouse.

Verifying Resources

Verify all countable resources.

Proof may include but is not limited to:

- Bank account statements and
- Award letters.

Documenting Resources

On HCAP Form 101, document whether a resource is countable or exempt and how resources are verified.

INCOME

General Principles

- A household must pursue and accept all income to which the household is legally entitled, unless it is unreasonable to pursue the resource. Reasonable time (at least three months) must be allowed for the household to pursue the income, which is not considered accessible during this time.
- The income of all MCHD MAP household members is considered.
- Income is either countable or exempt.
- If attempts to verify income are unsuccessful because the payer fails or refuses to provide information and other proof is not available, the household's statement is used as best available information.
- All income of a disqualified person is exempt.
- Income of disqualified and non-household members is excluded, but may be included if processing an application for a sponsored alien.

Adoption Payments

Exempt.

Alien Sponsor's Income

Calculate the total income accessible to the alien sponsor's household according to the same rules and exemptions for income that apply for the sponsored alien applicant. The total countable income for the alien sponsor household will be considered unearned income and added to the total countable income of the sponsored alien applicant.

Please refer to Texas Health and Safety Code, Chapter 61, §61.012.

Sec. 61.012. REIMBURSEMENT FOR SERVICES.

(a) In this section, "sponsored alien" means a person who has been lawfully admitted to the United States for permanent residence under the Immigration and Nationality Act (8 U.S.C. Section 1101 et seq.) and who, as a condition of admission, was sponsored by a person who executed an affidavit of support on behalf of the person.

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(b) A public hospital or hospital district that provides health care services to a sponsored alien under this chapter may recover from a person who executed an affidavit of support on behalf of the alien the costs of the health care services provided to the alien.

(c) A public hospital or hospital district described by Subsection (b) must notify a sponsored alien and a person who executed an affidavit of support on behalf of the alien, at the time the alien applies for health care services, that a person who executed an affidavit of support on behalf of a sponsored alien is liable for the cost of health care services provided to the alien.

(b) Section 61.012, Health and Safety Code, as added by this section, applies only to health care services provided by a public hospital or hospital district on or after the effective date of this act.

Cash Gifts and Contributions

Count as unearned income unless they are made by a private, nonprofit organization on the basis of need; and total \$300 or less per household in a federal fiscal quarter. The federal fiscal quarters are January - March, April - June, July - September, and October-December. If these contributions exceed \$300 in a quarter, count the excess amount as income in the month received.

Exempt any cash contribution for common household expenses, such as food, rent, utilities, and items for home maintenance, if it is received from a non-certified household member who:

- Lives in the home with the certified household member,
- Shares household expenses with the certified household member, and
- No landlord/tenant relationship exists.

If a noncertified household member makes additional payments for use by a certified member, it is a contribution.

Child's Earned Income

Exempt a child's earned income if the child, who is under age 18 and not an emancipated minor, is a full-time student (including a home schooled child) or a part-time student employed less than 30 hours a week.

Child Support Payments

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Count as unearned income after deducting up to \$75 from the total monthly child support payments the household receives.

Count payments as child support if a court ordered the support, or the child's caretaker or the person making the payment states the purpose of the payment is to support the child.

Count ongoing child support income as income to the child even if someone else, living in the home receives it.

Count child support arrears as income to the caretaker.

Exempt child support payments as income if the child support is intended for a child who receives Medicaid, even though the parent actually receives the child support.

Child Support Received for a Non-Member. If a caretaker receives, ongoing child support for a non-member (or a member who is no longer in the home) but uses the money for personal or household needs, count it as unearned income. Do not count the amount actually used for or provided to the non-member for whom it is intended to cover.

Lump-Sum Child Support Payments. Count lump-sum child support payments (on child support arrears or on current child support) received, or anticipated to be received more often than once a year, as unearned income in the month received. Consider lump-sum child support payments received once a year or less frequently as a resource in the month received.

Returning Parent. If an absent parent is making child support payments but moves back into the home of the caretaker and child, process the household change.

Crime Victim's Compensation Payments

Exempt.

These are payments from the funds authorized by state legislation to assist a person who has been a victim of a violent crime; was the spouse, parent, sibling, or adult child of a victim who died as a result of a violent crime; or is the guardian of a victim of a violent crime. The payments are distributed by the Office of the Attorney General in monthly payments or in a lump sum.

Disability Insurance Payments

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Count disability payments as unearned income, including Social Security Disability Insurance (SSDI) payments and disability insurance payments issued for non-medical expenses. Exception: Exempt Supplemental Security Income (SSI) payments.

Dividends and Royalties

Count dividends as unearned income. Exception: Exempt dividends from insurance policies as income.

Count royalties as unearned income, minus any amount deducted for production expenses and severance taxes.

Educational Assistance

Exempt educational assistance, including educational loans, regardless of source. Educational assistance also includes college work-study.

Energy Assistance

Exempt the following types of energy assistance payments:

- Assistance from federally-funded, state or locally-administered programs, including HEAP, weatherization, Energy Crisis, and one-time emergency repairs of a heating or cooling device (down payment and final payment);
- Energy assistance received through HUD, USDA's Rural Housing Service (RHS), or Farmer's Administration (FmHA);
- Assistance from private, non-profit, or governmental agencies based on need.

If an energy assistance payment is combined with other payments of assistance, exempt only the energy assistance portion from income (if applicable).

Foster Care Payments

Exempt.

Government Disaster Payments

Exempt federal disaster payments and comparable disaster assistance provided by states, local governments and disaster assistance organizations if the household is subject to legal penalties when the funds are not used as intended.

Examples: Payments by the Individual and Family Grant Program, Small Business Administration, and/or FEMA.

In-Kind Income

Exempt. An in-kind contribution is any gain or benefit to a person that is not in the form of money/check payable directly to the household, such as clothing, public housing, or food.

Interest

Count as unearned income.

Job Training

Exempt payments made under the Workforce Investment Act (WIA).

Exempt portions of non-WIA job training payments earmarked as reimbursements for training-related expenses. Count any excess as earned income.

Exempt on-the-job training (OJT) payments received by a child who is under age 19 and under parental control of another household member

Loans (Non-educational)

Count as unearned income unless there is an understanding that the money will be repaid and the person can reasonably explain how he will repay it.

Lump-Sum Payments

Count as income in the month received if the person receives it or expects to receive it more often than once a year.

Consider retroactive or restored payments to be lump-sum payments and count as a resource. Separate any portion that is ongoing income from a lump-sum amount and count it as income.

Exempt lump sums received once a year or less, unless specifically listed as income. Count them as a resource in the month received.

Effective January 1, 2013 exempt federal tax refunds permanently as income and resources for 12 months after receipt. Exempt the Earned

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Income Credit (EIC) for a period of 12 months after receipt through December 31, 2018.

If a lump sum reimburses a household for burial, legal, or health care bills, or damaged/lost possessions, reduce the countable amount of the lump sum by the amount earmarked for these items.

Military Pay

Count military pay and allowances for housing, food, base pay, and flight pay as earned income, minus pay withheld to fund education under the G.I. Bill.

Mineral Rights

Count payments for mineral rights as unearned income.

Pensions

Count as unearned income. A pension is any benefit derived from former employment, such as retirement benefits or disability pensions.

Reimbursement

Exempt a reimbursement (not to exceed the individual's expense) provided specifically for a past or future expense. If the reimbursement exceeds the individual's expenses, count any excess as unearned income. Do not consider a reimbursement to exceed the individual's expenses unless the individual or provider indicates the amount is excessive. Exempt a reimbursement for future expenses only if the household plans to use it as intended.

RSDI Payments

Count as unearned income the Retirement, Survivors, and Disability Insurance (RSDI) benefit amount including the deduction for the Medicare premium, minus any amount that is being recouped for a prior RSDI overpayment.

If a person receives an RSDI check and an SSI check, exempt both checks since the person is a disqualified household member.

If an adult receives a Social Security survivor's benefit check for a child, this check is considered the child's income.

Self-Employment Income

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Count as earned income, minus the allowable costs of producing the self-employment income. (Use HCAP Form 200: Employer Verification Form).

Self-employment income is earned or unearned income available from one's own business, trade, or profession rather than from an employer. However, some individuals may have an employer and receive a regular salary. If an employer does not withhold FICA or income taxes, even if required to do so by law, the person is considered self-employed.

Types of self-employment include:

- Odd jobs, such as mowing lawns, babysitting, and cleaning houses;
- Owning a private business, such as a beauty salon or auto mechanic shop;
- Farm income; and
- Income from property, which may be from renting, leasing, or selling property on an installment plan. Property includes equipment, vehicles, and real property.

If the person sells the property on an installment plan, count the payments as income. Exempt the balance of the note as an inaccessible resource.

SSI Payments

Only exempt Supplemental Security Income (SSI) benefits when the household is receiving Medicaid.

A person receiving any amount of SSI benefits who also receives Medicaid is, therefore, a disqualified household member.

TANF

Exempt Temporary Assistance to Needy Families (TANF) benefits.

A person receiving TANF benefits also receives Medicaid and is, therefore, a disqualified household member.

Terminated Income

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Count terminated income in the month received. Use actual income and do not use conversion factors if terminated income is less than a full month's income.

Income is terminated if it will not be received in the next usual payment cycle.

Income is not terminated if:

- Someone changes jobs while working for the same employer,
- An employee of a temporary agency is temporarily not assigned,
- A self-employed person changes contracts or has different customers without having a break in normal income cycle, or
- Someone received regular contributions, but the contributions are from different sources.

Third-Party Payments

Exempt the money received that is intended and used for the maintenance of a person who is not a member of the household.

If a single payment is received for more than one beneficiary, exclude the amount actually used for the non-member up to the non-member's identifiable portion or prorated portion, if the portion is not identifiable.

Tip Income

Count the actual (not taxable) gross amount of tips as earned income. Add tip income to wages before applying conversion factors.

Tip income is income earned in addition to wages that is paid by patrons to people employed in service-related occupations, such as beauticians, waiters, valets, pizza delivery staff, etc.

Do not consider tips as self-employment income unless related to a self-employment enterprise.

Trust Fund

Count as unearned income trust fund withdrawals or dividends that the household can receive from a trust fund that is exempt from resources.

Unemployment Compensation Payments

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Count the gross amount as unearned income, minus any amount being recouped for an Unemployment Insurance Benefit (UIB) overpayment.

Exception: Count the gross amount if the household agreed to repay a food stamp overpayment through voluntary garnishment.

VA Payments

Count the gross Veterans Administration (VA) payment as unearned income, minus any amount being recouped for a VA overpayment. Exempt VA special needs payments, such as annual clothing allowances or monthly payments for an attendant for disabled veterans.

Vendor Payments

Exempt vendor payments if made by a person or organization outside the household directly to the household's creditor or person providing the service.

Exception: Count as income money that is legally obligated to the household, but which the payer makes to a third party for a household expense.

Wages, Salaries, Commissions

Count the actual (not taxable) gross amount as earned income.

If a person asks his employer to hold his wages or the person's wages are garnished, count this money as income in the month the person would otherwise have been paid. If, however, an employer holds his employees' wages as a general practice, count this money as income in the month it is paid. Count an advance in the month the person receives it.

Workers' Compensation Payments

Count the gross payment as unearned income, minus any amount being recouped for a prior worker's compensation overpayment or paid for attorney's fees. NOTE: The Texas Workforce Commission (TWC) or a court sets the amount of the attorney's fee to be paid.

Do not allow a deduction from the gross benefit for court-ordered child support payments.

Exception: Exclude worker's compensation benefits paid to the household for out-of-pocket health care expenses. Consider these payments as reimbursements.

Other Types of Benefits and Payments

Exempt benefits and payments from the following programs:

- Americorp,
- Child Nutrition Act of 1966,
- Food Stamp Program – SNAP (Supplemental Nutrition Assistance Program),
- Foster Grandparents,
- Funds distributed or held in trust by the Indian Claims Commission for Indian tribe members under Public Laws 92-254 or 93-135,
- Learn and Serve,
- National School Lunch Act,
- National Senior Service Corps (Senior Corps),
- Nutrition Program for the Elderly (Title III, Older American Act of 1965),
- Retired and Senior Volunteer Program (RSVP),
- Senior Companion Program,
- Tax-exempt portions of payments made under the Alaska Native Claims Settlement Act,
- Uniform Relocation Assistance and Real Property Acquisitions Act (Title II),
- Volunteers in Service to America (VISTA), and
- Women, Infants, and Children (WIC) Program.

Verifying Income

Verify countable income, including recently terminated income, at initial application and when changes are reported. Verify countable income at review, if questionable.

Proof may include but is not limited to:

- Last four (4) consecutive paycheck stubs (for everyone in your household),
- HCAP Form 200, Employment Verification Form, which we provide,
- W-2 forms,
- Notes for cash contributions,
- Business records,
- Social Security award letter,
- Court orders or public decrees (support documents),
- Sales records
- Income tax returns, and
- Statements completed, signed, and dated by the self-employed person.

Documenting Income

On HCAP Form 101, document the following items.

- Exempt income and the reason it is exempt
- Unearned income, including the following items:
 - Date income is verified,
 - Type of income,
 - Check or document seen,
 - Amount recorded on check or document,
 - Frequency of receipt, and
 - Calculations used.
- Self-employment income, including the following items:
 - The allowable costs for producing the self-employment income,
 - Other factors used to determine the income amount.
- Earned income, including the following items:
 - Payer's name and address,
 - Dates of each wage statement or pay stub used,
 - Date paycheck is received,
 - Gross income amount,
 - Frequency of receipt, and
 - Calculations used.
- Allowable deductions.

A household is ineligible for a period of 6 months if they intentionally alter their income to become eligible for the Plan (example: have employer lower their hourly or salary amount).

The following exceptions apply:

- Change in job description that would require a lower pay rate
- Loss of job
- Changed job

BUDGETING INCOME

General Principles

- Count income already received and any income the household expects to receive. If the household is not sure about the amount expected or when the income will be received, use the best estimate.
- Income, whether earned or unearned, is counted in the month that it is received.
- Count terminated income in the month received. Use actual income and do not use conversion factors if terminated income is less than a full month's income.
- View at least two pay amounts in the time period beginning 45 days before the interview date or the process date for cases processed without an interview. However, do not require the household to provide verification of any pay amount that is older than two months before the interview date or the process date for cases processed without an interview.
- When determining the amount of self-employment income received, verify four recent pay amounts that accurately represent their pay. Verify one month's pay amount that accurately represent their pay for self-employed income received monthly. Do not require the household to provide verification of self-employment income and expenses for more than two calendar months before the interview date or the case process date if not interviewed, for income received monthly or more often.
- Accept the applicant's statement as proof if there is a reasonable explanation of why documentary evidence or a collateral source is not available and the applicant's statement does not contradict other individual statements or other information received by the entity.
- Use at least three consecutive, current pay periods to calculate fluctuating income.
- The self-employment income projection, which includes the current month and 3 months prior, is the period of time that the household expects the income to support the family.
- There are deductions for earned income that are not allowed for unearned income.

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- The earned income deductions are not allowed if the income is gained from illegal activities, such as prostitution and selling illegal drugs.

Steps for Budgeting Income

- Determine countable income.
- Determine how often countable income is received.
- Convert countable income to monthly amounts.
- Convert self-employment allowable costs to monthly amounts.
- Determine if countable income is earned or unearned.
- Subtract converted monthly self-employment allowable costs, if any, from converted monthly self-employment income.
- Subtract earned income deductions, if any.
- Subtract the deduction for Medicaid individuals, if applicable.
- Subtract the deduction for legally obligated child support payments made by a member of the household group, if applicable.
- Compare the monthly gross income to the MCHD MAP monthly income standard.

Step 1

Determine countable income.

Evaluate the household's current and future circumstances and income. Decide if changes are likely during the current or future months.

If changes are likely, then determine how the change will affect eligibility.

Step 2

Determine how often countable income is received, such as monthly, twice a month, every other week, weekly.

All income, excluding self-employment. Based on verifications or the person's statement as best available information, determine how often income is received. If the income is based hourly or for piecework, determine the amount of income expected for one week of work.

Self-employment Income.

- Compute self-employment income, using one of these methods:
 - Monthly. Use this method if the person has at least one full representative calendar month of self-employment income.
 - Daily. Use this method when there is less than one full representative calendar month of self-employment income,

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and the source or frequency of the income is unknown or inconsistent.

- Determine if the self-employment income is monthly, daily, or seasonal, since that will determine the length of the projection period.
 - The projection period is monthly if the self-employment income is intended to support the household for at least the next 6 months. The projection period is the last 3 months and the current month.
 - The projection period is seasonal if the self-employment income is intended to support the household for less than 12 months since it is available only during certain months of the year. The projection period is the number of months the self-employment is intended to provide support.
- Determine the allowable costs of producing self-employment income, by accepting the deductions listed on the 1040 U.S. Individual Income Tax Return or by allowing the following deductions:
 - Capital asset improvements,
 - Capital asset purchases, such as real property, equipment, machinery and other durable goods, i.e., items expected to last at least 12 months,
 - Fuel,
 - Identifiable costs of seed and fertilizer,
 - Insurance premiums,
 - Interest from business loans on income-producing property,
 - Labor,
 - Linen service,
 - Payments of the principal of loans for income-producing property,
 - Property tax,
 - Raw materials,
 - Rent,
 - Repairs that maintain income-producing property,
 - Sales tax,
 - Stock,
 - Supplies,
 - Transportation costs. The person may choose to use 50.0 cents per mile instead of keeping track of individual transportation expenses. Do not allow travel to and from the place of business.
 - Utilities

NOTE: If the applicant conducts a self-employment business in his home, consider the cost of the home (rent, mortgage, utilities) as shelter costs, not business expenses, unless these costs can be identified as necessary for the business separately.

The following are not allowable costs of producing self-employment income:

- Costs not related to self-employment,
- Costs related to producing income gained from illegal activities, such as prostitution and the sale of illegal drugs,
- Depreciation,
- Net loss which occurred in a previous period, and
- Work-related expenses, such as federal, state, and local income taxes, and retirement contributions.

Step 3

Convert countable income to monthly amounts, if income is not received monthly.

When converting countable income to monthly amounts, use the following conversion factors:

- Multiply weekly amounts by 4.33.
- Multiply amounts received every other week by 2.17.
- Add amounts received twice a month (semi-monthly).
- Divide yearly amounts by 12.

Step 4

Convert self-employment allowable costs to monthly amounts.

When converting the allowable costs for producing self-employment to monthly amounts, use the conversion factors in Step 3 above.

Step 5

Determine if countable income is earned or unearned. For earned income, proceed with Step 6. For unearned income, skip to Step 8.

Step 6

Subtract converted monthly self-employment allowable costs, if any, from converted monthly self-employment income.

Step 7

Subtract earned income deductions, if any. Subtract these deductions, if applicable, from the household's monthly gross income, including monthly self-employment income after allowable costs are subtracted:

- Deduct \$120.00 per employed household member for work-related expenses.
- Deduct 1/3 of remaining earned income per employed household member.
- Dependent childcare or adult with disabilities care expenses shall be deducted from the total income when determining eligibility, if paying for the care is necessary for the employment of a member in the CIHCP household. This deduction is allowed even when the child or adult with disabilities is not included in the CIHCP household. Deduct the actual expenses up to:
 - \$200 per month for each child under age 2,
 - \$175 per month for each child age 2 or older, and
 - \$175 per month for each adult with disabilities.

Exception: For self-employment income from property, when a person spends an average of less than 20 hours per week in management or maintenance activities, count the income as unearned and only allow deductions for allowable costs of producing self-employment income.

Step 8

Subtract the deduction for Medicaid individuals, if applicable. This deduction applies when the household has a member who receives Medicaid and, therefore, is disqualified from the MCHD MAP household. Using the Deduction chart on the following page to deduct an amount for support of the Medicaid member(s) as follows: Subtract an amount equal to the deduction for the number (#) of Medicaid-eligible individuals.

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Deductions for Medicaid-Eligible Individuals

# of Medicaid-Eligible Individuals	Single Adult or Adult with Children	Minor Children Only
1	\$ 78	\$ 64
2	\$ 163	\$ 92
3	\$ 188	\$ 130
4	\$ 226	\$ 154
5	\$ 251	\$ 198
6	\$ 288	\$ 241
7	\$ 313	\$ 267
8	\$ 356	\$ 293

Consider the remainder as the monthly gross income for the MAP household

Step 9

Subtract the Deduction for Child Support, Alimony, and Other Payments to Dependents Outside the Home, if applicable.

Allow the following deductions from members of the household group, including disqualified members:

- The actual amount of child support and alimony a household member pays to persons outside the home.
- The actual amount of a household member's payments to persons outside the home that a household member can claim as tax dependents or is legally obligated to support.

Consider the remaining income as the monthly net income for the CIHCP household.

Step 10

Compare the household's monthly gross income to the 21- 150% FPIL monthly income standard, using the MCHD MAP Monthly Income Standards chart below.

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ELIGIBILITY CRITERIA
BUDGETING INCOME

**MONTGOMERY COUNTY HOSPITAL
DISTRICT MEDICAL ASSISTANCE PLAN
INCOME GUIDELINES EFFECTIVE
04/01/~~2019~~2020
21- 150% FPIL**

# of Individuals in the MAP Household	Income Standard 21% FPIL	Income Standard 150% FPIL
1	\$21,922 4	\$1,562 1,595
2	\$29,630 2	\$2,144 2,155
3	\$37,438 1	\$2,667 2,715
4	\$45,445 9	\$3,219
5	\$528	\$3,772
6	\$606	\$4,324
7	\$683	\$4,877
8	\$761	\$5,429
9	\$838	\$5,982
10	\$915	\$6,534
11	\$993	\$7,087
12	\$1,070	\$7,639

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Note: Based on the 2019 Federal Poverty Income Limits (FPIL), which changes March/April 1 of every year.

A household is eligible if its monthly gross income, after rounding down cents, does not exceed the monthly income standard for the MCHD MAP household's size.

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CASE PROCESSING

General Principles

- Use the MCHD MAP application, documentation, and verification procedures.
- Issue HCAP Form 100 to the applicant or his representative on the same date that the request is received.
- Accept an identifiable application.
- Assist the applicant with accurately completing the HCAP Form 100 if the applicant requests help. Anyone who helps fill out the HCAP Form 100 must sign and date it.
- If the applicant is incompetent, incapacitated, or deceased, someone acting responsibly for the client (a representative) may represent the applicant in the application and the review process, including signing and dating the HCAP Form 100 on the applicant's behalf. This representative must be knowledgeable about the applicant and his household. Document the specific reason for designating this representative.
- Determine eligibility based on residence, household, resources, income, and citizenship.
- Allow at least 14 days for requested information to be provided, unless the household agrees to a shorter timeframe, when issuing HCAP Form 12. Note: The requested information is documented on HCAP Form 12 and a copy is given to the household.
- All information required by the "How to Apply for MAP" document is needed to complete the application process and is the responsibility of the applicant.
- Use any information received from the provider of service when making the eligibility determination; but further eligibility information from the applicant may be required.
- The date that a complete application is received is the application completion date, which counts as Day 0.
- Determine eligibility not later than the 14th day after the application completion date based on the residence, household, resources, income, and citizenship guidelines.

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- Issue written notice, namely, HCAP Form 109, Notice of Eligibility and HCAP Form 110, the MAP Identification Card, HCAP Form 120, Notice of Incomplete Application, or HCAP Form 117, Notice of Ineligibility, of the District's decision. If the District denies health care assistance, the written notice shall include the reason for the denial and an explanation of the procedure for appealing the denial.
- Review each eligible case record at least once every six months.
 - Approved applications are valid for a period not to exceed six (6) months but no less than 1 month.
 - Before the expiration date, all clients will receive a notice by mail that benefits will expire in the next two weeks.
 - All clients must start the eligibility process all over again at the time of re-application.
- Use the "Prudent Person Principle" in situations where there are unusual circumstances in which an applicant's statement must be accepted as proof if there is a reasonable explanation why documentary evidence or a collateral contact is not available and the applicant's statement does not contradict other client statements or other information received by staff.
- Current eligibility continues until a change resulting in ineligibility occurs and a HCAP Form 117 is issued to the household.
- Consult the hospital district's legal counsel to develop procedures regarding disclosure of information.
- Be aware that a person involved in a motor vehicle accident or an assault (before or during MAP benefit period) will not receive benefit coverage for any medical expenses related to that accident or assault, unless proper documentation is provided showing no other liability. The minimum documentation required consists of at least police report or auto insurance information. Other documentation may be necessary.
- Be aware that a person injured on the job (before or during MAP benefit period) who is entitled to Worker's Compensation, must pursue that resource for benefit coverage.
- Remember that MCHD is the payor of last resort. Do not hesitate to explain this to the client.
- The applicant has the right to:

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- Have his application considered without regard to race, color, religion, creed, national origin, age, sex, disability, or political belief;
 - Request a review of the decision made on his application or re-certification for health care assistance; and
 - Request, orally and in writing, a fair hearing about actions affecting receipt or termination of health care assistance.
- The applicant is responsible for:
 - Completing the HCAP Form 100 accurately.

Application for Montgomery County Hospital District's Medical Assistance Plan (MAP) are available at the Montgomery County Healthcare Assistance Office located at 1400 South Loop 336 West, Conroe, Texas, 77304. Applications may be picked up, Monday through Thursday, except holidays, from 7:30 am to 11:30 am and 1:00 pm to 4:30 pm and on Fridays from 7:30am to 11:30 am. The MAP phone number is 936-523-5100 and the fax number is 936-539-3450. Applications are also available at <http://www.mchd-tx.org/>.

- Providing all needed information requested by staff. If information is not available or is not sufficient, the applicant may designate a collateral contact for the information. A collateral contact could be any objective third party who can provide reliable information. A collateral contact does not need to be separately and specifically designated if that source is named either on HCAP Form 100 or during the interview.
- Attending the scheduled interview appointment.

All appointments will be set automatically by the MAP eligibility office and will be the applicant's responsibility to attend the scheduled appointment. Failure to attend the appointment will result in denial of assistance.

The client's application is valid for 30 days from the identifiable date and it is within that 30-day period that the client may reschedule another appointment with the eligibility office. After the 30-day period, the client would have to fill out another application and begin the application process all over again.

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- Reporting changes, which affect eligibility, within 14 days after the date that the change actually occurred. Failure to report changes could result in repayment of expenditures paid.
- Any changes in income, resources, residency other than federal cost of living adjustments mandates re application and reconsideration of determination.
- To cooperate or follow through with an application process for any other source of medical assistance before being processed for the Medical Assistance Plan, since MCHD is a payor of last resort.
- Note: Misrepresentation of facts or any attempt by any applicant or interested party to circumvent the policies of the district in order to become or remain eligible is grounds for immediate and permanent refusal of assistance. Furthermore, if a client fails to furnish any requested information or documentation, the application will be denied.
- The Montgomery County Hospital District has installed a comprehensive video and audio recording system in the Health Care Assistance Program office suite. This system serves many purposes. This system is designed to ensure quality services and to provide a level of security for the staff. It also provides documentation of client interviews which is useful in reducing fraud and abuse of the system. The recordings provide the staff protection against false claims from disgruntled clients, and ensure accuracy in connection with HCAP client interviews. All persons who apply for services, renewal of services, or other issues with the Health Care Assistance Program shall be subject to the video and audio taping equipment of the Montgomery County Hospital District.

PROCESSING AN APPLICATION

Steps for Processing an Application

- **Accept the identifiable application.**
- **Check information.**
- **Request needed information.**
- **Determine if an interview is needed.**
- **Interview.**
- **Determine eligibility.**
- **Issue the appropriate form.**

Step 1

Accept the identifiable application. On the HCAP Form 100 document the date that the identifiable Form 100 is received. This is the application file date.

Step 2

Check that all information is complete, consistent, and sufficient to make an eligibility determination.

Step 3

Request needed information pertaining to the five eligibility criteria, namely, residence, citizenship, household, resources, and income.

Decision Pended. If eligibility cannot be determined because components that pertain to the eligibility criteria are missing, issue HCAP Form 12, Request for Information, listing additional information that needs to be provided as well as listing the due date by which the additional information is needed. If the requested information is not provided by the due date, follow the Denial Decision procedure in Step 8. If the requested information is provided by the due date, proceed with Step 5. The application is not considered complete until all requested information is received.

Decision Pended for an SSI Applicant. If eligibility cannot be determined because the person is also an SSI applicant, issue HCAP Form 12, Request for Information, listing additional information that needs to be provided, including the SSI decision, as well as listing the date by which the additional information is needed. In addition, the client is issued HCAP Form G, "How to

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PROCESSING AN APPLICATION

contact the eligibility office regarding your SSI status". If the SSI application is denied for eligibility requirements, proceed with Step 3 whether or not the SSI denial is appealed.

Step 4

Determine if an interview is needed. Eligibility may be determined without interviewing the applicant if all questions on HCAP Form 100 are answered and all additional information has been provided.

Step 5

Interview the applicant or his representative face-to-face or by telephone in an interview is necessary.

If an interview appointment is scheduled, provide the applicant with an MAP Appointment Card, HCAP Form 2, indicating the date, time, place of the interview, and name of interviewer.

Applicants may only be up to 10 minutes late to their interview appointment before they **must** reschedule.

If the applicant fails to keep the appointment, reschedule the appointment, if requested before the time of the scheduled appointment, or follow the Denial Decision procedure in Step 7.

Step 6

Repeat Steps 2 and 3 as necessary.

Step 7

Determine eligibility based on the five eligibility criteria.

Document information in the case record to support the decision.

At this step, all candidates must complete the following forms:

1. Acknowledgment of Receipt of Notice of Privacy Practices, HCAP Form A
2. Background Check Form, HCAP Form B
3. Medical History Form, HCAP Form C
4. Release Form, HCAP Form D
5. Subrogation Form, HCAP Form E
6. Proof of Citizenship, HCAP Form F
7. Representation and Acknowledgement Form, HCAP Form H

If a candidate has a telephone interview or does not require an

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interview and becomes eligible for MAP benefits, the forms listed

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above must be filled out at the time the client comes in to get their MAP Identification Card, HCAP Form 110, and the Notice of eligibility, HCAP Form 109.

Additionally at this step in the process, some candidates must complete additional forms as they apply:

1. Statement of Support, HCAP Form 102
2. Request for Domicile Verification, HCAP Form 103
3. Affidavit Regarding Marital Status and Financial Support, HCAP Form 104
4. Employer Verification Form, HCAP Form 200
5. Other Forms as may be developed and approved by Administrator
6. Assignment of Health Insurance Proceeds, HCAP Form I:

Staff Acknowledgement regarding Step 2

All applicants will undergo a background/credit check, as this is a mandatory MAP process. Candidates will be asked to clarify discrepancies. Do not pry or inquire into non-eligibility determination related information. Remember this is confidential material.

Step 8

Issue the appropriate form, namely, HCAP Form 117, Notice of Ineligibility, HCAP Form 120, Notice of Incomplete Application, or HCAP Form 109, Notice of Eligibility along with HCAP Form 110, the MAP Identification Card.

The MAP Identification Card is owned by MCHD and is not transferable. MCHD may revoke or cancel it at any time after notice has been sent out 2 weeks before the termination date explaining the reason for termination.

Incomplete Decision. If any of the requested documentation is not provided the application is not complete. Issue HCAP Form 120, Notice of Incomplete Application.

Denial Decision. If any one of the eligibility criteria is not met, the applicant is ineligible. Issue HCAP Form 117, Notice of Ineligibility, including the reason for denial, the effective date of the denial, if applicable, and an explanation of the procedure for appealing the denial.

Reasons for denial include but are not limited to:

- Not a resident of the county,
- A recipient of Medicaid,

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- Resources exceed the resource limit,
- Income exceeds the income limit,
- Failed to keep an appointment,
- Failed to provide information requested,
- Failed to return the review application,
- Failed to comply with requirements to obtain other assistance, or
- Voluntarily withdrew.

Eligible Decision. If all the eligibility criteria are met, the applicant is eligible.

Determine the applicant's Eligibility Effective Date. Current Eligibility begins on the first calendar day in the month that an identifiable application is filed or the earliest, subsequent month in which all eligibility criteria are met.

The applicant may be retroactively eligible in any of the three calendar months before the month the identifiable application is received if all eligibility criteria are met. (Exception: Eligibility effective date for a new county resident begins the date the applicant is considered a county resident. For example, if the applicant meets all four eligibility criteria, but doesn't move to the county until the 15th of the month, the eligibility effective date will be the 15th of the month, not the first calendar day in the month that an identifiable application is filed.)

Issue HCAP Form 109, Notice of Eligibility, including the Eligibility Effective Date along with HCAP Form 110, the MAP Identification Card.

All active cases will be reviewed every 6 months as determined by the Eligibility Supervisor.

Termination of Coverage

Expiration of Coverage:

All active clients are given MAP coverage for a specified length of time and will be notified by mail **two weeks** before their MAP benefits will expire. Coverage will terminate at the end of the specified length of time unless the client chooses to re-apply for coverage.

Termination:

In certain circumstances, a client may have their benefits revoked before their coverage period expires. Clients will be notified by mail or phone

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two weeks before their MAP benefits will terminate, along with the explanation for termination. Coverage will terminate on the date listed on HCAP Form 117, Notice on Ineligibility.

Note: Clients who are found to have proof of another source of healthcare coverage will be terminated on the day that the other payor source was identified.

DENIAL DECISION DISPUTES

Responses Regarding a Denial Decision

If a denial decision is disputed by the household, the following may occur:

- The household may submit another application to have their eligibility re-determined,
- The household may appeal the denial, or
- The hospital district may choose to re-open a denied application or in certain situations override earlier determinations based on new information.

The Household/Client Appeal Process

- The Household/Client may appeal any eligibility decision by signing the bottom of HCAP Form 117, Notice of Ineligibility within 30 days from the date of denial.
- District will have 14 days from the date HCAP Form 117 was received in the MAP eligibility office with the appropriate signature to respond to the client to let them know that MCHD received their appeal. At this time, the client will be notified as to the next step in the appeal process either:
 1. An appeal hearing is not necessary as a mistake has been made on MCHD's behalf. MCHD and the client will take the appropriate steps required to remedy the situation, or
 2. An appeal hearing is necessary and the Hearing Officer or appointee will schedule a date and time for the appeal hearing.

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DENIAL DECISION DISPUTES

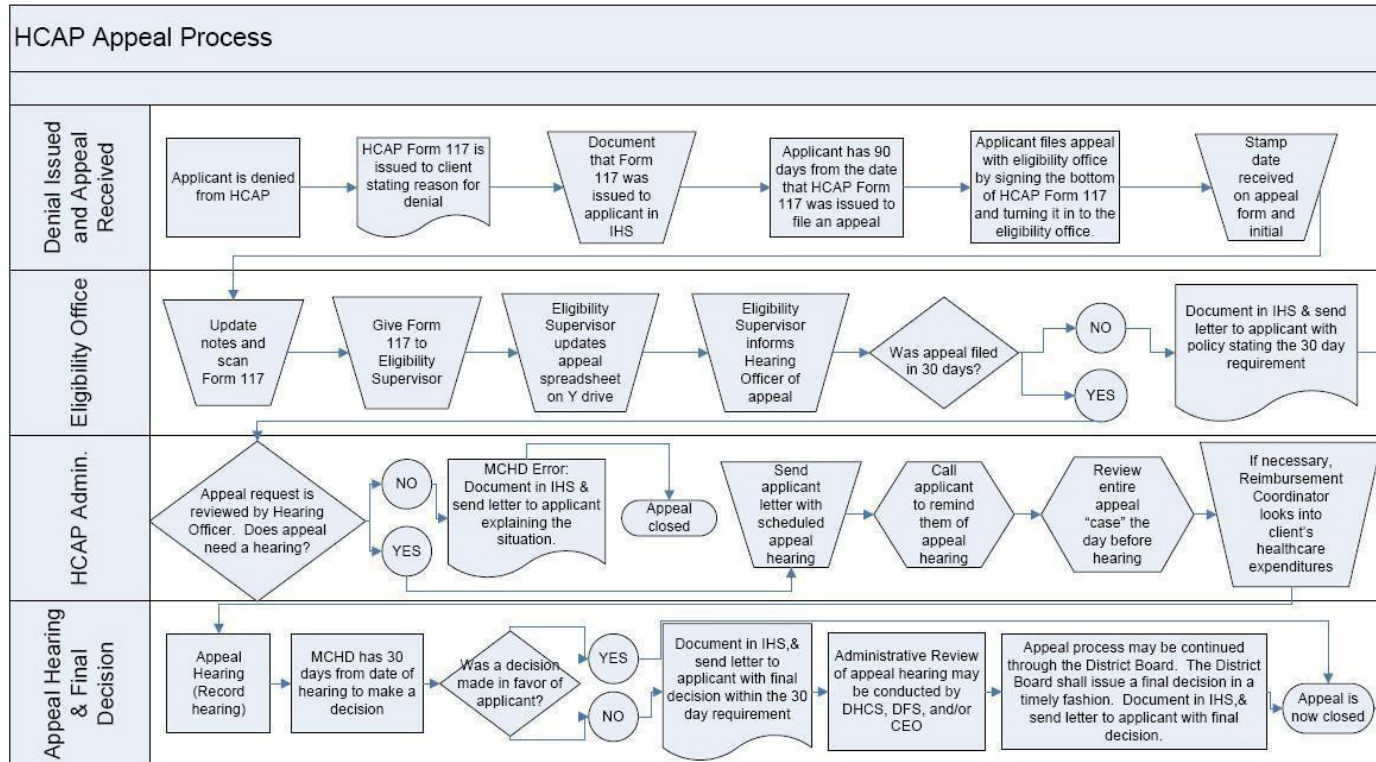
The decision as to whether or not an appeal is necessary is decided upon by the Hearing Officer after reviewing the case.

Anytime during the 14-day determination period further information may be requested from the client by The District.

- The District will have 30 days in which to schedule the appeal hearing.
- Should a client choose not to attend their scheduled appeal hearing, leave a hearing, or become disruptive during a hearing, the case will be dropped and the appeal denied.
- MCHD calls the client to remind the client of appeal hearing.
- After the date of the appeal hearing, the District will have 30 days in which to make a decision. The client will be notified of the District's decision in writing.
- An Administrative Review of the appeal hearing can be conducted through the Chief Operating Officer, Chief Financial Officer, and/or the Chief Executive Officer.
- The Appeal process may be continued through the District Board.
- The District Board shall issue a final decision in a timely fashion.

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DENIAL DECISION DISPUTES

MAP Appeal Process Flowchart



Note: At any time it is very important to update IHS with notes regarding the appeal process and to scan in all documents that are important to the appeal "case".

SECTION FOUR. SERVICE DELIVERY

SERVICE DELIVERY

General Principles

- MCHD shall provide or arrange for the basic health care services established by TDSHS or less restrictive health care services.
 - The basic health care services are:
 - Physician services
 - Annual physical examinations
 - Immunizations
 - Medical screening services
 - Blood pressure
 - Blood sugar
 - Cholesterol screening
 - Laboratory and x-ray services
 - Family planning services
 - Skilled nursing facility services
 - Prescription drugs
 - Rural health clinic services
 - Inpatient hospital services
 - Outpatient hospital services
- In addition to providing basic health care services, MCHD may provide other extended health care services that the hospital district determines to be cost-effective.

- The extended health care services are:
 - Advanced practice nurse services provided by
 - Nurse practitioner services (ANP)
 - Clinical nurse specialist (CNS)
 - Certified nurse midwife (CNM)
 - Certified registered nurse anesthetist (CRNA)
 - Ambulatory surgical center (freestanding) services
 - Bi-level Positive Airway Pressure (BIPAP) therapy
 - Catastrophic Oncology Services
 - Mental Health - Counseling services provided by:
 - Licensed clinical social worker (LCSW)
 - Licensed marriage family therapist (LMFT)
 - Licensed professional counselor (LPC)
 - Ph.D. psychologist
 - Colostomy medical supplies and equipment
 - Diabetic medical supplies and equipment
 - Durable medical equipment (DME)
 - Emergency medical services (EMS)
 - Federally qualified health center services (FQHC)
 - Health and Wellness Services
 - Home and community health care services (in special circumstances with authorization)
 - Occupational Therapy Services
 - Physician assistant services (PA)
 - Physical Therapy Services

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- Other medically necessary services or supplies that the Montgomery County Hospital District determines to be cost effective.
- Services and supplies must be usual, customary, and reasonable as well as medically necessary for diagnosis and treatment of an illness or injury.
- A hospital district may:
 - Arrange for health care services through local health departments, other public health care facilities, private providers, or insurance companies regardless of the provider's location;
 - Arrange to provide health care services through the purchase of insurance for eligible residents;
 - Affiliate with other governmental entities, public hospitals, or hospital districts for administration and delivery of health care services.
 - Use out-of-county providers.
- As prescribed by Chapter 61, Health and Safety Code, a hospital district shall provide health care assistance to each eligible resident in its service area who meets:
 - The basic income and resources requirements established by the department under Sections 61.006 and 61.008 and in effect when the assistance is requested; or
 - A less restrictive income and resources standard by the hospital district serving the area in which the person resides.
- The maximum Hospital District liability for each fiscal year for health care services provided by all assistance providers, including hospital and skilled nursing facility (SNF), to each MAP client is, excluding Oncology clients:
 1. \$60,000; or
 2. the payment of 30 days of hospitalization or treatment in a SNF, or both, or \$60,000, whichever occurs first.

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a. 30 days of hospitalization refers to inpatient hospitalization.

- The maximum Hospital District liability for each fiscal year for Mental Health – Counseling services provided by all assistance providers, including hospital, to each MCICP client is:
 - 1. \$20,000;
- The Montgomery County Hospital District is the payor of last resort and shall provide assistance only if other adequate public or private sources of payment are not available. In addition, MCHD is not secondary to any insurance benefits or exhausted benefits.
- For claim payment to be considered, a claim should be received:
 - 1. Within 95 days from the approval date for services provided before the household was approved or
 - 2. Within 95 days from the date of service for services provided after the approval date.
- The payment standard is determined by the date the claim is paid.
- MCHD MAP mandated providers must provide services and supplies.
- Montgomery County Hospital District's EMS must provide all EMS services.
 - Upon request for EMS the provider must identify the patient as an MAP client to the EMS Dispatch center.
- Any exception requires MCHD MAP approval for each service, supply, or expense.
- Co-payments:

Pursuant to Chapter 61 of the Texas Health and Safety Code, the District recognizes that it may request contribution toward cost of assistance.

Households/clients will be stratified at the time of eligibility by their income as compared to 21-133% of the Federal Poverty Income Limit (FPIL) scale. They are then requested to contribute a nominal amount toward their healthcare as listed below based on their income level and for what services for which they are requested.

Level	FPIL	Current
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TA2	21-50%	\$10
TA3	50-100%	\$15
TA4	100-133%	\$20

Services for which co-payments are requested:

- Diabetic training
- EMS transports
- ED visits
- Hyperbaric Services
- Physical therapies
 - OT
 - PT
 - ST
- Primary care visits
- Specialty care visits

Basic and Extended Health Care Services do not Include Services and Supplies that:

- Are provided to a patient before or after the time period the patient is eligible for the MCHD Medical Assistance Plan;
- Are payable by or available under any health, accident, or other insurance coverage; by any private or governmental benefit system; by any legally liable third party, or under other contract;
- Are provided by military medical facilities, Veterans Administration facilities, or United States public health service hospitals;
- Are related to any condition covered under the worker's compensation laws or any other payor source.

BASIC HEALTH CARE SERVICES

MCHD-established Basic Health Care Services:

- **Annual Physical Examinations**
- **Family Planning Services**
- **Immunizations**
- **Inpatient Hospital Services**
- **Laboratory and X-Ray Services**
- **Medical Screening Services**
- **Outpatient Hospital Services**
- **Physician Services**
- **Prescription Drugs**
- **Rural Health Clinic Services**
- **Skilled Nursing Facility Services**

Annual Physical Examinations

These are examinations provided once per client per calendar year by a Texas licensed physician or midlevel practitioner.

Associated testing, such as mammograms, can be covered with a physician's referral.

These services may also be provided by an Advanced Practice Nurse (APN) if they are within the scope of practice of the APN in accordance with the standards established by the Board of Nurse Examiners.

Family Planning Services

These preventive health care services assist an individual in controlling fertility and achieving optimal reproductive and general health.

Other Montgomery County entities provide family planning services at little or no charge; therefore, the district reserves the right to redirect clients to utilize their services.

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BASIC HEALTH CARE SERVICES

- Charges to clients are based on a sliding fee scale according to family income and size. No client is refused service due to his or her inability to pay.

Immunizations

These are given when appropriate. A client must have a current prescription from a physician for the immunization. Immunizations covered are those that MCHD is able to administer in its offices. In the event an immunization is prescribed that MCHD is unable to administer, the immunization must be pre-authorized by MCHD staff.

Inpatient Hospital Services

Inpatient hospital services must be medically necessary and be:

- Provided in an acute care hospital that is JCAHO and TDH compliant,
- Provided to hospital inpatients,
- Provided under the direction of a Texas licensed physician in good standing, and
- Provided for the medical care and treatment of patients.

The date of service for an inpatient hospital claim is the discharge date.

Laboratory and X-Ray Services

These are professional and technical laboratory and radiological services ordered and provided by, or under the direction of, a Texas licensed physician in an office or a similar facility other than a hospital outpatient department or clinic.

Medical Screening Services

These health care services include blood pressure, blood sugar, and cholesterol screening

Outpatient Hospital Services

Outpatient hospital services must be medically necessary and be:

- Provided in an acute care hospital or hospital-based ambulatory surgical center (HASC),
- Provided to hospital outpatients,
- Provided by or under the direction of a Texas licensed physician in good standing, and
- Diagnostic, therapeutic, or rehabilitative.

Physician Services

Physician services include services ordered and performed by a physician that are within the scope of practice of their profession as defined by Texas state law. Physician services must be provided in the doctor's office, the patient's home, a hospital, a skilled nursing facility, or elsewhere.

In addition, the anesthesia procedures in the chart below may be payable.

CPT Codes and Descriptions only are Copyright 2004 American Medical Association All Rights Reserved

TOS	CPT Code	Description
1	99100	Anesthesia for patient of extreme age, under one year or over 70. (List separately in addition to code for primary anesthesia procedure.)
1	99116	Anesthesia complicated by utilization of total body hypothermia. (List separately in addition to code for primary anesthesia procedure.)
1	99135	Anesthesia complicated by utilization of controlled hypotension. (List separately in addition to code for primary anesthesia procedure.)
1	99140	Anesthesia complicated by emergency conditions (specify). (List separately in addition to code for primary anesthesia procedure.) An emergency is defined as existing when delay in treatment of the patient would lead to a significant increase in the threat to life or body part.

Prescription Drugs

This service includes up to three prescription drugs per month. New and refilled prescriptions count equally toward this three prescription drugs per month total. Drugs must be prescribed from the MCHD HCAP Formulary, by a Texas licensed physician or other practitioner within the scope of practice under law.

The quantity of drugs prescribed depends on the prescribing practice of the physician and the needs of the patient. However, each prescription is limited to a 30-day supply and dispensing only.

The MCHD HCAP Formulary may be found in Appendix VII.

The MCICP co-payment for the monthly three covered formulary medications on both generic and brand name drugs, is zero.

Over the counter Aspirin will be covered without a co-payment up to a quantity limit of 500 per year.

Asthma Chambers- Active clients with a diagnosis of Asthma or COPD will be allowed under the RX program to have 1 asthma chamber per year per active client and will not count against the 3 per month prescription limit.

Rural Health Clinic (RHC) Services

RHC services must be provided in a freestanding or hospital-based rural health clinic and provided by a physician, a physician assistant, an advanced practice nurse (including a nurse practitioner, a clinical nurse specialist, and a certified nurse midwife), or a visiting nurse.

Skilled Nursing Facility Services

Services must be:

- Medically necessary,
- Ordered by a Texas licensed physician in good standing, and
- Provided in a skilled nursing facility that provides daily services on an inpatient basis.

EXTENDED HEALTH CARE SERVICES

- **Advanced Practice Nurse Services**
- **Ambulatory Surgical Center (Freestanding) Services**
- **Bi-level Positive Airway Pressure (BIPAP) Therapy**
- **Catastrophic Oncology Services**
- **Colostomy Medical Supplies and Equipment**
- **Mental Health - Counseling services provided by:**
 - **Licensed clinical social worker (LCSW)**
 - **Licensed marriage family therapist (LMFT)**
 - **Licensed professional counselor (LPC)**
 - **Ph.D. psychologist**
- **Diabetic Medical Supplies and Equipment**
- **Durable Medical Equipment**
- **Emergency Medical Services**
- **FQHC (Federally Qualified Health Center) Services**
- **Health and Wellness Services**
- **Home Health Care Services**
- **Occupational Therapy Services**
- **Physician Assistant Services**
- **Physical Therapy Services**
- **Other medically necessary services or supplies**

Advanced Practice Nurse (APN) Services

An APN must be licensed as a registered nurse (RN) within the categories of practice, specifically, a nurse practitioner, a clinical nurse specialist, a certified nurse midwife (CNM), and a certified registered nurse anesthetist (CRNA), as determined by the Board of Nurse Examiners. APN services must be medically necessary, provided within the scope of practice of the APN, and covered in the Texas Medicaid Program.

Ambulatory Surgical Center (ASC) Services

These services must be provided in a freestanding ASC, and are limited to items and services provided in reference to an ambulatory surgical procedure. A freestanding ASC service should be billed as one inclusive charge on a HCFA-1500, using the TOS "F."

Bi-level Positive Airway Pressure (BIPAP)

Bi-pap therapy must be deemed as medically necessary before treatment is initiated.

Catastrophic Oncology Services

Benefits for Oncology clients will not automatically terminate once maximum hospital district liability has been met. Once an Oncology client reaches maximum hospital liability, the Oncology provider will be required to submit a projected care plan to the MAP third party administrator to consider continuation of benefits. If the third party administrator confirms the costs and medical appropriateness of the care plan, the Chief Operating Officer, Chief Financial Officer, or Chief Executive Officer will review the case and consider continuation of benefits based on funds budgeted. The funds budgeted are based on the projected earnings of the Catastrophic Reserve Fund. If insufficient funding is available to continue benefits, the Chief Operating Officer, Chief Financial Officer, or Chief Executive Officer will petition the District Board for additional funding. If the funding is not available, the client will be referred to an alternate provider and the hospital district will no longer be responsible for providing health care benefits.

Colostomy Medical Supplies and Equipment:

These supplies and equipment must be medically necessary and prescribed by a Texas licensed physician, PA, or an APN in good standing, within the scope of their practice in accordance with the standards established by their regulatory authority.

The hospital district requires the supplier to receive prior authorization.

SECTION FOUR
SERVICE DELIVERY
EXTENDED HEALTH CARE SERVICES

Items covered are:

- Cleansing irrigation kits, colostomy bags/pouches, paste or powder, and skin barriers with flange (wafers).

Colostomy Medical Supplies and Equipment:

Description
Ostomy irrigation supply bag
Ostomy irrigation set
Ostomy closed pouch w att. st. barrier
Ostomy rings
Adhesive for ostomy, liquid, cement, powder, or paste
Skin barrier with flange (solid, flexible, or accordion), any size/wafer

Mental Health - Counseling Services:

Mental health counseling and inpatient services will be available for International Classification of Diseases, Ninth Revision mental illnesses beginning with 290.0 – 316 for psychoses, neurotic disorders, personality disorders, and other nonpsychotic mental disorders.

Inpatient services are provided to those who need 24-hour professional monitoring, supervision and assistance in an environment designed to provide safety and security during acute psychiatric crisis.

Inpatient and outpatient psychiatric services: psychotherapy services must be medically necessary; based on a physician referral; and provided by a licensed psychiatrist (MD) or licensed clinical social worker (LCSW, previously known as LMSW-ACP), a licensed marriage family therapist (LMFT), licensed professional counselor (LPC), or a Ph.D. psychologist. These services may also be provided based on an APN referral if the referral is within the scope of their practice.

SECTION FOUR
SERVICE DELIVERY
EXTENDED HEALTH CARE SERVICES

The hospital district requires prior authorization for all mental health (inpatient and outpatient) counseling services.

- All Inpatient Admissions including Residential Care Inpatient Admissions
- All hospital or facility day treatment admissions
- All multiple (more than one) counseling sessions per week
- All multiple hour counseling sessions

Services provided by a physician or therapist for one counseling session (or less) per week, for medication checks, CSU services, and Lab work do not require pre-certification for payment

Diabetic Medical Supplies and Equipment:

These supplies and equipment must be medically necessary and prescribed by a Texas licensed physician, PA, or an APN within the scope of their practice in accordance with the standards established by their regulatory authority.

The hospital district requires the supplier to receive prior authorization.

Items covered are:

- Test strips, alcohol prep pads, lancets, glucometers, insulin syringes, humulin pens, and needles required for the humulin pens.
- Insulin syringes, humulin pens, and the needles required for humulin pens are dispensed with a National Dispensing Code (NDC) number and are paid as prescription drugs; they do not count toward the three prescription drugs per month limitation. Insulin and humulin pen refills are prescription drugs (not optional services) and count toward the three prescription drugs per month limitation.

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Diabetic Medical Supplies and Equipment:

Description
Urine test or reagent strips or tablets, 100 tablets or strips
Blood glucose test or reagent test strips for home blood glucose monitors, 50 strips

Dextrostick or glucose test strips, per box
Protein reagent strips, per box of 50
Glucose tablets, 6 per box
Glucose gel/react gel, 3 dose pack
Home glucose monitor kit
Alcohol wipes, per box
Spring-powered device for lancet, each
Lancets, per box of 100

Durable Medical Equipment:

This equipment must be medically necessary and provided under a written, signed, and dated physician's prescription. A Pa or an APN may also prescribe these supplies and equipment if this is within the scope of their practice in accordance with the standards established by their regulatory authority.

The hospital district requires the supplier to receive prior authorization. Items can be rented or purchased, whichever is the least costly or most efficient.

Items covered with MCHD authorization are:

- Appliances for measuring blood pressure that are reasonable and

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appropriate, canes, crutches, home oxygen equipment (including masks, oxygen hose, and nebulizers), standard wheelchairs, and walkers that are reasonable and appropriate

Durable Medical Equipment:

Description
Digital blood pressure & pulse monitor
Oxygen, gaseous, per cubic ft
Oxygen contents, liq. Per lb
Oxygen contents, liq. Per 100 lbs
Tubing (oxygen), per foot
Mouth Piece
Variable concentration mask
Disposable kit (pipe style)
Disposable kit (mask style)
Mask w/ headgear
6' tubing
Filters
Cane with tip [New]
Cane with tip [Monthly Rental]
Cane, quad or 3 prong, with tips [New]
Cane, quad or 3 prong, with tips [Monthly Rental]
Crutches, underarm, wood, pair with pads, tips, handgrips [New]
Crutches, underarm, wood, pair with pads, tips, handgrips [Monthly Rental]
Crutch, underarm, wood, each with pad, tip, handgrip
Crutch, underarm, wood, each with pad, tip, handgrip [Monthly Report]

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Walker, folding (pickup) adjustable or fixed height [New]
Walker, folding (pickup) adjustable or fixed height [Monthly Rental]
Walker, folding with wheels
Portable oxygen [Rental] Includes: regulator, cart and (2) tanks per month
Nebulizer, with compressor [New]
Nebulizer, durable, glass or autoclavable plastic, bottle [New]
Nebulizer, durable, glass or autoclavable plastic, bottle [Monthly Rental]
Wheelchair, standard [New]
Wheelchair, standard [Monthly Rental]
Oxygen Concentrator, Capable of delivering 85% or > Oxygen Concentration at Prescribed Flow Rate [Monthly Rental]
Standard wheelchair
Lightweight wheelchair
Ultra lightweight wheelchair
Elevating leg rests, pair
Continuous positive airway pressure (CPAP) device [monthly rental up to purchase]
Orthopedic braces [monthly rental up to purchase]
Wound care supplies

Emergency Medical Services:

Emergency Medical Services (EMS) services are ground ambulance

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transport services. When the client's condition is life-threatening and requires the use of special equipment, life support systems, and close monitoring by trained attendants while en route to the nearest appropriate (mandated) facility, ground transport is an emergency service.

The hospital district requires the clients to use MCHD EMS services only. EMS Dispatch must be notified by provider that the patient is a MCHD MAP Client at time of request.

Federally Qualified Health Center (FQHC) Services:

These services must be provided in an approved FQHC by a Texas licensed physician, a physician's assistant, or an advanced practice nurse, a clinical psychologist, or a clinical social worker.

Health and Wellness Services

All MAP clients will participate in a Health Risk Assessment (HRA) annually while enrolled in the plan. Results of the HRA will be reviewed by and with a medical provider and clients will be assigned a HCAP Case Manager and a primary care medical home to aid in disease prevention, disease management, health education, and care coordination.

Compliance with this service will be mandatory for continued participation in the MAP.

Home Health Care Services

These services must be medically necessary and provided under a written, signed, and dated physician's prescription. A Pa or an APN may also prescribe these services if this is within the scope of their practice in accordance with the standards established by their regulatory authority.

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The hospital district requires the provider to receive prior authorization.

Occupational Therapy Services:

These services must be medically necessary and may be covered if provided in a physician's office, a therapist's office, in an outpatient rehabilitation or free-standing rehabilitation facility, or in a licensed hospital. Services must be within the provider's scope of practice, as defined by Occupations Code, Chapter 454.

The hospital district requires the provider to receive prior authorization.

Physician Assistant (P A) Services:

These services must be medically necessary and provided by a PA under the supervision of a Texas licensed physician and billed by and paid to the supervising physician.

Physical Therapy Services:

These services must be medically necessary and may be covered if provided in a physician's office, a therapist's office, in an outpatient rehabilitation or free-standing rehabilitation facility, or in a licensed hospital. Services must be within the provider's scope of practice, as defined by Occupations Code, Chapter 453.

The hospital district requires the provider to receive prior authorization.

EXCLUSIONS AND LIMITATIONS

The Following Services, Supplies, and Expenses are not MCHD MAP Benefits:

- Abortions; unless the attending physician certifies in writing that, in his professional judgment, the mother's life is endangered if the fetus were carried to term or unless the attending physician certifies in writing that the pregnancy is related to rape or incest;
- Acupuncture or Acupressure
- Air conditioners, humidifiers and purifiers, swimming pools, hot tubs, or waterbeds, whether or not prescribed by a physician;
- Air Medical Transport;
- Ambulation aids unless they are authorized by MCHD;
- Autopsies;
- Charges exceeding the specified limit per client in the Plan;
 - The maximum Hospital District liability for each fiscal year for health care services provided by all assistance providers, including hospital and skilled nursing facility (SNF), to each MAP client is:
 - \$60,000; or
 - the payment of 30 days of hospitalization or treatment in a SNF, or both, or \$60,000, whichever occurs first.
 - 30 days of hospitalization refers to inpatient hospitalization.
 - The maximum Hospital District liability for each fiscal year for Mental Health – Counseling services provided by all assistance providers, including hospital, to each MCICP client is:
 - \$20,000;
- Charges made by a nurse for services which can be performed by a person who does not have the skill and training of a nurse;
- Chiropractors;

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- Cosmetic (plastic) surgery to improve appearance, rather than to correct a functional disorder; here, functional disorders do not include mental or emotional distress related to a physical condition. All cosmetic surgeries require MCHD authorization;
- Cryotherapy machine for home use;
- Custodial care;
- Dental care; except for reduction of a jaw fracture or treatment of an oral infection when a physician determines that a life-threatening situation exists and refers the patient to a dentist;
- Dentures;
- Drugs, which are:
 - Not approved for sale in the United States, or
 - Over-the-counter drugs (except with MCHD authorization)
 - Outpatient prescription drugs not purchased through the prescription drug program, or
 - Not approved by the Food and Drug Administration (FDA), or
 - Dosages that exceed the FDA approval, or
 - Approved by the FDA but used for conditions other than those indicated by the manufacturer;
- Durable medical equipment supplies unless they are authorized by MCHD;
- Exercising equipment (even if prescribed by a physician), vibratory equipment, swimming or therapy pools, hypnotherapy, massage therapy, recreational therapy, enrollment in health or athletic clubs;
- Experimental or research programs;
- Family planning services are not payable if other entities exist to provide these services in Montgomery County;
- For care or treatment furnished by:

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- Christian Science Practitioner
- Homeopath
- Marriage, Family, Child Counselor (MFCC)
- Naturopath.
- Genetic counseling or testing;
- Hearing aids;
- Hormonal disorders, male or female;
- Hospice Care
- Hospital admission for diagnostic or evaluation procedures unless the test could not be performed on an outpatient basis without adversely affecting the health of the patient;
- Hospital beds;
- Hospital room and board charges for admission the night before surgery unless it is medically necessary;
- Hysterectomies performed solely to accomplish sterilization:
 - A hysterectomy shall only be performed for other medically necessary reasons,
 - The patient shall be informed that the hysterectomy will render the patient unable to bear children.
 - A hysterectomy may be covered in an emergent situation if it is clearly documented on the medical record.
 - An emergency exists if the situation is a life-threatening emergency; or the patient has severe vaginal bleeding uncontrollable by other medical or surgical means; or the patient is comatose, semi-comatose, or under anesthesia;
- Immunizations and vaccines except with MCHD authorization;
 - Pneumovaccine shots for appropriate high risk clients and flu shots once a year may be covered
 - Other immunizations covered are those that can be administered by MCHD staff. A current prescription from a physician is required for immunizations given by MCHD staff.

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- Infertility, infertility studies, invitro fertilization or embryo transfer, artificial insemination, or any surgical procedure for the inducement of pregnancy;
- Legal services;
- Marriage counseling, or family counseling when there is not an identified patient;
- Medical services, supplies, or expenses as a result of a motor vehicle accident or assault unless MCHD MAP is the payor last resort ;
- More than one physical exam per year per **active** client;
- Obstetrical Care, except with MCHD Administration authorization;
- Other CPT codes with zero payment or those not allowed by county indigent guidelines;
- Outpatient psychiatric services (Counseling) that exceed 30 visits during a fiscal year unless the hospital district chooses to exceed this limit upon hospital district review of an individual's case record.
- Parenteral hyperalimentation therapy as an outpatient hospital service unless the service is considered medically necessary to sustain life. Coverage does not extend to hyperalimentation administered as a nutritional supplement;
- Podiatric care unless the service is covered as a physician service when provided by a licensed physician;
- Private inpatient hospital room except when:
 - A critical or contagious illness exists that results in disturbance to other patients and is documented as such,
 - It is documented that no other rooms are available for an emergency admission, or
 - The hospital only has private rooms.
- Prosthetic or orthotic devices, except under MAP Administration authorization;

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- Recreational therapy;
- Routine circumcision if the patient is more than three days old unless it is medically necessary. Circumcision is covered during the first three days of his newborn's life;
- Separate payments for services and supplies to an institution that receives a vendor payment or has a reimbursement formula that includes the services and supplies as a part of institutional care;
- Services or supplies furnished for the purpose of breaking a "habit", including but not limited to overeating, smoking, thumb sucking;
- Services or supplies provided in connection with cosmetic surgery unless they are authorized for specific purposes by the hospital district or its designee before the services or supplies are received and are:
 - Required for the prompt repair of an accidental injury
 - Required for improvement of the functioning of a malformed body member
- Services provided by an immediate relative or household member;
- Services provided outside of the United States;
- Services rendered as a result of (or due to complications resulting from) any surgery, services, treatments or supplier specifically excluded from coverage under this handbook;
- Sex change and/or treatment for transsexual purposed or treatment for sexual dysfunctions of inadequacy which includes implants and drug therapy;
- Sex therapy, hypnotics training (including hypnosis), any behavior modification therapy including biofeedback, education testing and therapy (including therapy intended to improve motor skill development delays) or social services;
- Social and educational counseling;
- Spinograph or thermograph;
- Surgical procedures to reverse sterilization;

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- Take-home items and drugs or non-prescribed drugs;
- Transplants, including Bone Marrow;
- Treatment of flat foot (flexible pes planus) conditions and the prescription of supportive devices (including special shoes), the treatment of subluxations of the foot and routine foot care more than once every six months, including the cutting or removal of corns, warts, or calluses, the trimming of nails, and other routine hygienic care
- Treatment of obesity and/or for weight reduction services or supplies (including weight loss programs);
- Vision Care, including eyeglasses, contacts, and glass eyes;
 - Except, every 12 month's one **diabetic** eye examination only may be covered.
- Vocational evaluation, rehabilitation or retraining;
- Voluntary self-inflicted injuries or attempted voluntary self-destruction while sane or insane;
- Whole blood or packed red cells available at not cost to patient.

Conflicts In Other Agreements:

The provisions set forth in this Handbook shall be subject to and superseded by any contrary and/or conflicting provisions in any contract or agreement approved by the District's Board of Directors. To the extent of such conflict, the provisions in such contract or agreement shall control, taking precedence over any conflicting provisions contained in this Handbook.

SERVICE DELIVERY DISPUTES

Appeals of Adverse Benefits Determinations

All claims and questions regarding health claims should be directed to the Third Party Administrator. MCHD shall be ultimately and finally responsible for adjudicating such claims and for providing full and fair review of the decision on such claims in accordance with the following provisions. Benefits under the Plan will be paid only if MCHD decides in its discretion that the Provider is entitled to them under the applicable Plan rules and regulations in effect at the time services were rendered. The responsibility to process claims in accordance with the Handbook may be delegated to the Third Party Administrator; provided, however, that the Third Party Administrator is not a fiduciary or trustee of the Plan and does not have the authority to make decisions involving the use of discretion.

Each Provider claiming benefits under the Plan shall be responsible for supplying, at such times and in such manner as MCHD in its sole discretion may require, written proof that the expenses were incurred or that the benefit is covered under the Plan. If MCHD in its sole discretion shall determine that the Provider has not Incurred a Covered Expense, provided a Covered Service, or that the benefit is not covered under the Plan, or if the Provider shall fail to furnish such proof as is requested, no benefits shall be payable under the Plan.

NOTE: PURSUANT TO TEXAS LOCAL GOVERNMENT CODE SECTION 271.154, THE EXHAUSTION OF THE FOLLOWING APPEAL PROCEDURES SHALL BE A PRECONDITION TO THE INSTITUTION OF LITIGATION AGAINST MCHD FOR PAYMENT OF A CLAIM ARISING FROM PROVIDER'S PROVISION OF SERVICES TO A MCHD HCAP CLIENT. ANY SUIT FILED PRIOR TO THE EXHAUSTION OF THE FOLLOWING APPEAL PROCEDURES SHALL BE SUBJECT TO ABATEMENT UNTIL SUCH APPEAL PROCEDURES HAVE BEEN EXHAUSTED.

Full and Fair Review of All Claims

In cases where a claim for benefits is denied, in whole or in part, and the Provider believes the claim has been denied wrongly, the Provider may appeal the denial and review pertinent documents, including the Covered Services and fee schedules pertaining to such Covered Services. The claims procedures of this Plan afford a Provider with a reasonable opportunity for a full and fair review of a claim and adverse benefit determination. More specifically, the Plan provides:

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SERVICE DELIVERY DISPUTES

1. Provider at least 95 days following receipt of a notification of an initial adverse benefit determination within which to appeal the determination and 60 days to appeal a second adverse benefit determination;
2. Provider the opportunity to submit written comments, documents, records, and other information relating to the claim for benefits;
3. For an independent review that does not afford deference to the previous adverse benefit determination and that is conducted by an appropriate named fiduciary of the Plan, who shall be neither the individual who made the adverse benefit determination that is the subject of the appeal, nor the subordinate of such individual;
4. For a review that takes into account all comments, documents, records, and other information submitted by the Provider relating to the claim, without regard to whether such information was submitted or considered in any prior benefit determination;
5. That, in deciding an appeal of any adverse benefit determination that is based in whole or in part upon a medical judgment, the Plan fiduciary shall consult with one or more health care professionals who have appropriate training and experience in the field of medicine involved in the medical judgment, and who are neither individuals who were consulted in connection with the adverse benefit determination that is the subject of the appeal, nor the subordinates of any such individual;
6. For the identification of medical or vocational experts whose advice was obtained on behalf of the Plan in connection with a claim, even if the Plan did not rely upon their advice; and
7. That a Provider will be provided, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the Provider's claim for benefits to the extent such records are in possession of the MCHD or the Third Party Administrator; information regarding any voluntary appeals procedures offered by the Plan; any internal rule, guideline, protocol or other similar criterion relied upon in making the adverse determination; and an explanation of the scientific or clinical judgment for the determination, applying the terms of the Plan to the Client's medical circumstances.

First Appeal Level

Requirements for First Appeal

The Provider must file the first appeal in writing within 95 days following receipt of the notice of an adverse benefit determination. Otherwise the initial determination stands as the final determination and is not appealable. To file an appeal, the Provider's appeal must be addressed as follows and either mailed or faxed as follows:

Pre-service Non-urgent Claims:

PrimeDX Attn:
Appeals P.O.
Box 9201
Austin, TX 78766
Fax Number: 512-454-1624

For Post-service Claims:

Boon-Chapman Benefit Administrators, Inc.
Attention: Appeals
P.O. Box 9201
Austin, TX 78766
Fax Number: 512-459-1552

It shall be the responsibility of the Provider to submit proof that the claim for benefits is covered and payable under the provisions of the Plan. Any appeal must include the following information:

1. The name of the Client/Provider;
2. The Client's social security number (Billing ID);
3. The Client's HCAP #;
4. All facts and theories supporting the claim for benefits. Failure to include any theories or facts in the appeal will result in their being deemed waived. In other words, the Provider will lose the right to raise factual arguments and theories, which support this claim if the Provider fails to include them in the appeal;
5. A statement in clear and concise terms of the reason or reasons for disagreement with the handling of the claim; and
6. Any material or information that the Provider has which indicates that the Provider is entitled to benefits under the Plan.

If the Provider provides all of the required information, it will facilitate a prompt decision on whether Provider's claim will be eligible for payment under the Plan.

Timing of Notification of Benefit Determination on First Appeal

MCHD shall notify the Provider of the Plan's benefit determination on review within the following timeframes:

Pre-service Non-urgent Care Claims

Within a reasonable period of time appropriate to the medical circumstances, but not later than 15 business days after receipt of the appeal

Concurrent Care Claims

The response will be made in the appropriate time period based upon the type of claim – Pre-service Non-urgent or Post-service.

Post-service Claims

Within a reasonable period of time, but not later than 30 days after receipt of the appeal

Calculating Time Periods

The period of time within which the Plan's determination is required to be made shall begin at the time an appeal is filed in accordance with the procedures of this Plan, with all information necessary to make the determination accompanying the filing.

Manner and Content of Notification of Adverse Benefit Determination on First Appeal.

MCHD may provide a Provider with notification, in writing or electronically, of a Plan's adverse benefit determination on review, setting forth:

1. The specific reason or reasons for the denial;
2. Reference to the specific portion(s) of the Handbook and/ or Provider Agreements on which the denial is based;
3. A description of the Plan's review procedures and the time limits applicable to the procedures for further appeal; and
4. The following statement: "You and your Provider Agreement may have other voluntary alternative dispute resolution options, such as mediation. One way to find out what additional recourse may be available is to contact MCHD."

Furnishing Documents in the Event of an Adverse Determination. In the case of an adverse benefit determination on review, MCHD may provide such access to, and copies of, documents, records, and other information used in making the determination of the section relating to "Manner and Content of Notification of Adverse Benefit Determination on First Appeal" as appropriate under the particular circumstances.

Second Appeal Level

Adverse Decision on First Appeal; Requirements for Second Appeal

Upon receipt of notice of the Plan's adverse decision regarding the first appeal, the Provider has an additional 60 days to file a second appeal of the denial of benefits. The Provider again is entitled to a "full and fair review" of any denial made at the first appeal, which means the Provider has the same rights during the second appeal as he or she had during the first appeal. As with the first appeal, the Provider's second appeal must be in writing and must include all of the items and information set forth in the section entitled "Requirements for First Appeal" And shall additionally include a brief statement setting forth the Provider's rationale as to why the initial appeal decision was in error

Timing of Notification of Benefit Determination on Second Appeal

MCHD shall notify the Provider of the Plan's benefit determination following the second appeal within the following timeframes:

Pre-service Non-urgent Care Claims

Within a reasonable period of time appropriate to the medical circumstances, but not later than 15 business days after receipt of the second appeal.

Concurrent Care Claims

The response will be made in the appropriate time period based upon the type of claim – Pre-service Urgent, Pre-service Non-urgent or Post-service.

Post-service Claims

Within a reasonable period of time, but not later than 30 days after receipt of the second appeal.

Calculating Time Periods

The period of time within which the Plan's determination is required to be made shall begin at the time the second appeal is filed in accordance with the procedures of this Plan, with all information necessary to make the determination accompanying the filing.

Manner and Content of Notification of Adverse Benefit Determination on Second Appeal

The same information must be included in the Plan's response to a second appeal as a first appeal, except for (i) a description of any additional information necessary for the Provider to perfect the claim and an explanation of why such information is needed; and (ii) a description of the Plan's review procedures and the time limits applicable to the procedures. See the section entitled "Manner and Content of Notification of Adverse Benefit Determination on First Appeal."

Furnishing Documents in the Event of an Adverse Determination In the case of an adverse benefit determination on the second appeal, MCHD may provide such access to, and copies of, documents, records, and other information used in making the determination of the section relating to "Manner and Content of Notification of Adverse Benefit Determination on First Appeal" as is appropriate, including its determinations pertaining to Provider's assertions and basis for believing the initial appeal decision was in error.

Decision on Second Appeal to be Final

If, for any reason, the Provider does not receive a written response to the appeal within the appropriate time period set forth above, the Provider may assume that the appeal has been denied. The decision by the MCHD or other appropriate named fiduciary of the Plan on review will be final, binding and conclusive and will be afforded the maximum deference permitted by law. All claim review procedures provided for in the Plan must be exhausted before any legal action is brought. Any legal action for the recovery of any benefits must be commenced within one-year after the Plan's claim review procedures have been exhausted or legal statute.

Appointment of Authorized Representative

A Provider is permitted to appoint an authorized representative to act on his behalf with respect to a benefit claim or appeal of a denial. To appoint such a representative, the Provider must complete a form, which can be obtained from MCHD or the Third Party Administrator. In the event a Provider designates an authorized representative, all future communications from the Plan will be with the representative, rather than the Provider, unless the Provider directs MCHD, in writing, to the contrary.

MANDATED PROVIDER INFORMATION

Policy Regarding Reimbursement Requests From Non-Mandated Providers For The Provision Of Emergency And Non-Emergency Services

Continuity of Care:

It is the intent of the District and its MAP Office to assure continuity of care is received by the patients who are on the rolls of the Plan. For this purpose, mandated provider relationships have been established and maintained for the best interest of the patients' health status. The client/patient has the network of mandated providers explained to them and signs a document to this understanding at the time of eligibility processing in the MAP Office. Additionally, they demonstrate understanding in a like fashion that failure to use mandated providers, unless otherwise authorized, will result in them bearing independent financial responsibility for their actions.

Prior Approval:

A non-mandated health care provider must obtain approval from the Hospital District's Medical Assistance Plan (MAP) Office before providing health care services to an active MAP patient. Failure to obtain prior approval or failure to comply with the notification requirements below will result in rejection of financial reimbursement for services provided.

Mandatory Notification Requirements:

- The non-mandated provider shall attempt to determine if the patient resides within District's service area when the patient first receives services if not beforehand as the patients condition may dictate.
- The provider, the patient, and the patient's family shall cooperate with the District in determining if the patient is an active client on the MAP rolls of the District for MAP services.
- Each individual provider is independently responsible for their own notification on each case as it presents.
- If a non-mandated provider delivers emergency or non-emergency services to a MAP patient who the provider suspects might be an active client on the MAP rolls with the District, the provider shall notify the District's MAP Office that services have been or will be provided to the patient.

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SERVICE DELIVERY
MANDATED PROVIDER INFORMATION

- The notice shall be made:
 - (1) By telephone not later than the 72nd hour after the provider determines that the patient resides in the District's service area and is suspect of being an active client on the District's MAP rolls; and
 - (2) By mail postmarked not later than the fifth working day after the date on which the provider determines that the patient resides in the District's service area.

Authorization:

The District's MAP Office may authorize health care services to be provided by a non-mandated provider to a MAP patient only:

- In an emergency (as defined below and interpreted by the District);
- When it is medically inappropriate for the District's mandated provider to provide such services; or
- When adequate medical care is not available through the mandated provider.

Emergency Defined:

An "emergency medical condition" is defined as a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

- Placing the patients health in serious jeopardy,
- Serious impairment of bodily functions, or
- Serious dysfunction of any bodily organ or part.

Emergency Medical Services:

MCHD as a provider of EMS for Montgomery County is independently responsible in determining the most appropriate destination by its own policies and procedures for all transported patients, including MAP client patients. MAP client patients are to (as conditions allow) notify EMS about their mandated provider as a preferred destination.

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SERVICE DELIVERY
MANDATED PROVIDER INFORMATION

Reimbursement:

In such event, the District shall provide written authorization to the non-mandated provider to provide such health care services as are medically appropriate, and thereafter the District shall assume responsibility for reimbursement for the services rendered by the non-mandated provider at the reimbursement rates approved for the District's mandated provider, generally but not limited to, being those reimbursement rates approved by the Texas Department of State Health Services pursuant to the County Indigent Health Care And Treatment Act. Acceptance of reimbursement by the non-mandated provider will indicate payment in full for services rendered.

If a non-mandated provider delivers emergency or non-emergency services to a patient who is on the MAP rolls of the District and fails to comply with this policy, including the mandatory notice requirements, the non-mandated provider is not eligible for reimbursement for the services from the District.

Return to Mandated Provider:

Unless authorized by the District's MAP Office to provide health care services, a non-mandated provider, upon learning that the District has selected a mandated provider, shall see that the patient is transferred to the District's selected mandated provider of health care services.

Appeal:

If a health care provider disagrees with a decision of the MAP Office regarding reimbursement and/or payment of a claim for treatment of a person on the rolls of the District's MAP, the provider will have to appeal the decision to the District's Board of Directors and present its position and evidence regarding coverage under this policy. The District will conduct a hearing on such appeal in a reasonable and orderly fashion. The health care provider and a representative of the MAP Office will have the opportunity to present evidence, including their own testimony and the testimony of witnesses. After listening to the parties' positions and reviewing the evidence, the District's Board of Directors will determine an appropriate action and issue a written finding.

SECTION FIVE. FORMS

FORMS

Forms may exist online in electronic form through MCHD's Indigent Healthcare Services (I.H.S.) software.

- HCAP Form 100: MONTGOMERY COUNTY HOSPITAL DISTRICT'S HEALTHCARE ASSISTANCE APPLICATION
- HCAP Form 2: HCAP APPOINTMENT CARD
- HCAP Form 3: HCAP BEHAVIORAL GUIDELINES
- HCAP Form A: ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES FORM
- HCAP Form B: ASSET AND BACKGROUND CHECK FORM
- HCAP Form C: MEDICAL HISTORY FORM
- HCAP Form D: RELEASE FORM
- HCAP Form E: SUBROGATION FORM
- HCAP Form F: PROOF OF CITIZENSHIP FOR MCHD HCAP
- HCAP Form G: HOW TO CONTACT THE ELIGIBILITY OFFICE REGARDING YOUR SSI STATUS
- HCAP Form H: REPRESENTATION AND ACKNOWLEDGEMENT FORM
- HCAP Form I: ASSIGNMENT OF HEALTH INSURANCE PROCEEDS
- HCAP Form J: HCAP FRAUD POLICY AND PROCEDURES
- HCAP Form 12: REQUEST FOR INFORMATION
- HCAP Form 101: WORKSHEET (*Electronic Version*)
- HCAP Form 102: STATEMENT OF SUPPORT
- HCAP Form 103: REQUEST FOR DOMICILE VERIFICATION
- HCAP Form 104: AFFIDAVIT REGARDING MARITAL STATUS AND FINANCIAL SUPPORT
- HCAP Form 109: NOTICE OF ELIGIBILITY (*Electronic Version*)
- HCAP Form 110: HCAP IDENTIFICATION CARD
- HCAP Form 117: NOTICE OF INELIGIBILITY (*Electronic Version*)
- HCAP Form 120: NOTICE OF INCOMPLETE APPLICATION
- HCAP Form 200: EMPLOYER VERIFICATION FORM
- HCAP Form 201: SELF-EMPLOYMENT VERIFICATION FORM

APPENDIX I. GLOSSARY OF TERMS

GLOSSARY

Adult - A person at least age 18 or a younger person who is or has been married or had the disabilities of minority removed for general purposes.

Accessible Resources - Resources legally available to the household.

Aged Person - Someone aged 60 or older as of the last day of the month for which benefits are being requested.

Application Completed Date – The date that Form 100 and all information necessary to make an eligibility determination is received.

Approval Date- The date that the hospital district issues Form 109, Notice of Eligibility, and HCAP Form 110, MAP Identification Card, is issued to the client.

Assets - All items of monetary value owned by an individual.

Budgeting - The method used to determine eligibility by calculating income and deductions using the best estimate of the household's current and future circumstances and income.

Candidate - Person who is applying for MAP benefits who has NEVER been on the Plan before.

Claim – Completed CMS-1500, UB-04, pharmacy statement with detailed documentation, or an electronic version thereof.

Claim Pay Date - The date that the hospital district writes a check to pay a claim.

Client – Eligible resident who is actively receiving healthcare benefits on MAP.

Common Law Marriage - Relationship recognized under Texas law in which the parties age 18 or older are free to marry, live together, and hold out to the public that they are husband and wife. A man and a woman who want to establish a common-law marriage must sign a form provided by the county clerk. In addition, they must (1) agree to be married, (2) cohabit, and (3) represent to others that they are married.

A minor child in Texas is not legally allowed to enter a common law marriage unless the claim of common law marriage began before September 1, 1997.

Complete Application - A complete application (Application for MAP, Form 100) includes validation of these components:

- The applicant's full name and address,

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- The applicant's county of residence is Montgomery County,
- The names of everyone who lives in the house with the applicant and their relationship to the applicant,
- The type and value of the MCHD MAP household's resources,
- The MCHD MAP household's monthly gross income,
- Information about any health care assistance that household members may receive,
- The applicant's Social Security number,
- All needed information, such as verifications.

The date that Form 100 and all information necessary to make an eligibility determination is received is the application completion date.

Co-payments – The amount requested from the client to help contribute to their healthcare expenses. Also known and referenced as “co-pays” in some MAP documents.

County – A county not fully served by a public facility, namely, a public hospital or a hospital district; or a county that provides indigent health care services to its eligible residents through a hospital established by a board of managers jointly appointed by a county and a municipality

Days - All days are calendar days, except as specifically identified as workdays.

Denial Date – The date that Form 117, Notice of Ineligibility, is issued to the candidate.

Disabled Person - Someone who is physically or mentally unfit for employment.

A disabled person includes:

1. A person approved for SSI, Social Security disability, or blindness.
2. A veteran who receives VA benefits because he/she is rated a 100% service-connected disability or who according to the VA needs regular aid and attendance or is permanently housebound.
3. A surviving spouse of a deceased veteran who meets one of the following criteria according to the VA.
 - Needs regular aid and attendance
 - Permanently housebound
 - Approved for VA benefits because of the veteran's death and could be considered permanently disabled for social security purposes.

4. A surviving child (any age) of a deceased veteran who the VA has determined is:
 - Permanently incapable of self-support, or
 - Approved for benefits because of the veteran's death and could be considered permanently disable for social security purpose.
5. A person receiving disability retirement benefits from any government agency for a disability that could be considered permanent for social security purposes.
6. A person receiving Railroad Retirement Disability, who is also covered by Medicare.

Note: Permanent disability for Social Security purposes is any of the following conditions that may be obvious by observation or may require a physician's opinion:

- Permanent loss of use of both hands, both feet, or one hand and one foot;
- Amputation of leg at hip
- Amputation of leg or foot because of diabetes mellitus or peripheral vascular diseases;
- Total deafness, not correctable by surgery or hearing aid;
- Statutory blindness, unless caused by cataracts or detached retina;
- IQ 59 or less, established after the person becomes 16 years old;
- Spinal cord or nerve root lesion resulting in paraplegia or quadriplegia;
- Multiple sclerosis in which there is damage to the nervous system caused by scattered areas of inflammation. The inflammation recurs and has progressed to varied interferences with the function of the nervous system, including severe muscle weakness, paralysis, and vision and speech defects.
- Muscular dystrophy with irreversible wasting of the muscles, impairing the ability to use arms or legs;
- Impaired renal function caused by chronic renal disease, resulting in severely reduced function which may require dialysis or kidney transplant;
- Amputation of a limb of a person at least 55 years old;
- Acquired Immune Deficiency Syndrome (AIDS) progressed so that it results in extensive and/or recurring physical or mental impairment.

Disqualified Person – A person receiving or is categorically eligible to receive Medicaid.

The District – Montgomery County Hospital District

Domicile - A residence

DSHS - Department of State Health Services (Texas DSHS)

Earned Income - Income a person receives for a certain degree of activity or work. Earned income is related to employment and, therefore, entitles the person to work-related deductions not allowed for unearned income.

Eligible Montgomery County Resident - An eligible county resident must reside in Montgomery County, and meets the resource, income, and citizenship requirements.

Eligibility (Effective) Date - The date that a client becomes qualified for benefits.

Eligibility End (Expiration) Date – The date that a client's eligibility ends

Eligibility Staff - Individuals who determine Plan eligibility may be hospital district personnel, or persons under contract with the hospital district to determine Plan eligibility.

Emancipated Minor - A person under age 18 who has been married as recognized under Texas law. The marriage must not have been annulled.

Emergency medical condition - Is defined as a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

- Placing the patient's health in serious jeopardy,
- Serious impairment of bodily functions, or
- Serious dysfunction of any bodily organ or part.

Equity - The amount of money that would be available to the owner after the sale of a resource. Determine this amount by subtracting from the fair market value any money owed on the item and the costs normally associated with the sale and transfer of the item.

Expenditure - Funds spent on basic or extended health care services.

Expenditure Tracking - A hospital district should track monthly basic and extended health care expenditures.

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Extended Services – MCHD approved, extended health care services that the hospital district determines to be necessary and cost-effective and chooses to provide.

Fair Market Value - The amount a resource would bring if sold on the current local market.

Gross Income - Income before deductions.

GRTL - The county's General Revenue Tax Levy (GRTL) is used to determine eligibility for state assistance funds. For information on determining and reporting the GRTL, contact Teri Rodgers, Property Tax Division of the Texas State Comptroller of Public Accounts at 800/252-9121.

Hospital District - A hospital district created under the authority of the Texas Constitution Article IX, Sections 4 – 11.

Identifiable Application- An application is identifiable if it includes: the applicant's name, the applicant's address, the applicant's social security number, the applicant's date of birth, the applicant's signature, and the date the applicant signed the application.

Identifiable Application Date- The date on which an identifiable application is received from an applicant.

Inaccessible Resources - Resources not legally available to the household. Examples include but are not limited to irrevocable trust funds, property in probate, security deposits on rental property and utilities.

Income - Any type of payment that is of gain or benefit to a household.

Managing Conservator - A person designated by a court to have daily responsibility for a child.

Mandated Provider - A health care provider, selected by the hospital district, who agrees to provide health care services to eligible clients.

Married Minor - An individual, age 14-17, who is married as such is recognized under the laws of the State of Texas. These individuals must have parental consent or court permission. An individual under age 18 may not be a party to an informal (common law) marriage.

MCHD Fiscal Year - The twelve-month period beginning October 1 of each calendar year and ending September 30 of the following calendar year.

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Medicaid - The Texas state-paid insurance program for recipients of Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), and Medical Assistance Plans for families and children.

Midlevel Practitioner – An Individual healthcare practitioner other than a physician, dentist or podiatrist, who is licensed, registered, or otherwise, permitted in the State of Texas who practices professional medicine.

Minor Child - A person under age 18 who is not or has not been married and has not had the disabilities of minority removed for general purposes.

Net income - Gross income minus allowable deductions.

Personal Possessions - appliances, clothing, farm equipment, furniture, jewelry, livestock, and other items if the household uses them to meet personal needs essential for daily living.

Public Facility - A hospital owned, operated, or leased by a hospital district.

Public Hospital - A hospital owned, operated, or leased by a county, city, town, or other political subdivision of the state, excluding a hospital district and a hospital authority. For additional information, refer to Chapter 61, Health and Safety Code, Subchapter C.

Real Property - Land and any improvements on it.

Reimbursement - Repayment for a specific item or service.

Relative - A person who has one of the following relationships biologically or by adoption:

- Mother or father,
- Child, grandchild, stepchild,
- Grandmother or grandfather,
- Sister or brother,
- Aunt or uncle,
- Niece or nephew,
- First cousin,
- First cousin once removed, and
- Stepmother or stepfather.

Relationship also extends to:

- The spouse of the relatives listed above, even after the marriage is terminated by death or divorce,
- The degree of great-great aunt/uncle and niece/nephew, and
- The degree of great-great-grandmother/grandfather.

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Resources - Both liquid and non-liquid assets a person can convert to meet his needs. Examples include but are not limited to: bank accounts, boats, bonds, campers, cash, certificates of deposit, gas rights, livestock (unless the livestock is used to meet personal needs essential for daily living), mineral rights, notes, oil rights, real estate (including buildings and land, other than a homestead), stocks, and vehicles.

Service Area - The geographic region in which a hospital district has a legal obligation to provide health care services.

Sponsored Alien – a sponsored alien means a person who has been lawfully admitted to the United States for permanent residence under the Immigration and Nationality Act (8 U.S.C. Section 1101 et seq.) and who, as a condition of admission, was sponsored by a person who executed an affidavit of support on behalf of the person.

Status Date – The date when the hospital district make a change to a clients status.

TDSHS – Texas Department of State Health Services

Temporary Absence – When a client is absent from Montgomery County for less than or equal to 30 days.

Termination Date - The date that the hospital district ends a client's benefits.

Third Party Administrator (TPA) – The designated TPA shall be Boon-Chapman Benefit Administrators, Inc.

Tip Income - Income earned in addition to wages that is paid by patrons to people employed in service-related occupations, such as beauticians, waiters, valets, pizza delivery staff, etc.

Unearned Income - Payments received without performing work-related activities.

V.A. Veteran – A veteran must have served at least 1 day of active duty military time prior to September 7, 1980 and if service was after that date, at least 24 months of active duty military time to eligible for medical services through the Department of Veteran affairs (Form DD214 may be requested).

APPENDIX II. MCHD'S ENABLING LEGISLATION

MONTGOMERY COUNTY HOSPITAL DISTRICT'S ENABLING LEGISLATION

MONTGOMERY COUNTY HOSPITAL DISTRICT¹

An Act relating to the creation, administration, maintenance, operation, powers, duties, and financing of the Montgomery County Hospital District of Montgomery County, Texas, by authority of Article IX, Section 9 of the Texas Constitution.

Be it enacted by the Legislature of the State of Texas:

Section 1. In accordance with the provisions of Article IX, Section 9, of the Texas Constitution, this Act authorizes the creation, administration, maintenance, operation, and financing of a hospital district within this state with boundaries coextensive with the boundaries of Montgomery County, Texas, to be known as "Montgomery County Hospital District" with such rights, powers, and duties as provided in this Act.

Sec. 2. The district shall take over and there shall be transferred to it title to all land, buildings, improvements, and equipment pertaining to the hospitals or hospital system owned by the county or any city or town within the boundaries of the proposed district and shall provide for the establishment of a health care or hospital system by the purchase, gift, construction, acquisition, repair, or renovation of buildings and equipment and equipping same and the administration of the system for health care or hospital purposes. The district may take over and may accept title to land, buildings, improvements, and equipment of a nonprofit hospital within the district if the governing

¹ The Montgomery County Hospital District was created in 1977 by the 65th Leg., R.S., Ch. 258. It was amended by the following Acts: Act of 1985, 69th Leg., R.S., Ch. 516; Act of 1991, 72nd Leg., R.S., Ch. 511; Act of 1993, 73rd Leg., R.S., Ch. 267; Act of 1995, Ch. 468; Act of 1999, 76th Leg. R.S., Ch. 747; Act of 2003, 78th Leg. R.S., Ch. 529 (HB 1251); Act of 2005, 79th Leg. R.S.Ch. 690 (SB 264) and Ch. 476 (HB 192).

authority or authorities of the hospital and district agree to the transfer. The district shall assume the outstanding indebtedness incurred by any city or town within the district or by the county for hospital purposes within the boundaries of the district.

Section 3. (a) The district shall not be created nor shall any tax in the district be authorized unless and until the creation and tax are approved by a majority of the electors of the area of the proposed district voting at an election called for that purpose. The election may be called by the commissioners court on presentation of a petition therefor signed by at least 50 electors of the area of the proposed district. The election shall be held not less than 35 nor more than 60 days from the date the election is ordered. The order calling the election shall specify the date, place or places of holding the election, the form of ballot, and the presiding judge and alternate judge for each voting place and shall provide for clerks as in county elections. Notice of election shall be given by publishing a substantial copy of the election order in a newspaper of general circulation in the county once a week for two consecutive weeks, the first publication to appear at least 30 days prior to the date established for the election. The failure of the election shall not operate to prohibit the calling and holding of subsequent elections for the same purposes; provided no district confirmation election shall be held within 12 months of any preceding election for the same purpose. If the district is not confirmed at an election held within 60 months from the effective date of this Act, this Act is repealed.

(b) At the election there shall be submitted to the electors of the area of the proposed district the proposition of whether the hospital district shall be created with authority to levy annual taxes at a rate not to exceed 75 cents on the \$100 valuation on all taxable property situated within the hospital district, subject to hospital district taxation, for the purpose of meeting the requirements of the district's bonds, indebtedness assumed

by it, and its maintenance and operating expenses, and a majority of the electors of the area of the proposed district voting at the election in favor of the proposition shall be sufficient for its adoption.

(c) The form of ballot used at the election on the creation of the district shall be in conformity with Section 61, Texas Election Code, as amended (Article 6.05, Vernon's Texas Election Code), so that ballots may be cast on the following proposition: The creation of Montgomery County Hospital District, providing for the levy of a tax not to exceed 75 cents on each \$100 of valuation on all taxable property situated within the hospital district, subject to hospital district taxation, and providing for the assumption by the district of all outstanding bonds and indebtedness previously issued or incurred for hospital purposes within the boundaries of the proposed hospital district by the county and any city or town therein.

Sec. 4. (a) The district is governed by a board of seven directors. Three of the directors shall be elected at large from the entire district, and the remaining four directors each shall be elected from a different commissioner's precinct in the district, and each shall be a resident of the precinct he represents. Candidates to represent the district at large shall run by position. A qualified elector is entitled to vote for the directors to be elected at large and for the director to be elected from the precinct in which the elector resides. Directors shall serve for terms of four years expiring on the second Tuesday in June. No person may be appointed or elected as a member of the board of directors of the hospital district unless he is a resident of the district and a qualified elector and unless at the time of such election or appointment he shall be more than 21 years of age. No person may be appointed or elected as a director of the hospital district if he holds another appointed or

elected public office of honor, trust or profit. A person holding another public office of honor, trust or profit who seeks to be appointed or elected a director automatically vacates the first office. Each member of the board of directors shall serve without compensation and shall qualify by executing the constitutional oath of office and shall execute a good and sufficient bond for \$1,000 payable to the district conditioned upon the faithful performance of his duties, and the bonds shall be deposited with the depository bank of the district for safekeeping.

(b) The board of directors shall organize by electing from among its membership a chairman, vice-chairman, treasurer and secretary one of their number as president and one of their number as secretary. Any four members of the board of directors shall constitute a quorum, and a concurrence of a majority of the directors present is sufficient in all matters pertaining to the business of the district. A meeting of the board of directors may be called by the chairman or any four directors. All vacancies in the office of director shall be filled for the unexpired term by appointment by the remainder of the board of directors. In the event the number of directors shall be reduced to less than four for any reason, the remaining directors shall immediately call a special election to fill said vacancies, and upon failure to do so a district court may, upon application of any voter or taxpayer of the district, issue a mandate requiring that such election be ordered by the remaining directors.

(c) A regular election of directors shall be held on the first Saturday in May of each even-numbered year, and notice of such election shall be published in a newspaper of general circulation in the county one time at least 10 days prior to the date of election. Any person desiring his name to be printed on the ballot as a candidate for director shall file a

petition, signed by not less than 10 legally qualified electors asking that such name be printed on the ballot, with the secretary of the board of directors of the district. Such petitions shall be filed with such secretary at least 25 days prior to the date of election.

(d) If no candidate for director from a particular commissioner's precinct or no candidate for a district at-large position receives a majority of the votes of the qualified voters voting in that race at the regular election of directors, the board shall order a runoff election between the two candidates from the precinct or from the at-large position who received the highest number of votes in that race at the regular election. The board shall publish notice of the runoff election in a newspaper or newspapers that individually or collectively provide general circulation in the area of the runoff election one time at least seven days before the date of the runoff election. Of the names printed on the ballot at the runoff election, the name of the candidate who received the higher number of votes at the regular election shall be printed first on the ballot. If before the date of the runoff election a candidate who is eligible to participate in the runoff dies or files a written request with the secretary of the board to have his name omitted from the ballot at the runoff election, the other candidate eligible to participate in the runoff election is considered elected and the runoff election shall be cancelled by order of the board.

Sec. 5. (a) The board of directors shall manage, control, and administer the health care or hospital system and all funds and resources of the district, but in no event shall any operating, depreciation, or building reserves be invested in any funds or securities other than those specified in Article 836 or 837, Revised Civil Statutes of Texas, 1925, as amended. The district, through its board of directors, shall have the power and authority to sue and be sued, to promulgate rules governing the operation of the hospital, the health

care or hospital system, its staff, and its employees. The board of directors shall appoint a qualified person to be known as the chief administrative officer of the district to be known as the president of the hospital district or by another title selected by the board. The board may appoint assistants to the chief administrative officer to be known as vice-presidents of the hospital district or by another title selected by the board. The chief administrative officer and any assistant shall serve at the will of the board and shall receive such compensation as may be fixed by the board. The chief administrative officer shall supervise all the work and activities of the district and shall have general direction of the affairs of the district, subject to limitations prescribed by the board. The board of directors shall have the authority to appoint to the staff such doctors as necessary for the efficient operation of the district and may provide for temporary appointments to the staff if warranted by circumstances. The board may delegate to the chief administrative officer the authority to employ technicians, nurses, and employees of the district. The board shall be authorized to contract with any other political subdivision or governmental agency whereby the district will provide investigatory or other services as to the medical, health care, hospital, or welfare needs of the inhabitants of the district and shall be authorized to contract with any county or incorporated municipality located outside its boundaries for the care and treatment of the sick, diseased, or injured persons of any such county or municipality and shall have the authority to contract with the State of Texas or agencies of the federal government for the treatment of sick, diseased, or injured persons.

(b) The district may enter into contracts, and make payments thereunder, relating to or arranging for the provision of health care services as permitted by the Texas Constitution and Chapter 61, Health and Safety Code, and its subsequent amendments, on

terms and conditions as the board of directors determines to be in the best interests of the district. The term of a contract entered into under this subsection may not exceed 15 years.

Sec. 6. The board of directors may provide retirement benefits for employees of the hospital district. The board may provide the benefits by establishing or administering a retirement program or by electing to participate in the Texas County and District Retirement System or in any other statewide retirement system in which the district is eligible to participate.

Sec. 7. The district shall be operated on the basis of a fiscal year as established by the board of directors; provided such fiscal year may not be changed during the time revenue bonds of the district are outstanding or more than once in any 24-month period. The board shall have an audit made of the financial condition of the district, which together with other records of the district shall be open to inspection at the principal office of the district. The chief administrative officer shall prepare an annual budget for approval by the board of directors. The budget shall also contain a complete financial statement of the district showing all outstanding obligations of the district, the cash on hand to the credit of each and every fund of the district, the funds received from all sources during the previous year, the funds available from all sources during the ensuing year, with balances expected at year-end of the year in which the budget is being prepared, and estimated revenues and balances available to cover the proposed budget and the estimated tax rate which will be required. A public hearing on the annual budget shall be held by the board of directors after notice of such hearing has been published one time at least 10 days before the date set therefor. Any person residing in the district shall have the right to be present and participate in the hearing. At the conclusion of the hearing, the budget, as

proposed by the chief administrative officer, shall be acted on by the board of directors. The board of directors shall have authority to make such changes in the budget as in their judgment the law warrants and the interest of the taxpayers demands. No expenditure may be made for any expense not included in the annual budget or an amendment to it. The annual budget may be amended from time to time as the circumstances may require, but the annual budget, and all amendments thereto, shall be approved by the board of directors. As soon as practicable after the close of each fiscal year, the chief administrative officer shall prepare for the board a full sworn statement of all money belonging to the district and a full account of the disbursements of same.

Sec. 8. (a) The board of directors shall have the power and authority to issue and sell its bonds in the name and on the faith and credit of the hospital district for the purchase, construction, acquisition, repair, or renovation of buildings and improvements and equipping the same for health care or hospital purposes, and for any or all such purposes. At the time of the issuance of any bonds by the district, a tax shall be levied by the board sufficient to create an interest and sinking fund to pay the interest and the principal of said bonds as same mature; providing the tax together with any other taxes levied for the district shall not exceed 75 cents on each \$100 valuation of all taxable property situated in the district subject to hospital district taxation in any one year. No bonds shall be issued by such hospital district except refunding bonds until authorized by a majority of the electors of the district. The order for bond election shall specify the date of the election, the amount of bonds to be authorized, the maximum maturity of the bonds, the place or places where the election shall be held, the presiding judge and alternate judge for each voting place, and provide for clerks as in county elections. Notice of any bond

election except one held under the provisions of Section 9 of this Act in which instance notice shall be given as provided in Section 3 of this Act, shall be given as provided in Article 704, Revised Civil Statutes of Texas, 1925, as amended, and shall be conducted in accordance with the Texas Election Code, as amended, except as modified by the provisions of this Act.

(b) Refunding bonds of the district may be issued for the purpose of refunding and paying off any outstanding indebtedness it has issued or assumed. Such refunding bonds may be sold and the proceeds thereof applied to the payment of outstanding indebtedness or may be exchanged in whole or in part for not less than a like principal amount of outstanding indebtedness. If the refunding bonds are to be sold and the proceeds hereof applied to the payment of any outstanding indebtedness, the refunding bonds shall be issued and payments made in the manner specified by Chapter 502, Acts of the 54th Legislature, 1955, as amended (Article 717k, Vernon's Texas Civil States).

(c) Bonds of the district shall mature within 40 years of their date, shall be executed in the name of the hospital district and on its behalf by the president of the board and countersigned by the secretary in the manner provided by Chapter 204, Acts of the 57th Legislature, Regular Session, 1961 as amended (Article 717j--1, Vernon's Texas Civil Statutes), shall bear interest at a rate not to exceed that prescribed by Chapter 3, Acts of the 61st Legislature, Regular Session, 1969, as amended (Article 717k--2, Vernon's Texas Civil Statutes), and shall be subject to the same requirements in the manner of approval by the Attorney General of Texas and registration by the Comptroller of Public Accounts of the State of Texas as are by law provided for approval and registration of bonds issued by

counties. On the approval of bonds by the attorney general and registration by the comptroller, the same shall be incontestable for any cause.

(d) The district shall have the same power and authority as cities and counties under The Certificate of Obligation Act of 1971 (Article 2368a.1, Vernon's Texas Civil Statutes) to issue and sell certificates of obligation for permitted purposes under this Act in accordance with the provisions of The Certificate of Obligation Act. Certificates of Obligation shall be issued in conformity with and in the manner specified in The Certificate of Obligation Act, as it may be amended from time to time.

Sec. 9. A petition for an election to create a hospital district, as provided in Section 3 of this Act, may incorporate a request that a separate proposition be submitted at such election as to whether the board of directors of the district, in the event same is created, shall be authorized to issue bonds for the purposes specified in Section 8 of this Act. Such petition shall specify the maximum amount of bonds to be issued and their maximum maturity, and same shall be included in the proposition submitted at the election.

Sec. 9A. The district may issue revenue bonds or certificates of obligation or may incur or assume any other debt only if authorized by a majority of the voters of the district voting in an election held for that purpose. This section does not apply to refunding bonds or other debt incurred solely to refinance an outstanding debt.

Sec. 10. In addition to the power to issue bonds payable from taxes levied by the district, as contemplated by Section 8 of this Act, the board of directors is further authorized to issue and to refund any previously issued revenue bonds for purchasing, constructing, acquiring, repairing, equipping, or renovating buildings and improvements for health care or hospital purposes and for acquiring sites for health care or hospital

purposes, the bonds to be payable from and secured by a pledge of all or any part of the revenues of the district to be derived from the operation of its hospital or health care facilities. The bonds may be additionally secured by a mortgage or deed of trust lien on any part or all of its properties. The bonds shall be issued in the manner and in accordance with the procedures and requirements specified for the issuance of revenue bonds by county hospital authorities in Sections 8 and 10 through 13 of Chapter 122, Acts of the 58th Legislature, 1963 (Article 4494r, Vernon's Texas Civil Statutes).

Sec. 11. (a) The board of directors is hereby given complete discretion as to the type of buildings, both as to number and location, required to establish and maintain an adequate health care or hospital system. The health care or hospital system may include domiciliary care and treatment of the sick, wounded, and injured, hospitals, outpatient clinic or clinics, dispensaries, geriatric domiciliary care and treatment, convalescent home facilities, necessary nurses, domiciliaries and training centers, blood banks, community mental health centers and research centers or laboratories, ambulance services, and any other facilities deemed necessary for health or hospital care by the directors. The district, through its board of directors, is further authorized to enter into an operating or management contract with regard to its facilities or a part thereof or may lease all or part of its buildings and facilities on terms and conditions considered to be to the best interest of its inhabitants. Except as provided by Subsection (c) of Section 15 of this Act, the term of a lease may not exceed 25 years from the date entered. The district shall be empowered to sell or otherwise dispose of any property, real or personal, or equipment of any nature on terms and conditions found by the board to be in the best interest of its inhabitants.

(b) The district may sell or exchange a hospital, including real property necessary or convenient for the operation of the hospital and real property that the board of directors finds may be useful in connection with future expansions of the hospital, on terms and conditions the board determines to be in the best interests of the district, by complying with the procedures prescribed by Sections 285.052, Health and Safety Code, and any subsequent amendments.

(c) The board of directors of the district shall have the power to prescribe the method and manner of making purchases and expenditures by and for the hospital district and shall also be authorized to prescribe all accounting and control procedures. All contracts for construction involving the expenditure of more than \$10,000 may be made only after advertising in the manner provided by Chapter 163, Acts of the 42nd Legislature, Regular Session, 1931, as amended (Article 2368a, Vernon's Texas Civil Statutes). The provisions of Article 5160, Revised Civil Statutes of Texas, 1925, as amended, relating to performance and payment bonds shall apply to construction contracts let by the district. The district may acquire equipment for use in its health care or hospital system and mortgage or pledge the property so acquired as security for the payment of the purchase price, but any such contract shall provide for the entire obligation of the district to be retired within five years from the date of the contract. Except as permitted in the preceding sentence and as permitted by Sections 5, 8, 9 and 10 of this Act, the district may incur no obligation payable from any revenues of the district, except those on hand or to be on hand within the then current and following fiscal year of the district.

(d) The board may declare an emergency in the matter of funds not being available to pay principal of and interest on any bonds of the district payable in whole or in part

from taxes or to meet any other needs of the district and may issue negotiable tax anticipation notes to borrow the money needed by the district. Tax anticipation notes may bear interest at any rate or rates authorized by general law and must mature within one year of their date. Tax anticipation notes may be issued for any purpose for which the district is authorized to levy taxes, and tax anticipation notes shall be secured with the proceeds of taxes to be levied by the district in the succeeding 12-month period. The board may covenant with the purchasers of the notes that the board will levy a sufficient tax in the following fiscal year to pay principal of and interest on the notes and pay the costs of collecting the taxes.

Section 12. (a) The board of directors of the district shall name one or more banks within its boundaries to serve as depository for the funds of the district. All funds of the district, except those invested as provided in Section 5 of this Act and those transmitted to a bank or banks of payment for bonds or obligations issued or assumed by the district shall be deposited as received with the depository bank and shall remain on deposit; provided that nothing in this Act shall limit the power of the board to place a portion of such funds on time deposit or purchase certificates of deposit.

(b) Before the district deposits in any bank funds of the district in an amount which exceeds the maximum amount secured by the Federal Deposit Insurance Corporation, the bank shall be required to execute a bond or other security in an amount sufficient to secure from loss the district funds which exceed the amount secured by the Federal Deposit Insurance Corporation.

Sec. 13. (a) The board of directors shall annually levy a tax not to exceed the amount hereinabove permitted for the purpose of paying:

(1) the indebtedness assumed or issued by the district, but no tax shall be levied to pay principal of or interest on revenue bonds issued under the provisions of Section 9 of this Act; and

(2) the maintenance and operating expenses of the district.

(b) In setting the tax rate the board shall take into consideration the income of the district from sources other than taxation. On determination of the amount of tax required to be levied, the board shall make the levy and certify the same to the tax assessor-collector.

Sec. 13A. (a) Notwithstanding Section 26.07(b)(3), Tax Code, a petition to require an election under Section 26.07, Tax Code, on reducing the district's tax rate to the rollback tax rate shall be submitted to the county election administrator of Montgomery County instead of to the board of directors of the district.

(b) Notwithstanding Section 26.07(c), Tax Code, not later than the 20th day after the day a petition is submitted under Subsection (a) of this section, the county elections administrator shall:

(1) determine whether the petition is valid under Section 26.07, Tax Code;
and

(2) certify the determination of the petition's validity to the board of directors of the district.

(c) If the county elections administrator fails to act within the time allowed, the petition is treated as if it had been found valid.

(d) Notwithstanding Section 26.07(d), Tax Code, if the county elections administrator certifies to the board of directors that the petition is valid or fails to act within the time allowed, the board of directors shall order that an election under Section

26.07, Tax Code, to determine whether to reduce the district's tax rate to the rollback rate be held in the district in the manner prescribed by Section 26.07(d) of that code.

(e) The district shall reimburse the county elections administrator for reasonable costs incurred in performing the duties required by this section.

Sec. 14. All bonds issued and indebtedness assumed by the district shall be and are hereby declared to be legal and authorized investments of banks, savings banks, trust companies, building and loan associations, savings and loan associations, insurance companies, trustees, and sinking funds of cities, towns, villages, counties, school districts, or other political subdivisions of the State of Texas, and for all public funds of the State of Texas or its agencies including the Permanent School Fund. Such bonds and indebtedness shall be eligible to secure deposit of public funds of the State of Texas and public funds of cities, towns, villages, counties, school districts, or other political subdivisions or corporations of the State of Texas and shall be lawful and sufficient security for said deposits to the extent of their value when accompanied by all unmatured coupons appurtenant thereto.

Sec. 15. (a) The district shall have the right and power of eminent domain for the purpose of acquiring by condemnation any and all property of any kind and character in fee simple, or any lesser interest therein, within the boundaries of the district necessary or convenient to the powers, rights, and privileges conferred by this Act, in the manner provided by the general law with respect to condemnation by counties; provided that the district shall not be required to make deposits in the registry of the trial court of the sum required by Paragraph 2 of Article 3268, Revised Civil Statutes of Texas, 1925, as amended, or to make bond as therein provided. In condemnation proceedings being

prosecuted by the district, the district shall not be required to pay in advance or give bond or other security for costs in the trial court, nor to give any bond otherwise required for the issuance of a temporary restraining order or a temporary injunction, nor to give bond for costs or for supersedeas on any appeal or writ of error.

(b) If the board requires the relocation, raising, lowering, rerouting, or change in grade or alteration in the construction of any railroad, electric transmission, telegraph or telephone lines, conduits, poles, or facilities or pipelines in the exercise of the power of eminent domain, all of the relocation, raising, lowering, rerouting, or changes in grade or alteration of construction due to the exercise of the power of eminent domain shall be the sole expense of the board. The term “sole expense” means the actual cost of relocation, raising, lowering, rerouting, or change in grade or alteration of construction to provide comparable replacement without enhancement of facilities, after deducting the net salvage value derived from the old facility.

(c) Land owned by the district may not be leased for a period greater than 25 years unless the board of directors:

- (1) funds that the land is not necessary for health care or hospital purposes;
- (2) complies with any indenture securing the payment of bonds issued by the district; and
- (3) receives on behalf of the district not less than the current market value for the lease.

(d) Land of the district, other than land that the district is authorized to sell or exchange under Subsection (b) of Section 11 of this Act, may not be sold unless the board of directors complies with Section 272.002, Local Government Code.

Sec. 16. (a) The directors shall have the authority to levy taxes for the entire year in which the district is created as the result of the election herein provided. All taxes of the district shall be assessed and collected on county tax values as provided in Subsection (b) of this section unless the directors, by majority vote, elect to have taxes assessed and collected by its own tax assessor-collector under Subsection (c) of this section. Any such election may be made prior to December 1 annually and shall govern the manner in which taxes are subsequently assessed and collected until changed by a similar resolution. Hospital tax shall be levied upon all taxable property within the district subject to hospital district taxation.

(b) Under this subsection, district taxes shall be assessed and collected on county tax values in the same manner as provided by law with relation to county taxes. The tax assessor-collector of the county in which the district is situated shall be charged and required to accomplish the assessment and collection of all taxes levied by and on behalf of the district. The assessor-collector of taxes shall charge and deduct from payments to the hospital districts an amount as fees for assessing and collecting the taxes at a rate of one percent of the taxes assessed and one percent of the taxes collected but in no event shall the amount paid exceed \$5000 in any one calendar year. Such fees shall be deposited in the officers salary funds of the county and reported as fees of office of the county tax assessor- collector. Interest and penalties on taxes paid to the hospital district shall be the same as in the case of county taxes. Discounts shall be the same as allowed by the county. The residue of tax collections after deduction of discounts and fees for assessing and collecting shall be deposited in the district's depository. The bond of the county tax assessor-collector shall stand as security for the proper performance of his duties as assessor-collector of the

district, or if in the judgment of the district board of directors it is necessary, additional bond payable to the district may be required. In all matters pertaining to the assessment, collection, and enforcement of taxes for the district, the county tax assessor-collector shall be authorized to act in all respects according to the laws of the State of Texas relating to state and county taxes.

(c) Under this subsection, taxes shall be assessed and collected by a tax assessor-collector appointed by the directors, who shall also fix the term of his employment, compensation, and requirement for bond to assure the faithful performance of his duties, but in no event shall such bond be for less than \$5,000, or the district may contract for the assessment and collection of taxes as provided by the Tax Code.

Sec. 17. The district may employ fiscal agents, accountants, architects, and attorneys as the board may consider proper.

Sec. 18. Whenever a patient residing within the district has been admitted to the facilities of the district, the chief administrative officer may cause inquiry to be made as to his circumstances and those of the relatives of the patient legally liable for his support. If he finds that the patient or his relatives are able to pay for his care and treatment in whole or in part, an order shall be made directing the patient or his relatives to pay to the hospital district for the care and support of the patient a specified sum per week in proportion to their financial ability. The chief administrative officer shall have the power and authority to collect these sums from the estate of the patient or his relatives legally liable for his support in the manner provided by law for collection of expenses in the last illness of a deceased person. If the chief administrative officer finds that the patient or his relatives are not able to pay either in whole or in part for his care and treatment in the

facilities of the district, same shall become a charge on the hospital district as to the amount of the inability to pay. Should there be any dispute as to the ability to pay or doubt in the mind of the chief administrative officer, the board of directors shall hear and determine same after calling witnesses and shall make such order or orders as may be proper. Appeals from a final order of the board shall lie to the district court. The substantial evidence rule shall apply.

Sec. 19. (a) The district may sponsor and create a nonstock, nonmember corporation under the Texas Non-Profit Corporation Act (Article 1396-1.01 et seq., Vernon's Texas Civil Statutes) and its subsequent amendments and may contribute or cause to be contributed available funds to the corporations.

(b) The funds of the corporations, other than funds paid by the corporation to the district, may be used by the corporation only to provide, to pay the costs of providing, or to pay the costs related to providing indigent health care or other services that the district is required or permitted to provide under the constitution or laws of this state. The board of directors of the hospital district shall establish adequate controls to ensure that the corporation uses its funds as required by this subsection.

(c) The board of directors of the corporation shall be composed of seven residents of the district appointed by the board of directors of the district. The board of directors of the district may remove any director of the corporation at any time with or without cause.

(d) The corporation may invest funds in any investment in which the district is authorized to invest funds of the district, including investments authorized by the Public Funds Investment Act of 1987 (Article 842a-2, Vernon's Texas Civil Statutes) and its subsequent amendments.

Sec. 20. After creation of the hospital district, no county, municipality, or political subdivision wholly or partly within the boundaries of the district shall have the power to levy taxes or issue bonds or other obligations for hospital or health care purposes or for providing medical care for the residents of the district. The hospital district shall assume full responsibility for the furnishing of medical and hospital care for its needy inhabitants. When the district is created and established, the county and all towns and cities located wholly or partly therein shall convey and transfer to the district title to all land, buildings, improvements, and equipment in anywise pertaining to a hospital or hospital system located wholly within the district which may be jointly or separately owned by the county or any city or town within the district. Operating funds and reserves for operating expenses which are on hand and funds which have been budgeted for hospital purposes by the county or any city or town therein for the remainder of the fiscal year in which the district is created shall likewise be transferred to the district, as shall taxes previously levied for hospital purposes for the current year, and all sinking funds established for payment of indebtedness assumed by the district.

Sec. 21. The support and maintenance of the hospital district shall never become a charge against or obligation of the State of Texas nor shall any direct appropriation be made by the legislature for the construction, maintenance, or improvement of any of the facilities of the district.

Sec. 22. In carrying out the purposes of this act, the district will be performing an essential public function, and any bonds issued by it and their transfer and the issuance therefrom, including any profits made in the sale thereof, shall at all times be free from taxation by the state or any municipality or political subdivision thereof.

Sec. 23. The legislature hereby recognizes there is some confusion as to the proper qualification of electors in the light of recent court decisions. It is the intention of this Act to provide a procedure for the creation of the hospital district and to allow the district, when created, to issue bonds payable from taxation, but that in each instance the authority shall be predicated on the expression of the will of the majority of those who cast valid ballots at an election called for the purpose. Should the body calling an election determine that all qualified electors, including those who own taxable property which has been duly rendered for taxation, should be permitted to vote at an election by reason of the aforesaid court decisions nothing herein shall be construed as a limitation on the power to call and hold an election; provided provision is made for the voting, tabulating, and counting of the ballots of the resident qualified property taxpaying electors separately from those who are qualified electors, and in any election so called a majority vote of the resident qualified property taxpaying voters and a majority vote of the qualified electors, including those who own taxable property which has been duly rendered for taxation, shall be required to sustain the proposition.

23A. (a) The board of directors may order an election on the question of dissolving the district and disposing of the districts assets and obligations.

(b) The election shall be held on the earlier of the following dates that occurs at least 90 days after the date on which the election is ordered:

- (1) the first Saturday in May; or
- (2) the date of the general election for state and county officers.

(c) The ballot for the election shall be printed to permit voting for or against the proposition: "The dissolution of the Montgomery County Hospital District." The election shall be held in accordance with the applicable provisions of the Election Code.

(d) If a majority of the votes in the election favor dissolution, the board of directors shall find that the district is dissolved. If a majority of the votes in the election do not favor dissolution, the board of directors shall continue to administer the district and another election on the question of dissolution may not be held before the fourth anniversary of the most recent election to dissolve the district.

(e) If a majority of the votes in the election favor dissolution, the board of directors shall:

(1) transfer the ambulance service and related equipment, any vehicles, and any mobile clinics and related equipment that belong to the district to Montgomery County not later than the 45th day after the date on which the election is held; and

(2) transfer the land, buildings, improvements, equipment not described by Subdivision (1) of this subsection, and other assets that belong to the district to Montgomery County or administer the property, assets, and debts in accordance with Subsections (g)-(k) of this section.

(f) The county assumes all debts and obligations of the district relating to the ambulance service and related equipment, any vehicles, and any mobile clinics and related equipment at the time of the transfer. If the district also transfers the land, buildings, improvements, equipment, and other assets to Montgomery County under Subsection (e)(2) of this section, the county assumes

all debts and obligations of the district relating to those assets at the time of the transfer and the district is dissolved. The county shall use all transferred assets to:

(1) pay the outstanding debts and obligations of the district relating to the assets at the time of the transfer; or

(2) furnish medical and hospital care for the needy residents of the county.

(g) If the board of directors finds that the district is dissolved but does not transfer the land, buildings, improvements, equipment, and other assets to Montgomery County under Subsection (e)(2) of this section, the board of directors shall continue to control and administer that property and those assets and the related debts of the district until all funds have been disposed of and all district debts have been paid or settled.

(h) After the board of directors finds that the district is dissolved, the board of directors shall:

(1) determine the debt owed by the district; and

(2) impose on the property included in the district's tax rolls a tax that is in proportion of the debt to the property value.

(i) The board of directors may institute a suit to enforce payment of taxes and to foreclose liens to secure the payment of taxes due the district.

(j) When all outstanding debts and obligations of the district are paid, the board of directors shall order the secretary to return the pro rata share of all unused tax money to each district taxpayer and all unused district money from any other source to Montgomery County. A taxpayer may request that the taxpayer's share of surplus tax money be credited to the taxpayer's county taxes. If a taxpayer requests the credit, the board of directors shall direct the secretary to transmit the funds to the county tax

assessor-collector. Montgomery County shall use unused district money received under this section to furnish medical and hospital care for the needy residents of the county.

(k) After the district has paid all its debts and has disposed of all its assets and funds as prescribed by this section, the board of directors shall file a written report with the Commissioners Court of Montgomery County setting forth a summary of the board of directors' actions in dissolving the district. Not later than the 10th day after it receives the report and determines that the requirements of this section have been fulfilled, the commissioners court shall enter an order dissolving the district.

Sec. 23B. (a) The residents of the district by petition may request the board of directors to order an election on the question of dissolving the district and disposing of the district's assets and obligations. A petition must:

(1) state that it is intended to request an election in the district on the question of dissolving the district and disposing of the district's assets and obligations;

(2) be signed by a number of residents of the district equal to at least 15 percent of the total vote received by all candidates for governor in the most recent gubernatorial general election in the district that occurs more than 30 days before the date the petition is submitted; and

(3) be submitted to the county elections administrator of Montgomery County.

(a-1) Not later than the 30th day after the date a petition requesting the dissolution of the district is submitted under Subsection (a) of this section, the county elections administrator shall:

(1) determine whether the petition is valid; and

(2) certify the determination of the petition's validity to the board of directors of the district.

(a-2) If the county elections administrator fails to act within the time allowed, the petition is treated as if it had been found valid;

(a-3) If the county elections administrator certifies to the board of directors that the petition is valid or fails to act within the time allowed, the board of directors shall order that a dissolution election be held in the district in the manner prescribed by this section.

(a-4) If a petition submitted under Subsection (a) of this section does not contain the necessary number of valid signatures, the residents of the district may not submit another petition under Subsection (a) of this section before the third anniversary of the date the invalid petition was submitted.

(a-5) The district shall reimburse the county elections administrator for reasonable costs incurred in performing the duties required by this section.

(b) The election shall be held on the earlier of the following dates that occurs at least 90 days after the date on which the election is ordered:

(1) the first Saturday in May; or

(2) the date of the general election for state and county officers.

(c) The ballot for the election shall be printed to permit voting for or against the proposition: "The dissolution of the Montgomery County Hospital District." The election shall be held in accordance with the applicable provisions of the Election Code.

(d) If a majority of the votes in the election favor dissolution, the board of directors shall find that the district is dissolved. If less than a majority of the votes in the election

favor dissolution, the board of directors shall continue to administer the district and another election on the question of dissolution may not be held before the third anniversary of the most recent election to dissolve the district.

(e) If a majority of the votes in the election favor dissolution, the board of directors shall transfer the land, buildings, improvements, equipment, and other assets that belong to the district to Montgomery County not later than the 45th day after the date on which the election is held. The county assumes all debts and obligations of the district at the time of the transfer and the district is dissolved. The county should use all transferred assets in a manner that benefits residents of the county residing in territory formerly constituting the district. The county shall use all transferred assets to:

(1) pay the outstanding debts and obligations of the district relating to the assets at the time of the transfer; or

(2) furnish medical and hospital care for the needy residents of the county.

Sec. 24. If a hospital district has not been created under this Act by January 1, 1982, then the Act will no longer be in effect.

Sec. 25. Proof of provisions of the notice required in the enactment hereof under the provisions of Article IX, Section 9, of the Texas Constitution, has been made in the manner and form provided by law pertaining to the enactment of local and special laws, and the notice is hereby found and declared proper and sufficient to satisfy the requirement.

Sec. 26. The importance of this legislation and the crowded condition of the calendars in both houses create an emergency and an imperative public necessity that the constitutional rule requiring bills to be read on three several days in each house be suspended, and this rule is hereby suspended, and that this Act take effect and be in force from and after its passage, and it is so enacted.

APPENDIX III.

CHAPTER 61

Chapter 61 of the Health and Safety Code is a law passed by the First Called Special Session of the 69th Legislature in 1985 that:

- Defines who is indigent,
- Assigns responsibilities for indigent health care,
- Identifies health care services eligible people can receive, and
- Establishes a state assistance fund to match expenditures for counties that exceed certain spending levels and meet state requirements.

Chapter 61, Health and Safety Code, is intended to ensure that needy Texas residents, who do not qualify for other state or federal health care assistance programs, receive health care services.

Chapter 61, Health and Safety Code, may be accessed at:

http://www.dshs.state.tx.us/cihcp/cihcp_info.shtm

APPENDIX IV. TEXAS ADMINISTRATIVE CODE SUBCHAPTERS

APPENDIX IV.
TEXAS ADMINISTRATIVE CODE SUBCHAPTERS

The Texas Administrative Code (TAC) is the compilation of all state agency rules in Texas.

The County Indigent Health Care Program (CIHCP) rules are in: TAC, Title 25 (Health Services), Part 1 (TDSHS), Chapter 14 (CIHCP), and the following Subchapters:

- A - Program Administration
- B - Determining Eligibility
- C - Providing Services

The CIHCP rules may be accessed at:

http://www.dshs.state.tx.us/cihcp/cihcp_info.shtm

APPENDIX V. FEDERAL POVERTY GUIDELINES

**MONTGOMERY COUNTY HOSPITAL
DISTRICT MEDICAL ASSISTANCE
PLAN
INCOME GUIDELINES EFFECTIVE
04/01/2019
21- 150% FPIL**

# of Individuals in the MAP Household	Income Standard 21% FPIL	Income Standard 150% FPIL
1	\$219	\$1,562
2	\$296	\$2,114
3	\$374	\$2,667
4	\$451	\$3,219
5	\$528	\$3,772
6	\$606	\$4,324
7	\$683	\$4,877
8	\$761	\$5,429
9	\$838	\$5,982
10	\$915	\$6,534
11	\$993	\$7,087
12	\$1,070	\$7,639

* Effective April1, 2019

**APPENDIX VI.
AGREEMENT FOR
ENROLLMENT OF COUNTY
INMATES INTO
MONTGOMERY COUNTY
HOSPITAL DISTRICT'S
HEALTHCARE ASSISTANCE
PROGRAM**

State of Texas §
 §
County of Montgomery §

AGREEMENT FOR ENROLLMENT OF COUNTY INMATES INTO
MONTGOMERY COUNTY HOSPITAL DISTRICT'S HEALTHCARE ASSISTANCE
PROGRAM

This Agreement is made and entered into this ~~the~~ day of March, 2014, by and between the County of Montgomery, a governmental subdivision of the State of Texas, (hereinafter "the County") and the Montgomery County Hospital District, a governmental subdivision of the State of Texas created pursuant to Acts of the 65th Legislature, Regular Session, 1977, Chapter 258, as amended (hereinafter "the MCHD").

WITNESSETH:

WHEREAS, the County operates a county jail and provides law enforcement services; and

WHEREAS, County jail inmates and detainees have the need for occasional medical treatment beyond that which jail personnel are qualified to administer; and

WHEREAS, many County inmates and detainees at the County jail qualify under the financial and other criteria of the Montgomery County Hospital District Public Assistance Program (hereinafter "Hospital District Public Assistance Program" ¹¹ or sometimes "Program") as indigent persons; and

WHEREAS; the MCHD was created and enacted for the purpose of providing healthcare services to the needy or indigent residents of Montgomery County; and

WHEREAS, the MCHD is the only local governmental entity with the power to levy taxes, issue bonds or other obligations for hospital or health care purposes or for providing medical care for the residents of Montgomery County; and

WHEREAS, providing for the healthcare needs of the citizens in Montgomery County is MCHD's primary mission; and

WHEREAS, the County is authorized to provide minor medical treatment for inmates and the MCHD is authorized to provide the indigent healthcare services for certain inmates as is contemplated by this Agreement; and

WHEREAS, both the County and the MCHD have budgeted and appropriated sufficient funds which are currently available to carry out their respective obligations contemplated herein.

NOW, THEREFORE, for and in consideration of the mutual covenants, considerations and undertakings herein set forth, it is agreed as follows:

I.

ENROLLMENT INTO HOSPITAL DISTRICT PUBLIC ASSISTANCE PROGRAM

A. *The* County will assist inmates in seeking coverage under the Hospital District Public Assistance Program. County staff shall make available to County inmates such application forms and instructions necessary to seek enrollment in *the* Hospital District Public Assistance Program. Upon completion of such enrollment materials the County will promptly forward such enrollment materials to MCHD for evaluation. Alternatively, County staff may assist potentially eligible inmates with MCHD's online application process for determining eligibility into the Program.

B. Upon receipt of an inmate's enrollment materials from the County, MCHD shall promptly review such materials for purposes of qualifying the inmate for the Hospital District Public Assistance Program. In this regard, MCHD agrees to deem Montgomery County, Texas as the place of residence for any County inmate housed in the Montgomery County jail, regardless of whether the inmate has declared or maintained a residence outside the boundaries of MCHD. Upon obtaining satisfactory proof that the inmate qualifies under the Hospital District Public Assistance Program, MCHD shall enroll such inmate into such

program and place such inmate on its rolls as eligible for healthcare services under such program. MCHD agrees to abide by its criteria and policies regarding eligibility for the Hospital District Public Assistance Program and to not unreasonably withhold approval of an indigent inmate eligible under the program. If MCHD determines that the inmate is covered under another federal, state or local program which affords medical benefits to covered individuals and such benefits are accessible to the inmate, MCHD will promptly advise the County of such fact. As requested by County, MCHD enrollment and eligibility personnel shall reasonably assist County personnel with the application and enrollment materials for inmates seeking enrollment into the Program, including providing periodic training to County staff on matters pertinent to the Program, including the Program policies and rules. However, MCHD shall not be required to assign Program staff member to the jail for purposes of fulfilling its assistance responsibilities.

C. MCHD agrees to provide for the health care and medical treatment of Montgomery County jail inmates that are enrolled in the Hospital District's Public Assistance Program, subject to the terms and conditions of such Program except as noted herein. The parties agree that the effective date of coverage under the Hospital District Public Assistance Program for such services is the actual date of enrollment into the program; however, certain health care expenses incurred by an eligible inmate up to ninety (90) days prior to the inmate's enrollment into the Program may be covered under the Program as is set out in the Program rules and guidelines. MCHD and County agree to cooperate in arranging for the provision of the health care services covered by the Program to jail inmates who qualify for such services, including use of MCHD's physician network and contracted healthcare providers as well as MCHD's patient care management protocols administered by MCHD's third-party claims

and benefits manager. The Parties understand and agree that eligible inmates enrolled in the Program will not receive prescription medications or similar prescription services from the Program as the County dispenses such medications at the jail.

E. If treatment at an out of network provider is medically necessary, the County shall notify MCHD of such need as soon as reasonably possible, not later than the close of business the first day following the incident giving rise to the medical necessity. If treatment is sought at a local healthcare provider within MCHD's patient care network, and the local healthcare provider determines additional treatment is necessary by an out of network provider, then any notice requirements set forth herein shall be the responsibility of the in-network healthcare provider and/or primary care physician, as per existing Hospital District Public Assistance Program guidelines and policies. MCHD shall honor and abide by all of the provisions of its Program and its in-network provider agreements as well as the Indigent Care and Treatment Act, Chapter 61 Texas Health & Safety Code.

F. The County shall remain responsible for medical care and treatment of county inmates who do not qualify for the Hospital District Public Assistance Program. MCHD shall not be responsible for treatment or payment for healthcare services provided to County inmates who are not eligible to participate in Program, or to State or Federal inmates (including INS detainees) incarcerated in the County jail. For purposes of this Agreement, a State or Federal inmate (including INS detainees) is a person incarcerated in the county jail through a contract or other agreement with a state or federal governmental agency, but shall not include a County inmate who is in the County jail, or who has been returned to the County jail while awaiting criminal proceedings on local, state or federal charges, or a combination thereof.

G. The County and MCHD agree that MCHD may deny an inmate's application for enrollment in the Program in the event MCHD determines the inmate's health care needs resulted from conduct or conditions for which the County or its employees would be responsible in a civil action at law, exclusive of any affirmative defenses of governmental and/or official immunity. In such event, County shall remain responsible for the inmate's health care needs. In addition, County agrees to reimburse MCHD for any medical expenses that MCHD incurred or expended on behalf of an indigent inmate or detainee housed at the County jail that resulted from conduct or conditions for which the County or its employees would be responsible in a civil action at law, exclusive of any affirmative defenses of governmental and/or official immunity. Should the County deny responsibility for any such claims, the County Judge, the County Sheriff and the Chief Executive Officer of MCHD shall meet to discuss the facts of such claims and the underlying responsibility therefor. Any agreement(s) reached at such meeting shall be reduced to writing and recommended by such persons to their respective governing boards for approval as necessary. Should the parties be unable to reach agreement as to financial responsibility, the dispute will be submitted to binding arbitration. The prevailing party in such arbitration shall be entitled to recover its reasonable attorneys' fees.

H. The County shall provide prompt written notification to MCHD in the event an enrolled inmate is transferred to another detention facility, or is released from the County jail, so that MCHD may revise its records to delete such inmate from its Program rolls. As used in this paragraph and the following paragraph "prompt written notification" shall be notification as soon as is practicable but in no event after the end of the calendar month in which the inmate is released from jail or transferred to another detention facility.

I. The County and MCHD agree that County will reimburse MCHD for health care expenses incurred by an enrolled inmate after such inmate has been released from jail or transferred to another detention facility if County fails to provide prompt written notification to MCHD of the inmate's release or transfer from the County jail.

J. In the event any portion of this agreement conflicts with the Texas Health and Safety Code, or the Montgomery County Hospital District enabling legislation, or any other applicable statutory provision, then said statutory provisions shall prevail to the extent of such conflict.

K. Any provision of this Agreement which is prohibited or unenforceable shall be ineffective to the extent of such prohibition or unenforceability without invalidating the remaining provisions hereof.

L. No provision herein nor any obligation created hereunder should be construed to impose any obligation or confer any liability on either party for claims of any non-signatory party. Further, it is expressly agreed by the parties hereto that other than those covenants contained in section 1(F), no provision herein is intended to affect any waiver of liability or immunity from liability to which either party may be entitled by laws affecting governmental entities.

II. LIABILITY

To the extent allowed by law, it is agreed that the MCHD agrees to indemnify and hold harmless the County for any acts or omissions associated with any medical treatment that the MCHD provides to eligible inmates through its Health Care Assistance Program in accordance with the terms and conditions of this Agreement. The foregoing indemnity

obligation is limited and does not extend to negligent, grossly negligent, reckless or intentional conduct of an enrolled inmate that result in injuries or property damages to the County or to third-parties.

III. NOTICES

The parties designate the following persons as contact persons for all notices contemplated by this Agreement:

MCHD: Donna Daniel, Records Manager
P.O. Box 478
Conroe, Texas 77305
(936) 523-5241
(936) 539-3450

COUNTY: Tommy Gage, Sheriff
#1 Criminal Justice Drive
Conroe, Texas 77301
(936) 760-5871
(936) 5387721 (fax)

IV. TERM

This Agreement shall take effect on the 11th day of March 2014 ("Effective Date") regardless of when executed by the Parties, and shall continue through the 10th day of March, 2015. Thereafter, contingent on the Parties' budgeting and appropriating funds for the continuation of their obligations hereunder, this Agreement shall automatically renew for successive terms of one-year unless terminated by either party in the manner set forth herein. Notwithstanding the foregoing, this Agreement shall be renewed automatically for not more than ten (10) successive terms.

V.
TERMINATION

This Agreement may be terminated at any time by either party upon thirty (30) days written notice delivered by hand, facsimile or U.S. Certified Mail to the other party of its intention to withdraw. In addition, this Agreement shall automatically terminate should either party fail to appropriate revenues sufficient to perform its obligations hereunder, such termination effective on the first date of the fiscal year of such non-appropriation.

VI.
APPROPRIATIONS AND CURRENT REVENUES

The Parties represent that they have each budgeted and appropriated funds necessary to carry out their respective duties and obligations hereunder for the current fiscal year. For any renewal terms of this Agreement, the Parties shall seek to budget and allocate appropriations in amounts sufficient to continue to carry out their respective obligations as set forth herein.


VII.
AMENDMENT

This Agreement may be amended only in writing approved by the Parties' respective governing boards.

IN WITNESS WHEREOF, Montgomery County, Texas and the Montgomery County Hospital District have hereunto caused their respective corporate names and seals to be subscribed and affixed by their respective officers, duly authorized.

PASSED AND APPROVED to become effective on the Effective Date.

MONTGOMERY COUNTY HOSPITAL
DISTRICT


By: Randy Johnson, Chief Executive
Officer

Date: March 25, 2014

MONTGOMERY COUNTY, TEXAS

By: Alan B. Sadler, County Judge

Date: _____

Attest:


Mark Turnbull, County Clerk

MONTGOMERY COUNTY HOSPITAL
DISTRICT

By: Randy Johnson, Chief Executive
Officer

Date: _____

MONTGOMERY COUNTY, TEXAS

By:  Alan B. Sadler, County Judge

Date: ---11 MAR 24--20--- : 14 :---

Attest:


Mark Turnbull, County Clerk

APPENDIX VII. MCHD HCAP FORMULARY

APPENDIX VII
MCHD HCAP FORMULARY
MCHD 2013 Preferred Drug List

This is a condensed version of the US Script, Inc. MCHD Formulary. Please be aware that this is not an all-inclusive list. Changes may occur throughout the year and plan exclusions may override this list. Benefit designs may vary with respect to drug coverage, quantity limits, step therapy, days' supply, and prior authorization. Please contact MCHD HCAP pharmacy benefit personnel at 936-523-5108 or 936-523-5112 if you have any questions.

TAKE THIS LIST WITH YOU EACH TIME YOU VISIT A DOCTOR. ASK
YOUR DOCTOR FOR GENERIC DRUGS WHENEVER POSSIBLE.

*** = Prior Authorization Required

<u>ANTI-INFECTIVE AGENTS</u>	MISC. ANTI-INFECTIVES	ANTIHYPERTENSIVE COMBOS	
ANTIFUNGALS			paroxetine
clotrimazole	clindamycin	amlodipine/ benazepril	sertraline
fluconazole	doxycycline	atenolol/ chlorthalidone	trazodone
clotrimazole/betamethasone	metronidazole	benazepril/ HCTZ	venlafaxine
econazole	minocycline	bisoprolol /HCTZ	
ketconazole	nitrofurantoin	captopril/ HCTZ	MIGRAINE AGENTS
nystatin	tetracycline	enalapril/ HCTZ	(Quantity Limits May Apply)
terbinafine	trimethoprim	fosinopril/ HCTZ	FIORICET® (generic)
nystatin/triamcinolone	trimethoprim/ sulfamethoxazole	lisinopril/ HCTZ	FIORICET/CODEINE® (generic)
	vancomycin	losartan/ HCTZ	FIORINAL® (generic)
		methyldopa/ HCTZ	FIORINAL/CODEINE® (generic)
CEPHALOSPORINS	<u>CARDIOVASCULAR AGENTS</u>	metoprolol/ HCTZ	IMITREX® (generic)***
cefaclor	ACE INHIBITORS	trimetere/ HCTZ	MIDRIN® (generic)
cefadroxil	benazepril		
cefdinir	captopril	BETA BLOCKERS	<u>ENDOCRINE &</u>
cefepoxime	enalapril	atenolol	<u>METABOLIC AGENTS</u>
cefprozil	fosinopril	carvedilol	ANTIDIABETICS
cefuroxime	lisinopril	labetalol	glimepiride
cephalexin	moexipril	metoprolol	glipizide/ extended-release
FLUOROQUINOLONES	quinapril	nadolol	glipizide/ metformin
	ramipril capsules	propranolol	glyburide
ciprofloxacin			glyburide/ metformin
ofloxacin	ANGIOTENSIN II BLOCKERS	CALCIUM CHANNEL BLOCKERS	metformin/ extended-release
levofloxacin	losartan	amlodipine	
ACROLIDE ANTIBIOTICS	ANTIADRENERGICS	diltiazem/ extended-release	ESTROGENS M
azithromycin	clonidine	felodipine	estradiol
clarithromycin	doxazosin	nifedipine/ extended-release	estradiol cypionate
erythromycin	terazosin	verapamil/ extended-release	estradiol/ norethindrone
			estradiol transdermal system
PENICILLINS	ANTIHYPERTENSIVES	<u>CENTRAL NERVOUS SYSTEM AGENTS</u>	ESTRATEST® (generic)
		ANTIDEPRESSANTS	ESTRATEST HS® (generic)
amoxicillin	cholestyramine	amitriptyline	
amoxicillin/ clavulanate	fenofibrate	citalopram	estropipate
ampicillin	gemfibrozil	fluoxetine	THYROID AGENTS

APPENDIX VII
MCHD HCAP FORMULARY

dicloxacillin	lovastatin	imipramine	levothyroxine
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APPENDIX VII
MCHD HCAP FORMULARY

penicillin	pravastatin	mirtazapine	ARMOUR THYROID ®
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APPENDIX VII
MCHD HCAP FORMULARY

INSULINS

HUMULIN ® ***
LANTUS ® ***
LEVEMIR ® ***
NOVOLIN ® ***
NOVOLOG ® ***

OTHER ENDOCRINE DRUGS

alendronate

GASTROINTESTINAL

AGENTS

H-2 ANTAGONISTS

famotidine
ranitidine

PROTON PUMP INHIBITORS

(**Prior Authorization Required-Must try/
fail OTC product prior to prescription
product coverage)

omeprazole
pantoprazole

MISC. ULCER

dicyclomine
misoprostol
sucralfate
PREVPAC® ***

MUSCULOSKELETAL

AGENTS

NSAIDS

diclofenac
etodolac
ibuprofen
indomethacin
ketorolac
meloxicam
nabumetone
naproxen
oxaprozin
piroxicam
sulindac

RESPIRATORY AGENTS

ALLERGY-NASAL

flunisolide
fluticasone

simvastatin

ANTI ASTHMATICS

albuterol nebulization
albuterol/ ipratropium neb
ipratropium nebulization
theophylline

***The following respiratory

medications are available

only with prior authorization.

ADVAIR® ***

ATROVENT® HFA ***

COMBIVENT® ***

FLOVENT® HFA***

FORADIL® ***

PULMICORT® ***

SPIRIVA® ***

SYMBICORT® ***

VENTOLIN® HFA ***

UROLOGICAL MEDICATIONS

ANTICHOLINERGICS/

ANTISPASMODICS

flavoxate
hyoscyamine subl
oxybutynin

BENIGN PROSTATIC

HYPERTROPHY DRUGS

doxazosin
finasteride
tamsulosin
terazosin

nortriptyline

APPENDIX VII
MCHD HCAP FORMULARY

AGENDA ITEM # 20

Board Mtg.: 5/26/20

Montgomery County Hospital District Financial Dashboard for April 2020 (dollars expressed in 000's)

	Apr 2020	Apr 2019	Var	Var %
Cash and Investments	54,343	60,454	(6,111)	-10.1%

Legend	
Green	Favorable Variance
Red	Unfavorable Variance

Income Statement	April 2020				Year to Date			
	Act	Bud	Var	Var %	Act	Bud	Var	Var %
Revenue								
Tax Revenue	233	313	(80)	-25.7%	33,805	33,764	41	0.1%
EMS Net Revenue	861	1,306	(445)	-34.1%	8,825	9,275	(450)	-4.9%
Other Revenue	1,633	1,366	267	19.6%	4,013	3,967	46	1.2%
Total Revenue	2,727	2,985	(258)	-8.6%	46,643	47,006	(363)	-0.8%
Expenses								
Payroll	3,083	3,028	56	1.8%	21,393	21,322	71	0.3%
Operating	1,198	1,258	(60)	-4.8%	7,314	7,802	(489)	-6.3%
Indigent Healthcare	431	413	18	4.2%	2,868	2,894	(25)	-0.9%
Total Operating Expenses	4,713	4,699	13	0.3%	31,575	32,018	(443)	-1.4%
Capital	72	101	(29)	-28.5%	3,755	3,835	(79)	-2.1%
Total Expenditures	4,785	4,801	(16)	-0.3%	35,330	35,852	(522)	-1.5%
Revenue Over / (Under) Expenses	(2,058)	(1,815)	(242)	-13.4%	11,312	11,154	158	1.4%

Tax Revenue: Year-to-date, Tax Revenue is greater than budget by \$41k or 0.1%. Of the total annual Tax Revenue budget, 97.64% has been collected. The monthly Tax Revenue budget is allocated based on a rolling three-year average.

EMS Net Revenue: Year-to-date, EMS Revenue is \$450k under budget. Most of this shortfall occurred in April when actual billable trips were 744 less than projected in the budget as a result of the COVID-19 Pandemic.

Other Revenue: Year-to-date, Other Revenue is \$46k more than budgeted. MCHD received unexpected CARES Act funding and an insurance settlement for flood damage at Station 31. The Texas Mutual dividend came earlier than expected creating a timing difference, and the Tobacco Settlement was more than budgeted. These overages are offset by revenue being less than expected for Investment Income, Community Paramedicine, and Education/Training Revenue. A timing difference created a negative variance in Contract Revenue (Net), but year-to-date will line up in May.

Payroll: Overall, Payroll Expenses are \$71k greater than budget year-to-date primarily due to increased health insurance claims.

Operating Expenses: Operating Expenses are under budget year-to-date by \$489k with most variances being due to timing. Fuel is the largest variance at \$184k under budget. For much of the first half of the year, fuel prices were less than expected.

Indigent Care Expenses: Indigent Care Expenses are under budget by \$25k year-to-date.

Capital: Capital Equipment is under budget primarily due to better pricing than expected for the Exacom project and timing.

Montgomery County Hospital District Balance Sheet

As of April 30, 2020

		Fund 10
		04/30/2020
ASSETS		
Cash and Equivalents		
10-000-10100	Petty Cash-Adm.-BS	\$1,950.00
10-000-11401	Operating Account-WF-BS	\$1,764,841.67
10-000-12400	Investments-MMA-BS	\$2,037,261.77
10-000-12500	Investments-MMDA-BS	\$5,086,141.94
10-000-13100	Texpool-District-BS	\$6,237,175.79
10-000-13300	Investments-WF Bank-BS	\$16,807,832.12
10-000-13400	Texstar Investment Pool-BS	\$6,226,416.82
10-000-13450	Investments-CDARS-BS	\$2,030,395.01
10-000-13500	Investments - BS	\$14,150,772.52
Total Cash and Equivalents		<u>\$54,342,787.64</u>
Receivables		
10-000-14100	A/R-EMS Billings-BS	\$8,650,591.09
10-000-14200	Allowance for Bad Debts-BS	(\$4,605,781.42)
10-000-14300	A/R-Other-BS	\$569,186.45
10-000-14305	A/R Employee-BS	\$1,686.37
10-000-14525	Receivable from Component Unit-BS	\$322,460.12
10-000-14700	Taxes Receivable-BS	\$1,902,592.77
10-000-14750	Allowance for bad debt-tax rev-BS	(\$500,748.23)
Total Receivables		<u>\$6,339,987.15</u>
Other Assets		
10-000-14900	Prepaid Expenses-BS	\$176,788.76
10-000-15000	Inventory-BS	\$867,914.61
Total Other Assets		<u>\$1,044,703.37</u>
TOTAL ASSETS		<u>\$61,727,478.16</u>
LIABILITIES		
Current Liabilities		
10-000-20500	Accounts Payable-BS	\$228,713.97
10-000-20600	Accounts Payable-Other-BS	\$8,762.83
10-000-21000	Accrued Expenditures-BS	\$1,113,235.49
10-000-21400	Accrued Payroll-BS	\$420,464.55
10-000-21525	P/R-United Way Deductions-BS	\$5,284.44
10-000-21585	P/R-Flexible Spending-BS-BS	\$352.08
10-000-21590	P/R-Premium Cancer/Accident-BS	\$4,251.30
10-000-21595	P/R-Health Savings-BS-BS	\$8,397.51
10-000-21600	Employee Deferred Comp.-BS	\$11,863.37
10-000-21650	TCDRS Defined Benefit Plan-BS	\$481,633.46
Total Current Liabilities		<u>\$2,282,959.00</u>
Deferred Liabilities		
10-000-23000	Deferred Tax Revenue-BS	\$1,401,844.54
10-000-23200	Deferred Revenue-BS	\$442,442.00
Total Deferred Liabilities		<u>\$1,844,286.54</u>
TOTAL LIABILITIES		<u>\$4,127,245.54</u>

Montgomery County Hospital District Balance Sheet

As of April 30, 2020

		Fund 10
		04/30/2020
CAPITAL		
10-000-30225	Assigned - Open Purchase Orders-BS	\$558,020.45
10-000-30400	Nonspendable - Inventory-BS	\$867,914.61
10-000-30700	Nonspendable - Prepaids-BS	\$176,788.76
10-000-32001	Committed - Uncompensated Care-BS	\$7,500,000.00
10-000-32002	Committed - Capital Replacement-BS	\$1,900,000.00
10-000-32003	Committed - Capital Maintenance-BS	\$100,000.00
10-000-32004	Committed - Catastrophic Events-BS	\$5,000,000.00
10-000-39000	Unassigned Fund Balance-MCHD-BS	\$41,497,508.80
TOTAL CAPITAL		\$57,600,232.62
TOTAL LIABILITIES AND CAPITAL		\$61,727,478.16

Montgomery County Hospital District
Preliminary Income Statement - Actual vs. Budget
For the Period Ended April 30, 2020

	Current Month Actual	Current Month Budget	Current Month Variance	YTD Actual	YTD Budget	YTD Variance	Total Annual Budget	%YTD Annual Budget	Annual Budget Remaining
Revenue									
Tax Revenue									
Tax Revenue	\$198,384.55	\$242,750.00	(\$44,365.45)	\$33,553,856.79	\$33,315,205.00	\$238,651.79	\$33,937,317.00	98.87 %	\$383,460.21
Delinquent Tax Revenue	\$13,214.38	\$33,870.00	(\$20,655.62)	\$100,550.97	\$272,560.00	(\$172,009.03)	\$381,365.00	26.37 %	\$280,814.03
Penalties and Interest	\$21,246.19	\$36,689.00	(\$15,442.81)	\$141,379.34	\$176,641.00	(\$35,261.66)	\$304,922.00	46.37 %	\$163,542.66
Miscellaneous Tax Revenue	\$0.00	\$0.00	\$0.00	\$9,403.76	\$0.00	\$9,403.76	\$0.00	0.00 %	(\$9,403.76)
Total	\$232,845.12	\$313,309.00	(\$80,463.88)	\$33,805,190.86	\$33,764,406.00	\$40,784.86	\$34,623,604.00	97.64 %	\$818,413.14
EMS Net Revenue									
Advanced Life Support Revenue	\$1,517,539.14	\$2,002,794.00	(\$485,254.86)	\$13,862,376.08	\$14,219,838.00	(\$357,461.92)	\$24,434,088.00	56.73 %	\$10,571,711.92
Basic Life Support Revenue	\$287,019.17	\$357,192.00	(\$70,172.83)	\$2,503,417.87	\$2,536,066.00	(\$32,648.13)	\$4,357,747.00	57.45 %	\$1,854,329.13
Transfer Service Fees	\$195,380.24	\$258,193.00	(\$62,812.76)	\$1,651,797.55	\$1,833,168.00	(\$181,370.45)	\$3,149,951.00	52.44 %	\$1,498,153.45
Non-Transport Fees	\$46,500.00	\$21,969.00	\$24,531.00	\$177,613.31	\$155,979.00	\$21,634.31	\$268,020.00	66.27 %	\$90,406.69
Contractual Allowance	(\$585,137.93)	(\$663,477.00)	\$78,339.07	(\$4,775,544.32)	(\$4,710,688.00)	(\$64,856.32)	(\$8,094,421.00)	59.00 %	(\$3,318,876.68)
Provision for Bad Debt	(\$617,395.44)	(\$699,439.00)	\$82,043.56	(\$4,744,042.67)	(\$4,966,018.00)	\$221,975.33	(\$8,533,158.00)	55.60 %	(\$3,789,115.33)
Recovery of Bad Debt - EMS	\$17,559.88	\$29,099.00	(\$11,539.12)	\$149,281.65	\$206,608.00	(\$57,326.35)	\$355,016.00	42.05 %	\$205,734.35
Total EMS Net Revenue	\$861,465.06	\$1,306,331.00	(\$444,865.94)	\$8,824,899.47	\$9,274,953.00	(\$450,053.53)	\$15,937,243.00	55.37 %	\$7,112,343.53
Other Revenue									
Investment Income - MCHD	\$49,462.27	\$82,756.00	(\$33,293.73)	\$492,512.83	\$605,010.00	(\$112,497.17)	\$941,572.00	52.31 %	\$449,059.17
Interest Income	\$1,116.02	\$906.00	\$210.02	\$6,937.35	\$6,567.00	\$370.35	\$10,937.00	63.43 %	\$3,999.65
Tobacco Settlement Proceeds	\$739,419.56	\$600,000.00	\$139,419.56	\$739,419.56	\$600,000.00	\$139,419.56	\$600,000.00	123.24 %	(\$139,419.56)
Weyland Bldg. Land Lease	(\$0.49)	\$0.00	(\$0.49)	\$16,531.02	\$16,532.00	(\$0.98)	\$33,064.00	50.00 %	\$16,532.98
Miscellaneous Income	\$459,868.73	\$340,878.34	\$118,990.39	\$712,596.13	\$386,678.34	\$325,917.79	\$541,288.34	131.65 %	(\$171,307.79)
Rx Discount Card Royalties	\$93.00	\$190.00	(\$97.00)	\$581.50	\$1,330.00	(\$748.50)	\$2,280.00	25.50 %	\$1,698.50
Tenant Rent Income	\$7,499.80	\$7,750.00	(\$250.20)	\$52,498.60	\$54,250.00	(\$1,751.40)	\$93,000.00	56.45 %	\$40,501.40
P.A. Processing Fees	\$0.00	\$233.00	(\$233.00)	\$1,360.00	\$1,631.00	(\$271.00)	\$2,796.00	48.64 %	\$1,436.00
Contract Revenue (Net)	\$0.00	\$56,376.00	(\$56,376.00)	\$103,601.86	\$158,925.00	(\$55,323.14)	\$180,575.00	57.37 %	\$76,973.14
1115 Waiver - Paramedicine	\$186,900.00	\$110,000.00	\$76,900.00	\$553,900.00	\$770,000.00	(\$216,100.00)	\$1,320,000.00	41.96 %	\$766,100.00

Montgomery County Hospital District
Preliminary Income Statement - Actual vs. Budget
For the Period Ended April 30, 2020

	Current Month Actual	Current Month Budget	Current Month Variance	YTD Actual	YTD Budget	YTD Variance	Total Annual Budget	%YTD Annual Budget	Annual Budget Remaining
Education/Training Revenue	(\$200.00)	\$17,750.00	(\$17,950.00)	\$136,181.44	\$178,950.00	(\$42,768.56)	\$288,700.00	47.17 %	\$152,518.56
Stand-By Fees	\$0.00	\$6,148.00	(\$6,148.00)	\$47,970.00	\$43,647.00	\$4,323.00	\$74,999.00	63.96 %	\$27,029.00
EMS - Trauma Fund Income	\$0.00	\$0.00	\$0.00	\$30,317.00	\$25,000.00	\$5,317.00	\$25,000.00	121.27 %	(\$5,317.00)
Ambulance Supplemental Payment Program	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$500,000.00	0.00 %	\$500,000.00
Management Fee Revenue	\$8,333.33	\$8,333.00	\$0.33	\$58,333.31	\$58,333.00	\$0.31	\$100,000.00	58.33 %	\$41,666.69
Employee Medical Premiums	\$139,956.83	\$94,494.00	\$45,462.83	\$718,031.18	\$702,211.00	\$15,820.18	\$1,221,928.00	58.76 %	\$503,896.82
Dispatch Fees	\$7,635.00	\$7,000.00	\$635.00	\$53,577.00	\$49,000.00	\$4,577.00	\$222,438.00	24.09 %	\$168,861.00
MDC Revenue - First Responders	\$0.00	\$0.00	\$0.00	\$74,954.00	\$73,750.00	\$1,204.00	\$99,500.00	75.33 %	\$24,546.00
Inter Local 800 Mhz	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$180,000.00	0.00 %	\$180,000.00
VHF Project Revenue	\$10,012.17	\$10,012.00	\$0.17	\$69,861.89	\$69,862.00	(\$0.11)	\$120,084.00	58.18 %	\$50,222.11
Tower Contract Revenue	\$22,908.08	\$22,909.00	(\$0.92)	\$143,571.26	\$160,050.00	(\$16,478.74)	\$275,566.00	52.10 %	\$131,994.74
Gain/Loss on Sale of Assets	\$0.00	\$0.00	\$0.00	\$0.00	\$5,000.00	(\$5,000.00)	\$30,000.00	0.00 %	\$30,000.00
Total Other Revenue	\$1,633,004.30	\$1,365,735.34	\$267,268.96	\$4,012,735.93	\$3,966,726.34	\$46,009.59	\$6,863,727.34	58.46 %	\$2,850,991.41
Total Revenues	\$2,727,314.48	\$2,985,375.34	(\$258,060.86)	\$46,642,826.26	\$47,006,085.34	(\$363,259.08)	\$57,424,574.34	81.22 %	\$10,781,748.08
Expenses									
Payroll Expenses									
Regular Pay	\$1,960,891.10	\$1,879,123.00	\$81,768.10	\$12,992,162.64	\$13,093,991.00	(\$101,828.36)	\$22,613,460.00	57.45 %	\$9,621,297.36
Overtime Pay	\$282,396.36	\$194,824.00	\$87,572.36	\$1,679,616.27	\$1,362,650.00	\$316,966.27	\$2,356,249.00	71.28 %	\$676,632.73
Paid Time Off	\$103,092.07	\$201,609.00	(\$98,516.93)	\$1,244,070.61	\$1,465,355.00	(\$221,284.39)	\$2,621,601.00	47.45 %	\$1,377,530.39
Stipend Pay	\$21,077.20	\$18,967.00	\$2,110.20	\$133,674.22	\$132,985.00	\$689.22	\$227,820.00	58.68 %	\$94,145.78
Payroll Taxes	\$172,341.36	\$175,532.00	(\$3,190.64)	\$1,146,270.31	\$1,228,201.00	(\$81,930.69)	\$2,128,161.00	53.86 %	\$981,890.69
TCDRS Plan	\$154,356.40	\$150,063.00	\$4,293.40	\$1,052,395.53	\$1,043,101.00	\$9,294.53	\$1,812,483.00	58.06 %	\$760,087.47
Health & Dental	\$45,390.51	\$52,755.00	(\$7,364.49)	\$481,494.43	\$511,694.00	(\$30,199.57)	\$775,469.00	62.09 %	\$293,974.57
Health Insurance Claims	\$280,040.05	\$293,921.00	(\$13,880.95)	\$2,230,269.81	\$2,057,447.00	\$172,822.81	\$3,527,052.00	63.23 %	\$1,296,782.19
Health Insurance Admin Fees	\$63,899.22	\$60,894.00	\$3,005.22	\$433,030.89	\$426,258.00	\$6,772.89	\$730,728.00	59.26 %	\$297,697.11
Total	\$3,083,484.27	\$3,027,688.00	\$55,796.27	\$21,392,984.71	\$21,321,682.00	\$71,302.71	\$36,793,023.00	58.14 %	\$15,400,038.29

Montgomery County Hospital District
Preliminary Income Statement - Actual vs. Budget
For the Period Ended April 30, 2020

	Current Month Actual	Current Month Budget	Current Month Variance	YTD Actual	YTD Budget	YTD Variance	Total Annual Budget	%YTD Annual Budget	Annual Budget Remaining
Operating Expenses									
Unemployment Expense	(\$8,400.00)	\$4,200.00	(\$12,600.00)	(\$8,354.38)	\$29,400.00	(\$37,754.38)	\$50,400.00	(16.58)%	\$58,754.38
Accident Repair	\$746.93	\$750.00	(\$3.07)	\$17,579.37	\$17,575.00	\$4.37	\$30,000.00	58.60 %	\$12,420.63
Accounting/Auditing Fees	\$0.00	\$0.00	\$0.00	\$33,500.00	\$28,700.00	\$4,800.00	\$43,700.00	76.66 %	\$10,200.00
Advertising	\$0.00	\$425.00	(\$425.00)	\$435.92	\$2,400.00	(\$1,964.08)	\$5,450.00	8.00 %	\$5,014.08
Bank Charges	\$1,266.96	\$1,000.00	\$266.96	\$2,662.35	\$7,000.00	(\$4,337.65)	\$12,000.00	22.19 %	\$9,337.65
Credit Card Processing Fee	\$886.65	\$1,720.00	(\$833.35)	\$11,550.43	\$12,265.00	(\$714.57)	\$22,740.00	50.79 %	\$11,189.57
Bio-Waste Removal	\$2,578.93	\$2,967.00	(\$388.07)	\$15,047.75	\$19,519.00	(\$4,471.25)	\$33,354.00	45.12 %	\$18,306.25
Books/Materials	\$665.72	\$1,350.00	(\$684.28)	\$28,236.98	\$28,280.00	(\$43.02)	\$56,573.00	49.91 %	\$28,336.02
Business Licenses	\$2,087.00	\$2,380.00	(\$293.00)	\$21,621.25	\$20,120.00	\$1,501.25	\$44,065.00	49.07 %	\$22,443.75
Capital Lease Expense	\$39,937.56	\$39,937.00	\$0.56	\$278,053.02	\$278,052.00	\$1.02	\$390,979.00	71.12 %	\$112,925.98
Collection Fees	\$4,901.86	\$13,100.00	(\$8,198.14)	\$49,851.71	\$62,600.00	(\$12,748.29)	\$128,100.00	38.92 %	\$78,248.29
Community Education	\$94.99	\$400.00	(\$305.01)	\$5,718.95	\$6,553.00	(\$834.05)	\$16,780.00	34.08 %	\$11,061.05
Computer Maintenance	\$12,715.26	\$12,800.00	(\$84.74)	\$351,477.40	\$355,850.00	(\$4,372.60)	\$471,150.00	74.60 %	\$119,672.60
Computer Software	\$73,255.71	\$93,050.00	(\$19,794.29)	\$507,191.64	\$510,596.00	(\$3,404.36)	\$1,341,821.00	37.80 %	\$834,629.36
Computer Software - MDC First Responder	\$2,484.81	\$2,500.00	(\$15.19)	\$35,267.92	\$37,500.00	(\$2,232.08)	\$55,200.00	63.89 %	\$19,932.08
Computer Supplies/Non-Cap.	\$7,075.53	\$7,300.00	(\$224.47)	\$24,790.96	\$26,584.07	(\$1,793.11)	\$43,101.07	57.52 %	\$18,310.11
Conferences - Fees, Travel, & Meals	(\$7,579.66)	\$27,717.00	(\$35,296.66)	\$75,269.16	\$136,219.00	(\$60,949.84)	\$215,244.00	34.97 %	\$139,974.84
Contractual Obligations- County Appraisal	\$0.00	\$0.00	\$0.00	\$144,410.28	\$142,848.00	\$1,562.28	\$285,696.00	50.55 %	\$141,285.72
Contractual Obligations- Tax Collector Assess	\$12.04	\$0.00	\$12.04	\$85,145.11	\$78,673.00	\$6,472.11	\$78,673.00	108.23 %	(\$6,472.11)
Contractual Obligations- Other	\$15,788.78	\$19,646.00	(\$3,857.22)	\$118,625.93	\$135,542.00	(\$16,916.07)	\$238,851.00	49.67 %	\$120,225.07
Customer Property Damage	\$0.00	\$145.00	(\$145.00)	\$8,751.96	\$8,925.00	(\$173.04)	\$13,462.00	65.01 %	\$4,710.04
Customer Relations	\$5,081.70	\$4,990.00	\$91.70	\$37,903.90	\$32,690.00	\$5,213.90	\$62,120.00	61.02 %	\$24,216.10
Damages/Uninsured Portion	\$1,839.75	\$0.00	\$1,839.75	\$129,438.29	\$0.00	\$129,438.29	\$0.00	0.00 %	(\$129,438.29)
Disposable Linen	\$9,830.40	\$2,585.00	\$7,245.40	\$44,246.33	\$33,971.00	\$10,275.33	\$46,896.00	94.35 %	\$2,649.67
Disposable Medical Supplies	\$113,822.05	\$80,600.00	\$33,222.05	\$654,848.66	\$638,583.88	\$16,264.78	\$1,041,561.88	62.87 %	\$386,713.22
Drug Supplies	\$28,021.85	\$24,698.00	\$3,323.85	\$152,110.68	\$160,824.00	(\$8,713.32)	\$284,320.00	53.50 %	\$132,209.32
Dues/Subscriptions	\$178.08	\$3,196.00	(\$3,017.92)	\$39,702.67	\$40,937.00	(\$1,234.33)	\$58,415.00	67.97 %	\$18,712.33
Durable Medical Equipment	\$21,707.37	\$24,852.00	(\$3,144.63)	\$179,824.08	\$178,598.12	\$1,225.96	\$292,736.12	61.43 %	\$112,912.04

Montgomery County Hospital District
Preliminary Income Statement - Actual vs. Budget
For the Period Ended April 30, 2020

	Current Month Actual	Current Month Budget	Current Month Variance	YTD Actual	YTD Budget	YTD Variance	Total Annual Budget	%YTD Annual Budget	Annual Budget Remaining
Employee Health\Wellness	\$807.84	\$1,375.00	(\$567.16)	\$13,883.55	\$19,625.00	(\$5,741.45)	\$26,500.00	52.39 %	\$12,616.45
Employee Recognition	\$1,440.72	\$2,753.00	(\$1,312.28)	\$62,450.01	\$63,126.00	(\$675.99)	\$113,471.00	55.04 %	\$51,020.99
Equipment Rental	\$831.65	\$1,250.00	(\$418.35)	\$5,397.71	\$6,050.00	(\$652.29)	\$14,300.00	37.75 %	\$8,902.29
Fluids & Additives - Auto	\$2,123.41	\$1,670.00	\$453.41	\$3,124.41	\$6,670.00	(\$3,545.59)	\$15,000.00	20.83 %	\$11,875.59
Fuel - Auto	\$35,138.88	\$72,850.00	(\$37,711.12)	\$326,378.15	\$509,924.00	(\$183,545.85)	\$874,174.00	37.34 %	\$547,795.85
Fuel - Non-Auto	\$0.00	\$0.00	\$0.00	\$1,085.00	\$1,100.00	(\$15.00)	\$4,500.00	24.11 %	\$3,415.00
Hazardous Waste Removal	\$254.30	\$198.00	\$56.30	\$944.65	\$1,020.00	(\$75.35)	\$1,920.00	49.20 %	\$975.35
Insurance	\$188,769.00	\$147,626.00	\$41,143.00	\$327,622.98	\$328,226.00	(\$603.02)	\$566,601.00	57.82 %	\$238,978.02
Interest Expense	\$601.42	\$601.00	\$0.42	\$5,719.84	\$5,723.00	(\$3.16)	\$7,785.00	73.47 %	\$2,065.16
Laundry Service & Purchase	\$113.74	\$265.00	(\$151.26)	\$1,177.91	\$1,675.00	(\$497.09)	\$3,000.00	39.26 %	\$1,822.09
Leases/Contracts	\$3,543.12	\$6,000.00	(\$2,456.88)	\$38,551.55	\$42,000.00	(\$3,448.45)	\$82,300.00	46.84 %	\$43,748.45
Legal Fees	\$7,148.00	\$9,000.00	(\$1,852.00)	\$60,741.83	\$63,010.00	(\$2,268.17)	\$109,000.00	55.73 %	\$48,258.17
Maintenance & Repairs-Buildings	\$29,731.60	\$36,775.00	(\$7,043.40)	\$220,593.60	\$278,027.16	(\$57,433.56)	\$463,682.16	47.57 %	\$243,088.56
Maintenance- Equipment	\$50,390.45	\$51,450.00	(\$1,059.55)	\$365,137.58	\$370,286.00	(\$5,148.42)	\$651,471.00	56.05 %	\$286,333.42
Management Fees	\$9,694.00	\$5,396.00	\$4,298.00	\$116,642.37	\$105,144.00	\$11,498.37	\$132,120.00	88.29 %	\$15,477.63
Meals - Business and Travel	\$217.82	\$194.00	\$23.82	\$614.09	\$845.00	(\$230.91)	\$3,735.00	16.44 %	\$3,120.91
Meeting Expenses	\$2,102.09	\$2,645.00	(\$542.91)	\$15,199.77	\$16,118.00	(\$918.23)	\$27,413.00	55.45 %	\$12,213.23
Mileage Reimbursements	\$76.78	\$1,667.00	(\$1,590.22)	\$2,311.02	\$5,213.00	(\$2,901.98)	\$14,194.00	16.28 %	\$11,882.98
Office Supplies	\$661.98	\$996.00	(\$334.02)	\$9,824.58	\$10,377.00	(\$552.42)	\$16,322.00	60.19 %	\$6,497.42
Oil & Lubricants	\$1,850.22	\$2,200.00	(\$349.78)	\$16,153.45	\$16,500.00	(\$346.55)	\$27,600.00	58.53 %	\$11,446.55
Other Services	\$271.44	\$1,910.00	(\$1,638.56)	\$26,693.82	\$37,970.00	(\$11,276.18)	\$121,320.00	22.00 %	\$94,626.18
Other Services - DSRIP	\$0.00	\$0.00	\$0.00	\$154,063.16	\$154,064.00	(\$0.84)	\$1,247,575.00	12.35 %	\$1,093,511.84
Oxygen & Gases	\$4,024.17	\$4,552.00	(\$527.83)	\$43,727.79	\$29,084.48	\$14,643.31	\$52,152.48	83.85 %	\$8,424.69
Postage	\$1,715.40	\$2,035.00	(\$319.60)	\$15,787.59	\$16,308.00	(\$520.41)	\$27,084.00	58.29 %	\$11,296.41
Printing Services	\$412.51	\$915.00	(\$502.49)	\$5,548.47	\$5,856.52	(\$308.05)	\$19,159.52	28.96 %	\$13,611.05
Professional Fees	\$118,926.10	\$104,998.00	\$13,928.10	\$688,397.35	\$723,101.00	(\$34,703.65)	\$1,838,862.20	37.44 %	\$1,150,464.85
Radio Repairs - Outsourced (Depot)	\$680.08	\$4,550.00	(\$3,869.92)	\$13,208.60	\$16,539.00	(\$3,330.40)	\$39,900.00	33.10 %	\$26,691.40
Radio Repair - Parts	\$856.78	\$6,150.00	(\$5,293.22)	\$15,079.45	\$20,925.00	(\$5,845.55)	\$63,400.00	23.78 %	\$48,320.55
Radios	\$142,220.48	\$147,700.00	(\$5,479.52)	\$142,220.48	\$147,700.00	(\$5,479.52)	\$151,000.00	94.19 %	\$8,779.52
Recruit/Investigate	\$4,120.04	\$2,890.00	\$1,230.04	\$35,071.49	\$35,545.00	(\$473.51)	\$61,350.00	57.17 %	\$26,278.51

Montgomery County Hospital District
Preliminary Income Statement - Actual vs. Budget
For the Period Ended April 30, 2020

	Current Month Actual	Current Month Budget	Current Month Variance	YTD Actual	YTD Budget	YTD Variance	Total Annual Budget	%YTD Annual Budget	Annual Budget Remaining
Rent	\$18,477.21	\$17,177.00	\$1,300.21	\$119,141.47	\$120,235.00	(\$1,093.53)	\$206,117.00	57.80 %	\$86,975.53
Repair-Equipment	\$2,718.00	\$650.00	\$2,068.00	\$18,264.71	\$15,233.00	\$3,031.71	\$37,000.00	49.36 %	\$18,735.29
Shop Tools	\$1,610.30	\$2,623.00	(\$1,012.70)	\$5,448.52	\$7,094.00	(\$1,645.48)	\$17,666.00	30.84 %	\$12,217.48
Shop Supplies	\$4,812.42	\$4,870.00	(\$57.58)	\$23,906.72	\$28,473.94	(\$4,567.22)	\$50,843.94	47.02 %	\$26,937.22
Small Equipment & Furniture	\$74,410.74	\$75,757.00	(\$1,346.26)	\$285,641.50	\$286,426.45	(\$784.95)	\$657,748.45	43.43 %	\$372,106.95
Special Events Supplies	\$118.18	\$1,000.00	(\$881.82)	\$118.18	\$1,250.00	(\$1,131.82)	\$3,350.00	3.53 %	\$3,231.82
Station Supplies	\$19,429.78	\$5,702.00	\$13,727.78	\$54,798.62	\$40,600.10	\$14,198.52	\$70,610.10	77.61 %	\$15,811.48
Supplemental Food	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,000.00	0.00 %	\$3,000.00
Telephones-Cellular	\$10,236.51	\$9,178.00	\$1,058.51	\$52,888.42	\$57,592.00	(\$4,703.58)	\$97,648.00	54.16 %	\$44,759.58
Telephones-Service	\$17,153.55	\$16,770.00	\$383.55	\$110,209.86	\$117,390.00	(\$7,180.14)	\$201,240.00	54.77 %	\$91,030.14
Training/Related Expenses-CE	\$6,195.50	\$34,144.00	(\$27,948.50)	\$70,839.24	\$132,683.00	(\$61,843.76)	\$239,498.00	29.58 %	\$168,658.76
Tuition Reimbursement	\$0.00	\$850.00	(\$850.00)	\$34,869.76	\$35,450.00	(\$580.24)	\$54,450.00	64.04 %	\$19,580.24
Travel Expenses	\$10.00	\$3,458.00	(\$3,448.00)	\$4,268.20	\$8,370.00	(\$4,101.80)	\$17,460.00	24.45 %	\$13,191.80
Uniforms	\$26,552.96	\$15,351.00	\$11,201.96	\$131,663.80	\$157,061.46	(\$25,397.66)	\$342,423.46	38.45 %	\$210,759.66
Utilities	\$37,009.55	\$34,460.00	\$2,549.55	\$253,995.60	\$243,140.00	\$10,855.60	\$419,360.00	60.57 %	\$165,364.40
Vehicle-Batteries	(\$26.24)	\$1,730.00	(\$1,756.24)	\$4,557.63	\$7,305.00	(\$2,747.37)	\$17,310.00	26.33 %	\$12,752.37
Vehicle-Outside Services	\$249.00	\$2,050.00	(\$1,801.00)	\$1,543.00	\$4,130.00	(\$2,587.00)	\$14,400.00	10.72 %	\$12,857.00
Vehicle-Parts	\$38,985.15	\$36,415.00	\$2,570.15	\$232,423.28	\$239,191.47	(\$6,768.19)	\$421,276.47	55.17 %	\$188,853.19
Vehicle-Registration	\$211.13	\$217.00	(\$5.87)	\$1,393.89	\$1,405.00	(\$11.11)	\$2,496.00	55.85 %	\$1,102.11
Vehicle-Tires	\$2,084.12	\$2,500.00	(\$415.88)	\$31,198.68	\$32,500.00	(\$1,301.32)	\$60,000.00	52.00 %	\$28,801.32
Vehicle-Towing	\$476.00	\$520.00	(\$44.00)	\$2,727.50	\$2,820.00	(\$92.50)	\$5,400.00	50.51 %	\$2,672.50
Worker's Compensation Insurance	(\$75.14)	\$0.00	(\$75.14)	\$95,608.01	\$195,396.00	(\$99,787.99)	\$390,792.00	24.47 %	\$295,183.99
Total Operating Expenses	\$1,198,363.01	\$1,258,341.00	(\$59,977.99)	\$7,313,767.16	\$7,802,303.65	(\$488,536.49)	\$15,470,368.85	47.28 %	\$8,156,601.69
Indigent Care Expenses									
1115 Medicaid Waiver - Uncompensated Care	\$210,239.00	\$210,239.00	\$0.00	\$1,363,608.00	\$1,471,676.00	(\$108,068.00)	\$2,522,874.00	54.05 %	\$1,159,266.00
Specialty Healthcare Providers	\$220,670.88	\$203,165.00	\$17,505.88	\$1,504,877.99	\$1,422,157.00	\$82,720.99	\$2,437,984.00	61.73 %	\$933,106.01
Total Indigent Care Expenses	\$430,909.88	\$413,404.00	\$17,505.88	\$2,868,485.99	\$2,893,833.00	(\$25,347.01)	\$4,960,858.00	57.82 %	\$2,092,372.01

Capital Expenditures

Montgomery County Hospital District
Preliminary Income Statement - Actual vs. Budget
For the Period Ended April 30, 2020

	Current Month Actual	Current Month Budget	Current Month Variance	YTD Actual	YTD Budget	YTD Variance	Total Annual Budget	%YTD Annual Budget	Annual Budget Remaining
Capital Purchases - Land	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$500,000.00	0.00 %	\$500,000.00
Capital Purchase - Building/Improvements	\$20,714.53	\$20,715.00	(\$0.47)	\$118,061.18	\$104,671.00	\$13,390.18	\$1,679,987.00	7.03 %	\$1,561,925.82
Capital Purchase - Equipment	\$51,739.15	\$80,645.00	(\$28,905.85)	\$977,822.76	\$1,087,061.05	(\$109,238.29)	\$1,579,511.05	61.91 %	\$601,688.29
Capital Purchase - Vehicles	\$0.00	\$0.00	\$0.00	\$2,659,588.16	\$2,642,934.40	\$16,653.76	\$5,027,349.40	52.90 %	\$2,367,761.24
Total Capital Expenditures	\$72,453.68	\$101,360.00	(\$28,906.32)	\$3,755,472.10	\$3,834,666.45	(\$79,194.35)	\$8,786,847.45	42.74 %	\$5,031,375.35
Total Expenses	\$4,785,210.84	\$4,800,793.00	(\$15,582.16)	\$35,330,709.96	\$35,852,485.10	(\$521,775.14)	\$66,011,097.30	53.52 %	\$30,680,387.34
Revenue over Expenditures	(\$2,057,896.36)	(\$1,815,417.66)	(\$242,478.70)	\$11,312,116.30	\$11,153,600.24	\$158,516.06	(\$8,586,522.96)	(131.74)%	(\$19,898,639.26)
NET SURPLUS/(DEFICIT)	(\$2,057,896.36)	(\$1,815,417.66)	(\$242,478.70)	\$11,312,116.30	\$11,153,600.24	\$158,516.06	(\$8,586,522.96)	(131.74)%	(\$19,898,639.26)

AGENDA ITEM # 20

Board Mtg.: 05/26/2020

Montgomery County Hospital District Accounts Receivable Analysis

Days in Accounts Receivable

	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20
A/R Balance	6,588,489	6,450,198	6,163,452	6,305,831	6,675,173	6,758,938	6,984,884	7,141,184	7,216,254	7,359,415	7,618,273	7,586,280
Total 6-Mo Charges	12,005,066	12,026,817	12,175,806	12,504,472	12,620,582	12,708,785	12,531,047	12,706,994	12,757,738	12,573,259	12,341,021	11,777,165
Avg Charge / Day *	66,695	66,816	67,643	69,469	70,114	70,604	69,617	70,594	70,876	69,851	68,561	65,429
A/R Days	99	97	91	91	95	96	100	101	102	105	111	116

* Beginning in August 2015, A/R Balance excludes liens related to motor vehicle accidents.

** Avg Charge / Day is calculated using the most current six months' charges divided by 180 days.

Accounts Receivable Aging by Dollars

Month	Days							> 90 Days	> 120 Days
	Current	31-60	61-90	91-120	121-180	>180	Total		
May-19	2,031,626	1,126,426	909,814	810,623	786,338	2,017,959	7,682,786	3,614,920	2,804,297
Jun-19	1,943,043	1,189,907	945,934	816,097	617,348	2,021,318	7,533,647	3,454,763	2,638,666
Jul-19	1,922,353	1,078,823	946,261	770,432	546,996	2,011,576	7,276,440	3,329,003	2,558,571
Aug-19	1,934,250	1,065,360	899,067	822,743	570,657	2,066,245	7,358,322	3,459,645	2,636,902
Sep-19	2,035,971	1,105,217	914,586	828,975	767,293	2,081,540	7,733,582	3,677,808	2,848,833
Oct-19	1,973,528	1,142,905	939,437	831,970	756,750	2,169,039	7,813,628	3,757,758	2,925,789
Nov-19	1,946,719	1,136,323	971,634	848,830	909,848	2,217,693	8,031,047	3,976,371	3,127,541
Dec-19	2,033,638	1,068,836	946,139	891,196	1,011,181	2,252,820	8,203,811	4,155,197	3,264,001
Jan-20	2,119,354	1,115,903	880,575	882,200	993,411	2,294,876	8,286,319	4,170,487	3,288,287
Feb-20	1,976,625	1,324,212	900,948	819,088	1,073,739	2,332,842	8,427,453	4,225,668	3,406,581
Mar-20	1,828,205	1,194,264	1,003,977	850,563	1,586,090	2,225,011	8,688,111	4,661,664	3,811,101
Apr-20	1,455,632	1,081,925	914,675	862,569	1,559,477	2,776,220	8,650,498	5,198,266	4,335,698

Accounts Receivable Aging by Percentage

Month	Days							> 90 Days	> 120 Days
	Current	31-60	61-90	91-120	121-180	>180	Total		
May-19	26%	15%	12%	11%	10%	26%	100%	47%	37%
Jun-19	26%	16%	13%	11%	8%	27%	100%	46%	35%
Jul-19	26%	15%	13%	11%	8%	28%	100%	46%	35%
Aug-19	26%	14%	12%	11%	8%	28%	100%	47%	36%
Sep-19	26%	14%	12%	11%	10%	27%	100%	48%	37%
Oct-19	25%	15%	12%	11%	10%	28%	100%	48%	37%
Nov-19	24%	14%	12%	11%	11%	28%	100%	50%	39%
Dec-19	25%	13%	12%	11%	12%	27%	100%	51%	40%
Jan-20	26%	13%	11%	11%	12%	28%	100%	50%	40%
Feb-20	23%	16%	11%	10%	13%	28%	100%	50%	40%
Mar-20	21%	14%	12%	10%	18%	26%	100%	54%	44%
Apr-20	17%	13%	11%	10%	18%	32%	100%	60%	50%

Board Mtg.: 05/26/2020

Payer Mix

Service Mix

[illegible]

AGENDA ITEM # 20

Board Mtg.: 05/26/2020

Montgomery County Hospital District Accounts Payable Analysis

Accounts Payable Aging by Dollars

Month	Current	Days					\$ Total
		31-60	61-90	> 90	Credits	Total	minus Credits
May-19	754,904	-	-	2	(2)	383,121	754,906
Jun-19	425,829	-	-	2	(2)	383,121	425,831
Jul-19	153,541	-	-	2	(2)	516,709	153,543
Aug-19	2,539,779	-	-	2	(2)	456,605	2,539,781
Sep-19	289,334	-	-	2	(2)	564,260	289,336
Oct-19	356,760	-	-	2	(2)	363,090	356,762
Nov-19	125,216	-	-	2	(2)	458,407	125,218
Dec-19	247,657	-	-	2	(2)	295,948	247,659
Jan-20	186,274	-	-	2	(2)	754,904	186,276
Feb-20	309,266	-	-	2	(2)	425,829	309,268
Mar-20	330,272	-	-	2	(2)	425,829	330,274
Apr-20	228,714	-	-	2	(2)	228,714	228,716

Accounts Payable Aging by Percentage without Credits

Month	Current	Days			
		31-60	61-90	> 90	
May-19	100%	0%	0%	0%	0%
Jun-19	100%	0%	0%	0%	0%
Jul-19	100%	0%	0%	0%	0%
Aug-19	100%	0%	0%	0%	0%
Sep-19	100%	0%	0%	0%	0%
Oct-19	100%	0%	0%	0%	0%
Nov-19	100%	0%	0%	0%	0%
Dec-19	100%	0%	0%	0%	0%
Jan-20	100%	0%	0%	0%	0%
Feb-20	100%	0%	0%	0%	0%
Mar-20	100%	0%	0%	0%	0%
Apr-20	100%	0%	0%	0%	0%

AGENDA ITEM # 21

Consider and act on payment of District invoices (Mr. Grice, Treasurer-MCHD Board)

TOTAL FOR
INVOICES

\$ 1,951,940.67

Montgomery County Hospital District
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Vendor Name	Invoice Date	Invoice No.	Payment No.	Payment Date	Invoice Description	Account No.	Account Description	Amount
ACCOMTEMPPS a Robert Half Company	4/1/2020	55312948	104881	4/15/2020	RECEPTIONIST/02/7/20 WEEK ENDING 31.92 HRS	10-025-57100	Professional Fees-Human	\$669.68
						Totals for ACCOMTEMPPS a Robert Half Company:		\$669.68
AEI MEDICAL EQUIPMENT SERVICES LLC	4/2/2020	4412	104882	4/15/2020	MAINTENANCE ON VENTS & CPAPS	10-009-55650	Maintenance- Equipment-Dept	\$2,380.00
						Totals for AEI MEDICAL EQUIPMENT SERVICES LLC:		\$2,380.00
AHMED, RUBINA	4/20/2020	AHM042020	2510	4/22/2020	COVID WARROOM BREAKFAST 3.13.20	10-007-56100	Meeting Expenses-EMS	\$164.45
						Totals for AHMED, RUBINA:		\$164.45
AMAZON.COM LLC	4/1/2020	433695435897	104786	4/8/2020	COPPER BATCH CORDS	10-015-57750	Small Equipment & Furniture-Infor	\$2,498.50
	4/1/2020	975693496883	104786	4/8/2020	OFFICE SUPPLIES	10-008-56300	Office Supplies-Suppl	\$59.97
	4/1/2020	973473359639	104786	4/8/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$89.99
	4/1/2020	946547773938	104786	4/8/2020	WIRELESS PRESENTER	10-015-57750	Small Equipment & Furniture-Infor	\$26.99
	4/1/2020	943853757837	104786	4/8/2020	STIPPLE SPONG LARGE PORE	10-009-52600	Books/Materials-Dept	\$132.00
	4/1/2020	935993569456	104786	4/8/2020	COMPUTER SUPPLIES	10-015-53100	Computer Supplies/Non-Cap.-Infor	\$335.65
	4/1/2020	886548997499	104786	4/8/2020	SUNN HEALTH & FITNESS MAGNETIC ELLIPTICAL	10-016-57750	Small Equipment & Furniture-Facil	\$820.65
	4/1/2020	878694654974	104786	4/8/2020	10" GEL MEMORY FORM MATTRESS	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$129.69
	4/1/2020	863393598995	104786	4/8/2020	BATTERY EQUALIZER	10-010-59050	Vehicle-Parts-Fleet	\$161.40
	4/1/2020	474896696844	104786	4/8/2020	BOOTS/UNIFORMS	10-007-58700	Uniforms-EMS	\$139.99
	4/1/2020	459478958985	104786	4/8/2020	SHOP TOOLS	10-010-57700	Shop Tools-Fleet	\$11.99
	4/1/2020	546746437996	104787	4/8/2020	PORTABLE EXTERNAL HARD DRIVE	10-001-52950	Community Education-Admin	\$94.99
	4/1/2020	454349564334	104787	4/8/2020	BOOTS/UNIFORMS	10-007-58700	Uniforms-EMS	\$79.95
	4/1/2020	689986645577	104787	4/8/2020	BOOTS/UNIFORMS	10-007-58700	Uniforms-EMS	\$149.95
	4/1/2020	636373434636	104787	4/8/2020	OFFICE SUPPLIES	10-008-56300	Office Supplies-Suppl	\$52.59
	4/1/2020	856946944664	104787	4/8/2020	LED PARKING LOT LIGHTS	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$674.95
	4/1/2020	849893349594	104787	4/8/2020	STATION SUPPLIES	10-008-57900	Station Supplies-Suppl	\$5.97
	4/1/2020	658768983998	104787	4/8/2020	BOOTS/UNIFORMS	10-007-58700	Uniforms-EMS	\$79.95
	4/1/2020	573387736489	104787	4/8/2020	BOOTS/UNIFORMS	10-007-58700	Uniforms-EMS	\$79.95
	4/1/2020	547988638658	104787	4/8/2020	OFFICE SUPPLIES	10-008-56300	Office Supplies-Suppl	\$59.99
	4/1/2020	463388639564	104787	4/8/2020	STATION SUPPLIES	10-008-57900	Station Supplies-Suppl	\$49.99
	4/1/2020	435963839486	104787	4/8/2020	OFFICE SUPPLIES	10-008-56300	Office Supplies-Suppl	\$29.89
	4/1/2020	438999777769	104788	4/8/2020	BOOTS/UNIFORMS	10-007-58700	Uniforms-EMS	\$89.96
	4/1/2020	465349394978	104788	4/8/2020	BOOTS/UNIFORMS	10-008-57900	Station Supplies-Suppl	\$89.99
	4/1/2020	696959898769	104788	4/8/2020	BOOTS/UNIFORMS	10-008-58700	Uniforms-Suppl	\$84.95
	4/1/2020	664449544388	104788	4/8/2020	BOOTS/UNIFORMS	10-007-58700	Uniforms-EMS	\$149.93
	4/1/2020	446438568543	104788	4/8/2020	BOOTS/UNIFORMS	10-007-58700	Uniforms-EMS	\$93.27
	4/1/2020	677743699773	104788	4/8/2020	OFFICE SUPPLIES	10-008-56300	Office Supplies-Suppl	\$35.97
	4/1/2020	435979453537	104788	4/8/2020	BOOKS/MATERIAL	10-009-52600	Books/Materials-Dept	\$41.82
	4/1/2020	696459384589	104788	4/8/2020	SHOP SUPPLIES	10-004-57725	Shop Supplies-Radio	\$24.93
	4/1/2020	737376349795	104788	4/8/2020	BOOKS/MATERIAL	10-009-52600	Books/Materials-Dept	\$91.90
	4/1/2020	557937695493	104788	4/8/2020	BOOTS/UNIFORMS	10-007-58700	Uniforms-EMS	\$79.95
	4/1/2020	483689679437	104788	4/8/2020	OFFICE SUPPLIES	10-008-56300	Office Supplies-Suppl	\$201.20
	4/1/2020	743699644343	104790	4/8/2020	OFFICE SUPPLIES	10-009-56300	Office Supplies-Dept	\$36.05

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	4/1/2020	833394889847	104790	4/8/2020	OFFICE SUPPLIES	10-008-56300	Office Supplies-Suppl	\$13.38
	4/1/2020	697376658896	104790	4/8/2020	OFFICE SUPPLIES	10-008-56300	Office Supplies-Suppl	\$172.94
	4/1/2020	455333387954	104790	4/8/2020	SM-150 FINGERTIP PULSE OXIMETER OXIMETRY	10-008-53900	Disposable Medical Supplies-Suppl	\$2,495.00
	4/1/2020	835894674789	104790	4/8/2020	MATTRESS PROTECTOR	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$89.95
	4/1/2020	777585888834	104790	4/8/2020	COMPUTER SUPPLIES	10-015-53100	Computer Supplies/Non-Cap.-Infor	\$59.38
	4/1/2020	447495975767	104790	4/8/2020	MEMORY FOAM MATTRESS	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$179.90
	4/1/2020	737885534975	104790	4/8/2020	COMPUTER SUPPLIES	10-015-53100	Computer Supplies/Non-Cap.-Infor	\$15.99
	4/1/2020	437975354953	104790	4/8/2020	SHOP SUPPLIES	10-010-57725	Shop Supplies-Fleet	\$25.49
	4/1/2020	435983437974	104790	4/8/2020	COMPUTER SUPPLIES	10-015-53100	Computer Supplies/Non-Cap.-Infor	\$43.94
	4/1/2020	46454497755	104790	4/8/2020	COMPUTER SUPPLIES	10-015-53100	Computer Supplies/Non-Cap.-Infor	\$165.00
	4/1/2020	463653377639	104791	4/8/2020	COUPLER	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$73.00
	4/1/2020	543877935934	104791	4/8/2020	COMPUTER SUPPLIES	10-015-53100	Computer Supplies/Non-Cap.-Infor	\$343.63
	4/1/2020	448959687379	104791	4/8/2020	COMPUTER SUPPLIES	10-015-53100	Computer Supplies/Non-Cap.-Infor	\$44.60
	4/1/2020	857868997755	104791	4/8/2020	COMPUTER SUPPLIES	10-015-53100	Computer Supplies/Non-Cap.-Infor	\$143.91
	4/1/2020	583686977474	104791	4/8/2020	MEMORY FOAM MATTRESS (4)	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$648.45
	4/1/2020	583799988956	104791	4/8/2020	BOOTS/UNIFORMS	10-007-58700	Uniforms-EMS	\$125.99
	4/1/2020	569567346374	104791	4/8/2020	BOOTS/UNIFORMS	10-007-58700	Uniforms-EMS	\$125.99
	4/1/2020	455834883469	104791	4/8/2020	BOOTS/UNIFORMS	10-007-58700	Uniforms-EMS	\$89.95
	4/1/2020	435478399899	104791	4/8/2020	BOOTS/UNIFORMS	10-007-58700	Uniforms-EMS	\$85.49
	4/1/2020	735637999948	104791	4/8/2020	MEMORY FOAM MATTRESS (9)	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$1,167.21
	4/1/2020	858788397837	104791	4/8/2020	SUPPLIES FOR STATION REPAIR	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$29.01
	4/1/2020	449386898446	104792	4/8/2020	SHOP SUPPLIES	10-004-57725	Shop Supplies-Radio	\$184.57
	4/1/2020	456777398898	104792	4/8/2020	SHOP SUPPLIES	10-004-57725	Shop Supplies-Radio	\$114.51
	4/1/2020	647337845673	104792	4/8/2020	STATION SUPPLIES	10-008-57900	Station Supplies-Suppl	\$50.00
	4/1/2020	539356588596	104792	4/8/2020	STATION SUPPLIES	10-008-57900	Station Supplies-Suppl	\$60.28
	4/1/2020	453947966536	104792	4/8/2020	STATION SUPPLIES	10-008-57900	Station Supplies-Suppl	\$66.72
	4/1/2020	543979353794	104792	4/8/2020	COMPUTER SUPPLIES	10-015-53100	Computer Supplies/Non-Cap.-Infor	\$17.21
	4/1/2020	843577354474	104792	4/8/2020	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Suppl	\$20.89
	4/1/2020	457784436635	104792	4/8/2020	COMPUTER SUPPLIES	10-015-53100	Computer Supplies/Non-Cap.-Infor	\$99.98
	4/1/2020	445536846978	104883	4/15/2020	USB TYPE CABLE	10-015-58200	Telephones-Cellular-Infor	\$22.72
	4/1/2020	458567439564	104883	4/15/2020	BOOTS/UNIFORMS	10-007-58700	Uniforms-EMS	\$159.95
	Totals for AMAZON.COM LLC:							\$13,719.94
AMERICA'S CLEANING SOLUTIONS, LLC	4/5/2020	#3020	104793	4/8/2020	FOGGING & DISINFECTING WITH FDA SOLUTION	10-008-55650	Maintenance- Equipment-Suppl	\$589.96
	4/3/2020	#3019	104793	4/8/2020	FOGGING & DISINFECTING WITH FDA SOLUTION	10-008-55650	Maintenance- Equipment-Suppl	\$270.63
	4/7/2020	#3021	104884	4/15/2020	APPARATUS DECON	10-008-55650	Maintenance- Equipment-Suppl	\$286.86
	Totals for AMERICA'S CLEANING SOLUTIONS, LLC:							\$1,147.45
AMERITAS LIFE INSURANCE CORP	4/1/2020	010-48743 04/01/20	104886	4/15/2020	ACCT 010-048743-00002 VISION PREMIUMS APRIL	10-025-51700	Health & Dental-Human	\$3,841.31
	Totals for AMERITAS LIFE INSURANCE CORP:							\$3,841.31
AMERITEX FIRE PROTECTION	4/21/2020	1802	2546	4/29/2020	REPLACED BAD MONITOR MODULE	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$309.36
	4/21/2020	1801	2546	4/29/2020	SPRINKLER CONTACTS REPAIRED	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$205.00

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Totals for AMERITEX FIRE PROTECTION:								\$514.36
ARAMARK UNIFORM & CAREER APPAREL C	4/1/2020	001267451216	2547	4/29/2020	CUSTOMER # 5258063 LAUNDRY SERVICE	10-010-55100	Laundry Service & Purchase-Fleet	\$56.87
	4/1/2020	001267455355	2547	4/29/2020	CUSTOMER # 5258063 LAUNDRY SERVICE	10-010-55100	Laundry Service & Purchase-Fleet	\$56.87
	Totals for ARAMARK UNIFORM & CAREER APPAREL GROUP INC.:							\$113.74
AT&T (105414)	4/13/2020	2812599426 04/13/20	104944	4/22/2020	STATION 41 FIRE PANEL 03/13/20-05/12/20	10-016-58800	Utilities-Facil	\$142.10
	4/21/2020	7131652005 04/21/20	105077	5/6/2020	T1 ISSI 04/21/20-05/20/20	10-004-58310	Telephones-Service-Radio	\$238.58
	Totals for AT&T (105414):							\$380.68
AT&T (U-VERSE)	4/1/2020	145220893 04/01/20	104887	4/15/2020	STATION 45 04/01/20-04/30/20	10-015-58310	Telephones-Service-Infor	\$89.20
	4/11/2020	145685137 04/11/20	104945	4/22/2020	STATION 41 04/12/20-05/11/20	10-015-58310	Telephones-Service-Infor	\$121.30
	4/22/2020	150883685 04/22/20	105078	5/6/2020	STATION 41 04/23/20-05/22/20	10-015-58310	Telephones-Service-Infor	\$121.30
	Totals for AT&T (U-VERSE):							\$331.80
AT&T MOBILITY-ROC (6463)	4/15/2020	836735112X04232020	105003	4/29/2020	ACCT# 836735112 03/16/20-04/15/20	10-004-58200	Telephones-Cellular-Radio	\$96.63
	Totals for AT&T MOBILITY-ROC (6463):							\$96.63
ATASCOCITA VOLUNTEER FIRE DEPT INC	4/21/2020	ATA042120	104946	4/22/2020	ATV WOODLANDS MARATHON	10-007-53330	Contractual Obligations- Other-EMS	\$405.00
	Totals for ATASCOCITA VOLUNTEER FIRE DEPT INC:							\$405.00
BCBS OF TEXAS (DENTAL)	4/1/2020	123611 04/01/2020	4826	4/1/2020	DENTAL BILL PERIOD 04-01-2020 - 05-01-2020	10-025-51700	Health & Dental-Human	\$22,311.06
	Totals for BCBS OF TEXAS (DENTAL):							\$22,311.06
BCBS OF TEXAS (POB 731428)	4/10/2020	TY483010005 04/10/20	4827	4/10/2020	BCBS PPO & HSA CLAIMS 04/04/2020 - 04/10/2020	10-025-51710	Health Insurance Claims-Human	\$59,378.66
	4/17/2020	TY4830100054 04/17/2	4842	4/17/2020	BCBS PPO & HSA CLAIMS 04/04/2020 - 04/10/2020	10-025-51710	Health Insurance Claims-Human	\$51,227.51
	4/24/2020	TY483010005 04/24/20	4853	4/24/2020	BCBS PPO & HSA CLAIMS 04/18/2020 - 04/24/20	10-025-51710	Health Insurance Claims-Human	\$79,364.38
	4/3/2020	TY483010005 4/03/20	4860	4/3/2020	BCBS PPO & HSA CLAIMS 03/28/2020 - 04/03/20	10-025-51710	Health Insurance Claims-Human	\$107,539.48
	Health Insurance Admin Fees-Human							\$63,982.80
	Totals for BCBS OF TEXAS (POB 731428):							\$361,492.83
BIOQUELL INC.	4/22/2020	50-023815-1	105005	4/29/2020	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Suppl	\$4,347.00
	Totals for BIOQUELL INC.:							\$4,347.00
BLACKBAUD, INC.	4/2/2020	91859776	105079	5/6/2020	FE NXT SERVICE BUREAU 04/01/2020-04/30/2020	10-005-53050	Computer Software-Accou	\$1,750.00
	Totals for BLACKBAUD, INC.:							\$1,750.00
BOB J JOHNSON & ASSOCIATES, INC.	4/29/2020	298632	105080	5/6/2020	QUARTERLY WATER TREATMENT	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$417.91
	Totals for BOB J JOHNSON & ASSOCIATES, INC.:							\$417.91
BONDS JANITORIAL SERVICE	4/1/2020	5002	2484	4/15/2020	EXTRA CLEANING MARCH 2020	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$1,800.00
	4/30/2020	5008	2583	5/6/2020	EXTRA CLEANING SAT/SUN & 2NDAY AFTERNOONS	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$2,920.00
	4/15/2020	5005	2583	5/6/2020	JANITORIAL SERVICE FOR APRIL 2020	10-016-53330	Contractual Obligations- Other-Facil	\$5,956.78

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							Totals for BONDS JANITORIAL SERVICE:	\$10,676.78
BOON-CHAPMAN (Prime DX)	4/1/2020	S0030005120	2511	4/22/2020	CASE MANAGEMENT/MAR 2020 PRIMEDX FEES	10-002-55700	Management Fees-HCAP	\$10,827.50
							Totals for BOON-CHAPMAN (Prime DX):	\$10,827.50
BOUND TREE MEDICAL, LLC	4/6/2020	83578632	2485	4/15/2020	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Suppl	\$50.31
	4/1/2020	83580937	2485	4/15/2020	DRUG MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Suppl	\$27.66
							Drug Supplies-Dept	\$233.75
	4/6/2020	83578633	2485	4/15/2020	MEDICAL SUPPLIES	10-009-54000	Drug Supplies-Dept	\$8,431.41
							Disposable Medical Supplies-Suppl	\$6,243.81
							Disposable Linen-Suppl	\$2,132.87
	4/9/2020	83584808	2485	4/15/2020	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Suppl	\$43.60
	4/8/2020	83583011	2485	4/15/2020	DME MEDICAL SUPPLIES	10-009-54200	Durable Medical Equipment-Dept	\$1,550.00
	4/3/2020	83576605	2485	4/15/2020	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Suppl	\$489.50
	4/13/2020	83588020	2485	4/15/2020	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Suppl	\$794.00
	4/16/2020	83593425	2548	4/29/2020	DRUG MEDICAL SUPPLIES	10-009-54000	Drug Supplies-Dept	\$128.60
	4/1/2020	83567783	2512	4/22/2020	DRUG MEDICAL SUPPLIES	10-009-54000	Drug Supplies-Dept	\$437.50
	4/28/2020	83606923	2581	5/6/2020	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Suppl	\$30.98
	4/28/2020	83606924	2581	5/6/2020	MEDICAL SUPPLIES	10-009-54000	Drug Supplies-Dept	\$5,549.84
							Disposable Medical Supplies-Suppl	\$17,038.53
							Disposable Linen-Suppl	\$2,048.63
	4/27/2020	83605067	2581	5/6/2020	MEDICAL SUPPLIES	10-008-53800	Disposable Linen-Suppl	\$1,825.40
	4/30/2020	83610407	2581	5/6/2020	DME MEDICAL SUPPLIES	10-009-54200	Durable Medical Equipment-Dept	\$72.99
	4/30/2020	83610408	2581	5/6/2020	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Suppl	\$269.10
	4/20/2020	83596573	2581	5/6/2020	DRUG MEDICAL SUPPLIES	10-009-54000	Drug Supplies-Dept	\$51.44
							Totals for BOUND TREE MEDICAL, LLC:	\$47,449.86
BRADSHAW CONSULTING SERVICES, INC.	4/14/2020	8587	105006	4/29/2020	FIRST AID KIT ANNUAL MAINTENANCE 5/01/20-04/30	10-000-14900	Prepaid Expenses-BS	\$100.00
							Totals for BRADSHAW CONSULTING SERVICES, INC.:	\$100.00
BUCKALEW CHEVROLET	4/15/2020	913910	105007	4/29/2020	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$729.45
							Totals for BUCKALEW CHEVROLET:	\$729.45
BUCKEYE INTERNATIONAL INC.	4/1/2020	90205210	2486	4/15/2020	STATION SUPPLIES	10-008-57900	Station Supplies-Suppl	\$2,652.68
	4/3/2020	90207553	2513	4/22/2020	STATION SUPPLIES	10-008-57900	Station Supplies-Suppl	\$164.52
	4/7/2020	90208443	2513	4/22/2020	STATION SUPPLIES	10-008-57900	Station Supplies-Suppl	\$161.28
	4/6/2020	90207903	2513	4/22/2020	STATION SUPPLIES	10-008-57900	Station Supplies-Suppl	\$930.00
	4/14/2020	90210730	2549	4/29/2020	STATION SUPPLIES	10-008-57900	Station Supplies-Suppl	\$3,300.02
							Totals for BUCKEYE INTERNATIONAL INC.:	\$7,208.50
CANON FINANCIAL SERVICES, INC.	4/12/2020	2348783	2550	4/29/2020	SCHEDULE# 001-0735472-001 CONTRACT # DIR-TSL-3	10-015-55400	Leases/Contracts-Infor	\$3,502.20
	4/12/2020	21328602	2550	4/29/2020	SCHEDULE# 001-0735472-002 CONTRACT # DIR-TSL-3	10-015-55400	Leases/Contracts-Infor	\$40.92
							Totals for CANON FINANCIAL SERVICES, INC.:	\$3,543.12

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CBP EMERGENCY CARE LLC	4/1/2020	PAT040120	2444	4/8/2020	ASSISTANT MEDICAL DIR/TERM ON CALL/COVID-19	10-009-57100	Professional Fees-Dept	\$8,900.00
							Professional Fees-Dept	\$7,400.00
	4/1/2020	PAT042820	2551	4/29/2020	REIMBURSEMENT - MALPRACTICE INSURANCE 2020	10-009-57100	Professional Fees-Dept	\$4,140.00
							Totals for CBP EMERGENCY CARE LLC:	\$20,440.00
CCDS-CONROE COMMERICAL DOOR SOLUT	4/27/2020	14037	105084	5/6/2020	COMPASSOR FOR DOORKING 9150	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$267.50
							Totals for CCDS-CONROE COMMERICAL DOOR SOLUTIONS LLC:	\$267.50
CDW GOVERNMENT, INC.	4/3/2020	XLM3564	2445	4/8/2020	TRIPP 30FT CAT6 CABLE	10-015-57750	Small Equipment & Furniture-Infor	\$138.26
	4/9/2020	XMT8964	2487	4/15/2020	TRIPP 2-FT CAT6 CABLE	10-015-57750	Small Equipment & Furniture-Infor	\$71.20
	4/10/2020	XMV6750	2487	4/15/2020	TRIPP 30FT CAT6 CABLE	10-015-57750	Small Equipment & Furniture-Infor	\$19.74
	4/6/2020	XLW5439	2487	4/15/2020	COMPUTER SUPPLIES	10-015-53100	Computer Supplies/Non-Cap.-Infor	\$374.84
	4/6/2020	XLZ8502	2487	4/15/2020	COMPUTER SUPPLIES	10-015-53100	Computer Supplies/Non-Cap.-Infor	\$83.52
	4/5/2020	XLS7848	2487	4/15/2020	COMPUTER SUPPLIES	10-015-53100	Computer Supplies/Non-Cap.-Infor	\$2,623.88
	4/1/2020	XKK1837	2487	4/15/2020	TRIPP CAT6 CABLES	10-015-57750	Small Equipment & Furniture-Infor	\$74.60
	4/1/2020	XBX3984	2487	4/15/2020	LENOVO THINKPAD 14"	10-001-57750	Small Equipment & Furniture-Admin	\$3,004.44
	4/1/2020	XHT7745	2514	4/22/2020	CISCO ANYCONNECT PLUS LISENCE	10-015-53050	Computer Software-Infor	\$3,642.60
	4/8/2020	XMN9127	2514	4/22/2020	HP Z2G4 TWR FRONT CARD GUIDE AND FAN	10-015-53100	Computer Supplies/Non-Cap.-Infor	\$334.08
	4/15/2020	XNW5045	2552	4/29/2020	SAM SE450 23.6IN VGA DVI	10-015-53100	Computer Supplies/Non-Cap.-Infor	\$1,057.14
	4/22/2020	XQG4550	2584	5/6/2020	COMPUTER SUPPLIES & EQUIPMENT	10-002-57750	Small Equipment & Furniture-HCAP	\$2,356.87
							Computer Supplies/Non-Cap.-HCAP	\$307.69
	4/25/2020	XQV1748	2584	5/6/2020	COMPUTER PARTS/SMALL EQUIPMENT	10-015-57750	Small Equipment & Furniture-Infor	\$57.60
	4/28/2020	XRC7913	2584	5/6/2020	APC REPL BATT CART #123	10-015-53100	Computer Supplies/Non-Cap.-Infor	\$1,100.78
							Totals for CDW GOVERNMENT, INC.:	\$15,247.24
CENTERPOINT ENERGY (REL109)	4/7/2020	88589239 04/07/2020	104890	4/15/2020	ADMIN 03/03/20-03/31/20	10-016-58800	Utilities-Facil	\$781.57
	4/9/2020	64018941639 4/9/20	104890	4/15/2020	STATION 15 03/05/20-04/03/20	10-016-58800	Utilities-Facil	\$22.89
	4/9/2020	88820089 4/9/20	104890	4/15/2020	STATION 10 03/05/20-04/03/20	10-016-58800	Utilities-Facil	\$22.13
	4/17/2020	64006986422 04/17/20	104947	4/22/2020	STATION 43 03/12/20-04/13/20	10-016-58800	Utilities-Facil	\$31.27
	4/17/2020	98116148 04/17/20	104947	4/22/2020	STATION 14 04/11/20-04/19/20	10-016-58800	Utilities-Facil	\$27.94
	4/17/2020	64013049610 04/17/20	104947	4/22/2020	STATION 45 03/11/20-04/09/20	10-016-58800	Utilities-Facil	\$21.53
	4/24/2020	88796735 04/24/20	105085	5/6/2020	STATION 20 03/27/20-04/24/20	10-016-58800	Utilities-Facil	\$60.33
	4/30/2020	64015806066 4/30/20	105085	5/6/2020	ROBINSON TOWER 03/26/20-04/23/20	10-004-58800	Utilities-Radio	\$23.66
	4/29/2020	92013168 04/29/20	105085	5/6/2020	STATION 30 03/23/20-04/22/20	10-016-58800	Utilities-Facil	\$33.96
							Totals for CENTERPOINT ENERGY (REL109):	\$1,025.28
CENTRALSQUARE COMPANY-TRITECH SOF	4/1/2020	274591	2488	4/15/2020	FIRE/EMS ANNUAL SUBSCRIPTION 5/1/20-4/30/21	10-015-45150	MDC Revenue - First Responders-Infor	\$2,484.81
	4/29/2020	278069	2585	5/6/2020	INFORM MOBILE BASE POSITION LICENSE FEE	10-015-53050	Computer Software-Infor	\$1,220.00
							Totals for CENTRALSQUARE COMPANY-TRITECH SOFTWARE SYSTEMS:	\$3,704.81
CHARTER COMMUNICATIONS/SPECTRUM B	4/11/2020	0040724041120	104948	4/22/2020	ACCT# 8522100100040724 02/11/20-03/10/20/STN 26	10-016-58800	Utilities-Facil	\$78.78
							Totals for CHARTER COMMUNICATIONS/SPECTRUM BUSINESS:	\$78.78

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CHAVEZ, CECILIA	4/15/2020	CHA041520	2489	4/15/2020	BULLETIN BOARD SUPPLIES & MILEAGE	10-025-54450	Employee Recognition-Human	\$44.87
							Mileage Reimbursements-Human	\$6.38
							Totals for CHAVEZ, CECILIA:	\$51.25
CITY OF SHENANDOAH	4/20/2020	MAY 2020-024	104949	4/22/2020	RENT STATION 26	10-000-14900	Prepaid Expenses-BS	\$1,250.00
							Totals for CITY OF SHENANDOAH:	\$1,250.00
CLS TECHNOLOGY, INC	4/1/2020	SD3717	105008	4/29/2020	SERVICE CENTER FIRE ALARM REPAIR	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$240.00
	4/1/2020	SD3716	105008	4/29/2020	ADMIN BLDG FIRE ALARM REPAIR	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$535.00
							Totals for CLS TECHNOLOGY, INC:	\$775.00
COLONIAL LIFE	4/1/2020	E3387610 04/01/2020	4861	4/1/2020	CONTROL NO. E3387610 PREMIUMS 03/01/20-03/31/20	10-000-21590	P/R-Premium Cancer/Accident-BS	\$6,265.04
							Totals for COLONIAL LIFE:	\$6,265.04
COLORTECH DIRECT & IMPACT PRINTING	4/1/2020	32369	2490	4/15/2020	HCAP BILLING ENVLEOPES	10-008-57000	Printing Services-Suppl	\$314.00
							Totals for COLORTECH DIRECT & IMPACT PRINTING:	\$314.00
COMCAST CORPORATION (POB 60533)	4/1/2020	2080546356 04/01/20	104799	4/8/2020	STATION 21 04/05/20-05/04/20	10-016-58800	Utilities-Facil	\$59.95
						10-015-58310	Telephones-Service-Infor	\$107.80
	4/1/2020	2080776359 04/01/20	104891	4/15/2020	STATION 34 04/06/20-05/05/20	10-015-58310	Telephones-Service-Infor	\$189.34
	4/5/2020	2080831618 04/05/20	104892	4/15/2020	STATION 27 04/10/20-05/09/20	10-015-58310	Telephones-Service-Infor	\$108.92
							Totals for COMCAST CORPORATION (POB 60533):	\$466.01
COMCAST	4/15/2020	99680195	104950	4/22/2020	MAGNOLIA TOWER/IT 04/15/20-05/14/20	10-015-58310	Telephones-Service-Infor	\$1,462.89
							Totals for COMCAST:	\$1,462.89
COMMUNITY ER, LLC	4/8/2020	COM040820	104877	4/8/2020	RAPID COVID-19 TEST (50) @ \$25	10-008-53900	Disposable Medical Supplies-Suppl	\$1,250.00
	4/8/2020	COM040820-B	104877	4/8/2020	RAPID COVID-19 TEST (450) @ \$25	10-008-53900	Disposable Medical Supplies-Suppl	\$11,250.00
	4/15/2020	COM041520	104941	4/15/2020	RAPID COVID-19 TEST (500) @ \$25W/DISCOUNT \$24.4	10-008-53900	Disposable Medical Supplies-Suppl	\$12,200.00
	4/16/2020	COM041620	104942	4/16/2020	RAPID COVID-19 TEST (500) @ \$25	10-008-53900	Disposable Medical Supplies-Suppl	\$12,500.00
							Totals for COMMUNITY ER, LLC:	\$37,200.00
CONROE NOON LIONS CLUB	4/1/2020	51003	104893	4/15/2020	REDUCED MONTHLY DUES/BA	10-001-54100	Dues/Subscriptions-Admin	\$27.50
							Totals for CONROE NOON LIONS CLUB:	\$27.50
CONROE REGIONAL MEDICAL CENTER	4/20/2020	MAY 2020-032	104951	4/22/2020	STATION 90 LEASE	10-000-14900	Prepaid Expenses-BS	\$3,626.21
							Totals for CONROE REGIONAL MEDICAL CENTER:	\$3,626.21
CONROE WELDING SUPPLY, INC.	4/1/2020	CT860415			CREDIT/OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Suppl	(\$1,049.60)
	4/1/2020	R3201161	2491	4/15/2020	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Suppl	\$27.25
	4/1/2020	R3201162	2491	4/15/2020	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Suppl	\$3.00
	4/1/2020	R3201163	2491	4/15/2020	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Suppl	\$3.00

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	4/1/2020	R3201164	2491	4/15/2020	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Suppl	\$3.00
	4/1/2020	R3201165	2491	4/15/2020	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Suppl	\$15.00
	4/1/2020	R3201166	2491	4/15/2020	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Suppl	\$6.00
	4/1/2020	R3201168	2491	4/15/2020	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Suppl	\$6.00
	4/1/2020	R3201170	2491	4/15/2020	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Suppl	\$6.00
	4/1/2020	R3201171	2491	4/15/2020	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Suppl	\$6.00
	4/1/2020	R3201172	2491	4/15/2020	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Suppl	\$15.00
	4/1/2020	R3201173	2491	4/15/2020	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Suppl	\$3.00
	4/1/2020	R3201174	2491	4/15/2020	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Suppl	\$3.00
	4/1/2020	R3201175	2491	4/15/2020	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Suppl	\$9.00
	4/1/2020	R3201182	2491	4/15/2020	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Suppl	\$6.00
	4/1/2020	R3201183	2491	4/15/2020	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Suppl	\$50.15
	4/1/2020	R3201185	2491	4/15/2020	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Suppl	\$9.00
	4/1/2020	R3201744	2491	4/15/2020	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Suppl	\$62.95
	4/1/2020	CT31379	2491	4/15/2020	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Suppl	\$97.20
	4/1/2020	CT31377	2491	4/15/2020	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Suppl	\$81.60
	4/6/2020	CT32270	2491	4/15/2020	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Suppl	\$115.80
	4/6/2020	CT32368B	2491	4/15/2020	NITROUS OXIDE	10-008-56600	Oxygen & Gases-Suppl	\$143.12
	4/14/2020	CT33157	2515	4/22/2020	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Suppl	\$216.60
	4/14/2020	CT33328	2515	4/22/2020	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Suppl	\$107.00
	4/1/2020	CT21033	2515	4/22/2020	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Suppl	\$110.00
	4/1/2020	CT26338	2515	4/22/2020	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Suppl	\$90.40
	4/1/2020	CT26730	2515	4/22/2020	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Suppl	\$99.20
	4/1/2020	CT27154	2515	4/22/2020	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Suppl	\$172.60
	4/1/2020	PS454620	2515	4/22/2020	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Suppl	\$55.80
	4/1/2020	PS454846	2515	4/22/2020	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Suppl	\$64.00
	4/1/2020	PS454849	2515	4/22/2020	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Suppl	\$71.80
	4/1/2020	CT28358	2515	4/22/2020	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Suppl	\$164.80
	4/1/2020	CT28601	2515	4/22/2020	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Suppl	\$224.40
	4/1/2020	CT28691	2515	4/22/2020	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Suppl	\$73.80
	4/1/2020	PS455535	2515	4/22/2020	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Suppl	\$35.60
	4/1/2020	PS455537	2515	4/22/2020	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Suppl	\$26.80
	4/13/2020	PS456459	2515	4/22/2020	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Suppl	\$45.40
	4/13/2020	PS456451	2515	4/22/2020	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Suppl	\$53.20
	4/1/2020	CT29140	2515	4/22/2020	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Suppl	\$47.00
	4/21/2020	CT33947	2555	4/29/2020	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Suppl	\$136.40
	4/1/2020	CT31853	2555	4/29/2020	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Suppl	\$135.40
	4/1/2020	CT31910	2555	4/29/2020	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Suppl	\$99.20
	4/15/2020	CT33159	2555	4/29/2020	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Suppl	\$108.00
	4/16/2020	CT33463	2555	4/29/2020	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Suppl	\$143.20
	4/28/2020	CT34732	2586	5/6/2020	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Suppl	\$173.60
	4/27/2020	PS457102	2586	5/6/2020	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Suppl	\$63.00
	4/27/2020	PS457482	2586	5/6/2020	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Suppl	\$35.60

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	4/27/2020	CT34721	2586	5/6/2020	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Suppl	\$79.60
	4/27/2020	CT34668	2586	5/6/2020	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Suppl	\$124.60
	4/20/2020	PS457100	2586	5/6/2020	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Suppl	\$36.60
	4/23/2020	CT34319	2586	5/6/2020	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Suppl	\$179.40
	4/1/2020	CT852019		4/1/2020	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Suppl	\$146.20
	4/1/2020	R11171197		4/1/2020	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Suppl	\$40.00
	4/1/2020	R11171206		4/1/2020	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Suppl	\$35.00
	4/1/2020	R11171214		4/1/2020	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Suppl	\$68.25
	4/1/2020	R11171774		4/1/2020	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Suppl	\$760.15
	4/30/2020	R04201165	2586	5/6/2020	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Suppl	\$3.00
	4/30/2020	R04201166	2586	5/6/2020	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Suppl	\$3.00
	4/30/2020	R04201167	2586	5/6/2020	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Suppl	\$3.00
	4/30/2020	R04201168	2586	5/6/2020	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Suppl	\$15.00
	4/30/2020	R04201169	2586	5/6/2020	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Suppl	\$6.00
	4/30/2020	R04201171	2586	5/6/2020	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Suppl	\$6.00
	4/30/2020	R04201173	2586	5/6/2020	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Suppl	\$6.00
	4/30/2020	R04201174	2586	5/6/2020	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Suppl	\$6.00
	4/30/2020	R04201177	2586	5/6/2020	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Suppl	\$3.00
	4/30/2020	R04201175	2586	5/6/2020	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Suppl	\$15.00
	4/30/2020	R04201176	2586	5/6/2020	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Suppl	\$3.00
	4/30/2020	R04201178	2586	5/6/2020	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Suppl	\$9.00
	4/30/2020	R04201185	2586	5/6/2020	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Suppl	\$6.00
	4/30/2020	R04201164	2586	5/6/2020	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Suppl	\$27.25
	4/30/2020	R04201752	2586	5/6/2020	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Suppl	\$62.95
	4/30/2020	R04201188	2586	5/6/2020	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Suppl	\$9.00
	4/6/2020	CT32368A	2586	5/6/2020	NITROUS OXIDE	10-008-56600	Oxygen & Gases-Suppl	\$178.90
						10-008-56600	Oxygen & Gases-Suppl	\$18.00
						Totals for CONROE WELDING SUPPLY, INC.:		\$4,024.17
CONSOLIDATED COMMUNICATIONS-LUF	4/1/2020	06060MCD-S-20061	105010	4/29/2020	ADMIN 03/01/2020- 03/31/2020	10-015-58310	Telephones-Service-Infor	\$895.11
	4/1/2020	06060MCD-S-20092	105010	4/29/2020	ADMIN 04/01/2020- 04/30/2020	10-015-58310	Telephones-Service-Infor	\$474.81
						Totals for CONSOLIDATED COMMUNICATIONS-LUF:		\$1,369.92
CONSOLIDATED COMMUNICATIONS-TXU	4/1/2020	9365399272 04/01/20	104800	4/8/2020	ADMIN 04/01/20-04/30/20	10-015-58310	Telephones-Service-Infor	\$37.20
	4/16/2020	00096001460 04/16/20	104952	4/22/2020	ADMIN 04/15/20-05/08/20	10-015-58310	Telephones-Service-Infor	\$591.36
	4/16/2020	00096005390 04/16/20	104953	4/22/2020	ADMIN 04/16/20-05/08/20	10-015-58310	Telephones-Service-Infor	\$287.66
	4/21/2020	9365391160/0 4/21/20	105011	4/29/2020	ADMIN 04/21/2020-05/20/2020	10-015-58310	Telephones-Service-Infor	\$8,467.71
	4/21/2020	9365393450/0 04/21/2	105012	4/29/2020	ADMIN 04/21/2020-05/20/2020	10-015-58310	Telephones-Service-Infor	\$116.60
						Totals for CONSOLIDATED COMMUNICATIONS-TXU:		\$9,500.53
CORE IMAGE GROUP (OLD ARMY SPIRIT CC	4/1/2020	CIG-150593	104894	4/15/2020	UNIFORMS	10-008-58700	Uniforms-Suppl	\$467.39
	4/8/2020	CIG-151066	105013	4/29/2020	POLY T SHIRTS/UNIFORMS	10-007-58700	Uniforms-EMS	\$3,520.63
						Totals for CORE IMAGE GROUP (OLD ARMY SPIRIT CO.):		\$3,988.02

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COTTAR, SARAH	4/15/2020	COT041520	2492	4/15/2020	TELECOMMUNICATOR WEEK MEALS 04/09/2020	10-006-54450	Employee Recognition-Alarm	\$358.89
	4/20/2020	COT042020	2516	4/22/2020	TELECOMMUNICATOR WEEK MEALS 04/14/2020	10-006-54450	Employee Recognition-Alarm	\$57.78
	Totals for COTTAR, SARAH:							<u>\$416.67</u>
CRAWFORD ELECTRIC SUPPLY COMPANY, INC.	4/23/2020	S009441821.001	105088	5/6/2020	SO CORD FOR STOCK	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$799.07
	Totals for CRAWFORD ELECTRIC SUPPLY COMPANY, INC.:							<u>\$799.07</u>
CROWN PAPER AND CHEMICAL	4/1/2020	130837	2517	4/22/2020	STATION SUPPLIES	10-008-57900	Station Supplies-Suppl	\$92.28
	Totals for CROWN PAPER AND CHEMICAL:							<u>\$92.28</u>
CULLIGAN OF HOUSTON	4/17/2020	1368148	2587	5/6/2020	CI SVC CONT - LEVEL 3 FOR SERV 05/01 - 05/31	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$299.00
	Totals for CULLIGAN OF HOUSTON:							<u>\$299.00</u>
CUMMINS SOUTHERN PLAINS, LTD.	4/10/2020	85-283	104895	4/15/2020	REPLACE BROKEN OXYGEN SENSOR	10-004-55650	Maintenance- Equipment-Radio	\$1,363.82
	4/23/2020	94-72955	105014	4/29/2020	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$1,831.06
	4/23/2020	85-1891	105014	4/29/2020	REPLACED BROKEN EXTERNAL FULE GAUGE	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$877.46
	4/9/2020	94-71884	105090	5/6/2020	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$1,496.70
	4/9/2020	94-71899	105090	5/6/2020	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$35.20
	4/23/2020	85-1887	105090	5/6/2020	REPLACE BROKE DIGIAL DISPLAY ON ADMIN TOWE	10-004-55650	Maintenance- Equipment-Radio	\$993.55
	Totals for CUMMINS SOUTHERN PLAINS, LTD.:							<u>\$6,597.79</u>
DAILEY WELLS COMMUNICATION INC.	4/3/2020	20CC033005	2507	4/15/2020	XL-200 PORTABLE EMS FIELD RADIOS	10-004-57250	Radios-Radio	\$142,220.48
	4/7/2020	00067499	2556	4/29/2020	RADIO REPAIR S/N 96054727	10-004-57200	Radio Repairs - Outsourced (Depot)-Radio	\$100.00
	4/7/2020	00067498	2556	4/29/2020	RADIIO REPAIR S/N 96052939	10-004-57200	Radio Repairs - Outsourced (Depot)-Radio	\$100.00
	4/1/2020	00067045	2588	5/6/2020	RADIO REPAIR S/N A40300003627	10-004-57200	Radio Repairs - Outsourced (Depot)-Radio	\$480.08
	Totals for DAILEY WELLS COMMUNICATION INC.:							<u>\$142,900.56</u>
DANA SAFETY SUPPLY INC.	4/28/2020	637053	105091	5/6/2020	WELDON V-MUX DIAGNOSTICS	10-010-57700	Shop Tools-Fleet	\$726.00
	Totals for DANA SAFETY SUPPLY INC.:							<u>\$726.00</u>
DAVID MESSECAR dba MESSECAR'S TRUCKING	4/8/2020	04072020	104896	4/15/2020	CRUSHED GRAVEL STATION 41	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$374.00
	Totals for DAVID MESSECAR dba MESSECAR'S TRUCKING:							<u>\$374.00</u>
DEARBORN NATIONAL LIFE INS CO KNOWN AS CBBS	4/1/2020	F021753 04/01/2020	4830	4/1/2020	LIFE/DISABILITY 04/01/20-04/30/20	10-025-51700	Health & Dental-Human	\$24,387.88
	Totals for DEARBORN NATIONAL LIFE INS CO KNOWN AS CBBS:							<u>\$24,387.88</u>
DEMONTROND	4/2/2020	3564	104802	4/8/2020	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$4,385.19
	4/3/2020	3597	104802	4/8/2020	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$117.70
	4/7/2020	3699	104897	4/15/2020	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$1,974.50
						10-010-56500	Other Services-Fleet	\$46.20
	4/3/2020	3620	104897	4/15/2020	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$1,155.00
	4/8/2020	3740	104897	4/15/2020	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$442.20

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	4/7/2020	3663	104897	4/15/2020	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$119.96
	4/7/2020	3712	104897	4/15/2020	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$284.96
	4/8/2020	3698	104897	4/15/2020	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$2,227.00
	4/8/2020	3753	104897	4/15/2020	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$167.20
	4/13/2020	3882	104897	4/15/2020	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$1,208.90
	4/9/2020	3811	104897	4/15/2020	VEHICLE PARTS	10-010-54550	Fluids & Additives - Auto-Fleet	\$161.19
	4/10/2020	3790	104897	4/15/2020	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$1,515.94
	4/14/2020	3967	105015	4/29/2020	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$111.10
	4/15/2020	3964	105015	4/29/2020	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$1,549.64
	4/16/2020	4026	105015	4/29/2020	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$3,461.50
	4/21/2020	4225	105015	4/29/2020	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$1,084.18
	4/13/2020	3891	105015	4/29/2020	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$236.94
	4/23/2020	4365	105015	4/29/2020	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$1,069.20
						10-010-54550	Fluids & Additives - Auto-Fleet	\$196.35
	4/28/2020	4560	105092	5/6/2020	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$589.60
	4/28/2020	4561	105092	5/6/2020	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$486.81
	Totals for DEMONTROND:							\$22,591.26
DISCOVERY BENEFITS, LLC	4/3/2020	HSA 04/03/2020	4823	4/3/2020	HSA PLAN FUNDING 04.03.2020	10-025-57100	Professional Fees-Human	\$687.50
						10-000-21595	P/R-Health Savings-BS-BS	\$8,474.43
	4/3/2020	FSA 04/03/2020	4831	4/3/2020	MEDICAL FSA 01/01/2020-12/31/2020	10-000-21585	P/R-Flexible Spending-BS-BS	\$479.11
	4/4/2020	FSA 04/04/2020	4832	4/4/2020	MEDICAL FSA 01/01/2020-12/31/2020	10-000-21585	P/R-Flexible Spending-BS-BS	\$20.00
	4/5/2020	FSA 04/05/2020	4833	4/5/2020	MEDICAL FSA 01/01/2020-12/31/2020	10-000-21585	P/R-Flexible Spending-BS-BS	\$133.73
	4/8/2020	FSA 04/08/2020	4834	4/8/2020	MEDICAL FSA 01/01/2020-12/31/2020	10-000-21585	P/R-Flexible Spending-BS-BS	\$20.00
	4/12/2020	FSA 04/12/2020	4835	4/12/2020	MEDICAL FSA 01/01/2020-12/31/2020	10-000-21585	P/R-Flexible Spending-BS-BS	\$89.00
	4/11/2020	FSA 04/11/2020	4836	4/11/2020	MEDICAL FSA 01/01/2020-12/31/2020	10-000-21585	P/R-Flexible Spending-BS-BS	\$70.00
	4/9/2020	FSA 04/09/2020	4837	4/9/2020	MEDICAL FSA 01/01/2020-12/31/2020	10-000-21585	P/R-Flexible Spending-BS-BS	\$10.00
	4/13/2020	FSA 04/13/2020	4838	4/13/2020	MEDICAL FSA 01/01/2020-12/31/2020	10-000-21585	P/R-Flexible Spending-BS-BS	\$50.00
	4/15/2020	FSA 04/15/2020	4843	4/15/2020	MEDICAL FSA 01/01/2020-12/31/2020	10-000-21585	P/R-Flexible Spending-BS-BS	\$59.00
	4/16/2020	FSA 04/16/2020	4844	4/16/2020	MEDICAL FSA 01/01/2020-12/31/2020	10-000-21585	P/R-Flexible Spending-BS-BS	\$80.03
	4/17/2020	FSA 04/17/2020	4845	4/17/2020	MEDICAL FSA 01/01/2020-12/31/2020	10-000-21585	P/R-Flexible Spending-BS-BS	\$60.00
	4/19/2020	FSA 04/19/2020	4846	4/19/2020	MEDICAL FSA 01/01/2020-12/31/2020	10-000-21585	P/R-Flexible Spending-BS-BS	\$2,081.53
	4/17/2020	HSA 04/17/2020	4847	4/17/2020	HSA PLAN FUNDING 04.17.2020	10-025-51700	Health & Dental-Human	\$10,812.50
						10-000-21595	P/R-Health Savings-BS-BS	\$8,397.51
	4/1/2020	0001145620-IN	4848	4/24/2020	FSA MONTHLY/HSA MONTHLY	10-025-57100	Professional Fees-Human	\$504.60
	4/20/2020	FSA 04/20/2020	4849	4/20/2020	MEDICAL FSA 01/01/2020-12/31/2020	10-000-21585	P/R-Flexible Spending-BS-BS	\$20.00
	4/21/2020	FSA 04/21/2020	4850	4/21/2020	MEDICAL FSA 01/01/2020-12/31/2020	10-000-21585	P/R-Flexible Spending-BS-BS	\$82.38
	4/22/2020	FSA 04/22/2020	4854	4/22/2020	MEDICAL FSA 01/01/2020-12/31/2020	10-000-21585	P/R-Flexible Spending-BS-BS	\$20.00
	4/23/2020	FSA 04/23/2020	4868	4/23/2020	MEDICAL FSA 01/01/2020-12/31/2020	10-000-21585	P/R-Flexible Spending-BS-BS	\$20.39
	4/26/2020	FSA 04/26/2020	4855	4/26/2020	MEDICAL FSA 01/01/2020-12/31/2020	10-000-21585	P/R-Flexible Spending-BS-BS	\$75.88
	4/24/2020	FSA 04/24/20	4856	4/24/2020	MEDICAL FSA 01/01/2020-12/31/2020	10-000-21585	P/R-Flexible Spending-BS-BS	\$119.49
	4/25/2020	FSA 04/25/20	4857	4/25/2020	MEDICAL FSA 01/01/2020-12/31/2020	10-000-21585	P/R-Flexible Spending-BS-BS	\$87.75
	4/29/2020	FSA 04/29/2020	4869	4/29/2020	MEDICAL FSA 01/01/2020-12/31/2020	10-000-21585	P/R-Flexible Spending-BS-BS	\$17.66

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	4/27/2020	FSA 04/27/2020	4870	4/27/2020	MEDICAL FSA 01/01/2020-12/31/2020	10-000-21585	P/R-Flexible Spending-BS-BS	\$10.00
	4/30/2020	FSA 04/30/2020	4871	4/30/2020	MEDICAL FSA 01/01/2020-12/31/2020	10-000-21585	P/R-Flexible Spending-BS-BS	\$42.77
							Totals for DISCOVERY BENEFITS, LLC:	\$32,525.26
DLT SOLUTIONS LLC	4/1/2020	SI473095	2493	4/15/2020	PASSWORD MANAGER MAINTENANCE RENEWAL	10-015-53050	Computer Software-Infor	\$526.50
							Totals for DLT SOLUTIONS LLC:	\$526.50
DOCUNAV SOLUTIONS	4/20/2020	42784-B	2518	4/22/2020	LASERFICHE SUPPORT RENEWAL 2020-2021/bal due	10-015-53050	Computer Software-Infor	\$69.77
	4/28/2020	42900	2589	5/6/2020	PRE-PURCHASED PROFESSIONAL SERVICES	10-015-57100	Professional Fees-Infor	\$5,400.00
	4/28/2020	42901	2589	5/6/2020	PRE-PURCHASED PROFESSIONAL SERVICES	10-015-57100	Professional Fees-Infor	\$7,200.00
							Totals for DOCUNAV SOLUTIONS:	\$12,669.77
EMS SURVEY TEAM	4/6/2020	1940	2576	4/29/2020	MCHD MAILED SURVEYS-MARCH 2020	10-009-53550	Customer Relations-Dept	\$5,200.00
	4/30/2020	19790	2590	5/6/2020	MCHD MAILED SURVEYS-APRIL 2020	10-009-53550	Customer Relations-Dept	\$5,081.70
							Totals for EMS SURVEY TEAM:	\$10,281.70
EMSCHARTS, INC	4/6/2020	INV00061144	2557	4/29/2020	EMSCHARTS - GROUND BASE	10-009-53050	Computer Software-Dept	\$951.00
							Totals for EMSCHARTS, INC:	\$951.00
ENTERGY TEXAS, LLC	4/3/2020	470002667521	104807	4/8/2020	STATION 11 02/27/20-03/30/20	10-016-58800	Utilities-Facil	\$638.29
	4/3/2020	270004519255	104808	4/8/2020	ADMIN 02/29/20-03/31/20	10-016-58800	Utilities-Facil	\$13,507.62
	4/8/2020	25006312223	104898	4/15/2020	STATION 14 03/04/20-04/02/20	10-016-58800	Utilities-Facil	\$269.23
	4/10/2020	95005821226	104899	4/15/2020	STATION 20 03/0520-04/07/20	10-016-58800	Utilities-Facil	\$904.72
	4/7/2020	345004342765	104954	4/22/2020	STATION 15 03/02/20-04/02/20	10-016-58800	Utilities-Facil	\$24.26
	4/15/2020	380003159853	104955	4/22/2020	STATION 30 03/10/20-04/10/20	10-016-58800	Utilities-Facil	\$786.27
	4/17/2020	140004722115	104956	4/22/2020	SPLENDORA TOWER 03/13/20-04/13/20	10-004-58800	Utilities-Radio	\$617.38
	4/17/2020	430002620748	104957	4/22/2020	STATION 31 03/13/20-04/13/20	10-016-58800	Utilities-Facil	\$490.74
	4/21/2020	180004786713	105016	4/29/2020	STATION 10 03/18/20-04/16/20	10-016-58800	Utilities-Facil	\$1,013.13
	4/21/2020	455003707418	105017	4/29/2020	STATION 43 03/18/20-04/17/20	10-016-58800	Utilities-Facil	\$385.06
	4/21/2020	320003136011	105018	4/29/2020	ROBINSON TOWER 03/13/20-04/14/20	10-004-58800	Utilities-Radio	\$568.25
	4/24/2020	370003148452	105019	4/29/2020	GRANGERLAND TOWER 03/19/20-04/13/20	10-004-58800	Utilities-Radio	\$460.73
	4/22/2020	130004751678	105020	4/29/2020	STATION 44 03/17/2020-04/16/2020	10-016-58800	Utilities-Facil	\$108.25
	4/27/2020	2020282764	105094	5/6/2020	THOMPSON TOWER 03/13/20-04/14/20	10-004-58800	Utilities-Radio	\$362.25
	4/30/2020	280004551573	105095	5/6/2020	ROBINSON TOWER 03/26/20-04/27/20	10-004-58800	Utilities-Radio	\$441.96
	4/30/2020	20007210613	105096	5/6/2020	ROBINSON TOWER 03/26/20-04/27/20	10-004-58800	Utilities-Radio	\$42.92
							Totals for ENTERGY TEXAS, LLC:	\$20,621.06
ERWIN, KELLIE	4/7/2020	ERW040720	2452	4/8/2020	WELLNESS PROGRAM/MASSAGE X 12	10-025-54350	Employee Health\Wellness-Human	\$300.00
							Totals for ERWIN, KELLIE:	\$300.00
ESRI, INC.	4/27/2020	93821499	2591	5/6/2020	ArcGIS DESKTOP ADVANCED CONCURRENT USE PRI	10-015-53050	Computer Software-Infor	\$15,616.25
							Totals for ESRI, INC.:	\$15,616.25

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FIREFIGHTER SAFETY CENTER	4/1/2020	27871	2494	4/15/2020	BLACK GEAR BAGS W/MCHD LOGO	10-007-58700	Uniforms-EMS	\$1,070.23
	Totals for FIREFIGHTER SAFETY CENTER:							\$1,070.23
FIVE STAR SEPTIC SOLUTIONS, LLC	4/7/2020	632	2495	4/15/2020	PUMP OUT 2000 GAL LIFT STATION	10-016-58800	Utilities-Facil	\$475.00
	4/20/2020	640	2558	4/29/2020	PUMP OUT 2000 GAL STATION	10-016-58800	Utilities-Facil	\$475.00
	Totals for FIVE STAR SEPTIC SOLUTIONS, LLC:							\$950.00
FRAZER, LTD.	4/1/2020	74891	2454	4/8/2020	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$1,976.48
	4/13/2020	75089	2559	4/29/2020	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$1,269.08
	Totals for FRAZER, LTD.:							\$3,245.56
GALLS, LLC dba MILLER UNIFORMS	4/1/2020	015324949	2496	4/15/2020	UNIFORMS	10-008-58700	Uniforms-Suppl	\$14.99
	4/1/2020	015365429	2496	4/15/2020	UNIFORMS	10-008-58700	Uniforms-Suppl	\$14.99
	4/1/2020	015378103	2496	4/15/2020	UNIFORMS	10-008-58700	Uniforms-Suppl	\$14.99
	4/1/2020	015375868	2496	4/15/2020	UNIFORMS	10-008-58700	Uniforms-Suppl	\$14.99
	4/1/2020	015376493	2496	4/15/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$200.94
	4/1/2020	015376525	2496	4/15/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$428.48
	4/1/2020	015376529	2496	4/15/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$59.99
	4/1/2020	015376531	2496	4/15/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$239.96
	4/1/2020	015325058	2496	4/15/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$84.99
	4/1/2020	015325088	2496	4/15/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$5.25
	4/1/2020	015325089	2496	4/15/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$5.25
	4/1/2020	015344280	2496	4/15/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$6.50
	4/1/2020	015388074	2496	4/15/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$194.99
	4/1/2020	015386387	2496	4/15/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$284.97
	4/1/2020	015386386	2496	4/15/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$84.99
	4/1/2020	015386371	2496	4/15/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$239.96
	4/1/2020	015386370	2496	4/15/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$21.00
	4/1/2020	015386357	2496	4/15/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$311.99
	4/1/2020	015386356	2496	4/15/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$311.99
	4/1/2020	015386353	2496	4/15/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$311.99
	4/7/2020	015416314	2519	4/22/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$259.50
	4/7/2020	015416191	2519	4/22/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$86.50
	4/7/2020	015416308	2519	4/22/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$162.09
	4/7/2020	015416312	2519	4/22/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$80.35
	4/7/2020	015416336	2519	4/22/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$105.00
	4/3/2020	015402393	2519	4/22/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$119.98
	4/3/2020	015402396	2519	4/22/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$311.99
	4/3/2020	015402397	2519	4/22/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$311.99
	4/3/2020	015402398	2519	4/22/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$311.99
	4/3/2020	015402399	2519	4/22/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$311.99
	4/1/2020	015370726	2519	4/22/2020	TRACTION SPLINT	10-009-54200	Durable Medical Equipment-Dept	\$1,856.00
	4/1/2020	015209489	2519	4/22/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$194.99

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	4/10/2020	015442742	2560	4/29/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$102.50
	4/10/2020	015442790	2560	4/29/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$227.76
	4/8/2020	015425134	2560	4/29/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$179.97
	4/8/2020	015425129	2560	4/29/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$179.97
	4/8/2020	015425119	2560	4/29/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$105.00
	4/8/2020	015425118	2560	4/29/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$59.99
	4/8/2020	015425130	2560	4/29/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$59.99
	4/8/2020	015425101	2560	4/29/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$101.99
	4/8/2020	015425102	2560	4/29/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$101.99
	4/10/2020	015442815	2560	4/29/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$146.00
	4/10/2020	015442827	2560	4/29/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$119.98
	4/8/2020	015425103	2560	4/29/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$101.99
	4/8/2020	015425131	2560	4/29/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$239.96
	4/10/2020	015442816	2560	4/29/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$151.84
	4/8/2020	015425096	2560	4/29/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$94.50
	4/10/2020	015442755	2560	4/29/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$73.00
	4/8/2020	015425113	2560	4/29/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$101.99
	4/8/2020	015425112	2560	4/29/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$101.99
	4/8/2020	015425111	2560	4/29/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$109.99
	4/10/2020	015442819	2560	4/29/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$146.00
	4/8/2020	015425110	2560	4/29/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$101.99
	4/8/2020	015425109	2560	4/29/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$101.99
	4/8/2020	015425108	2560	4/29/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$101.99
	4/8/2020	015425104	2560	4/29/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$101.99
	4/10/2020	015442808	2560	4/29/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$80.35
	4/8/2020	015425105	2560	4/29/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$101.99
	4/10/2020	015442785	2560	4/29/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$73.00
	4/8/2020	015425093	2560	4/29/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$79.99
	4/8/2020	015425107	2560	4/29/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$101.99
	4/8/2020	015425106	2560	4/29/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$101.99
	4/1/2020	015344281	2560	4/29/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$23.00
	4/1/2020	015386351A	2560	4/29/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$269.99
	4/1/2020	015386352A	2560	4/29/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$269.99
	4/1/2020	015386354A	2560	4/29/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$269.99
	4/1/2020	015386355A	2560	4/29/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$269.99
	4/1/2020	015386351B	2560	4/29/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$42.00
	4/1/2020	015386352B	2560	4/29/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$42.00
	4/1/2020	015386355B	2561	4/29/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$42.00
	4/1/2020	015386354B	2561	4/29/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$42.00
	4/1/2020	013973107	2561	4/29/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$161.00
	4/1/2020	014165978	2561	4/29/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$8.35
	4/14/2020	015462670	2561	4/29/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$94.50
	4/17/2020	015490071	2561	4/29/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$401.82

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	4/16/2020	015480422	2561	4/29/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$123.85
	4/17/2020	015490052	2561	4/29/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$214.98
	4/20/2020	015500957	2561	4/29/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$162.09
	4/14/2020	015462671	2561	4/29/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$80.35
	4/20/2020	015500958	2561	4/29/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$162.09
	4/20/2020	015500959	2561	4/29/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$162.09
	4/20/2020	015500961	2561	4/29/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$80.35
	4/20/2020	015500963	2561	4/29/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$229.98
	4/1/2020	015302763	2561	4/29/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$99.98
	4/20/2020	015500962	2592	5/6/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$146.00
	4/1/2020	015195945	2592	5/6/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$636.56
	4/1/2020	015229480	2592	5/6/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$6.50
	4/1/2020	015195947	2592	5/6/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$84.99
	4/1/2020	015229479	2592	5/6/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$6.50
	4/1/2020	015195948	2592	5/6/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$239.96
	4/1/2020	015195949	2592	5/6/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$79.99
	4/1/2020	015229473	2592	5/6/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$6.50
	4/1/2020	015229474	2592	5/6/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$6.50
	4/1/2020	015176365	2592	5/6/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$585.67
	4/1/2020	015229475	2592	5/6/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$6.50
	4/1/2020	015229476	2592	5/6/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$6.50
	4/1/2020	015229477	2592	5/6/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$6.50
	4/1/2020	015302738	2592	5/6/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$79.99
	4/1/2020	015229478	2592	5/6/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$6.50
	4/1/2020	015248875	2592	5/6/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$183.09
	4/1/2020	015248888	2592	5/6/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$6.50
	4/1/2020	015278658	2592	5/6/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$146.50
	4/1/2020	015282071	2592	5/6/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$218.13
	4/1/2020	015176371	2592	5/6/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$48.39
	4/1/2020	015033416	2592	5/6/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$113.49
	4/1/2020	014963094	2592	5/6/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$113.49
	4/1/2020	015033362	2592	5/6/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$54.39
	4/1/2020	014821096	2592	5/6/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$162.09
	4/1/2020	014921090	2592	5/6/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$162.09
	4/1/2020	014921089	2592	5/6/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$102.50
	4/1/2020	015376495	2592	5/6/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$102.50
	4/1/2020	014866938	2592	5/6/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$300.49
	4/1/2020	014963089	2592	5/6/2020	UNIFORMS	10-008-58700	Uniforms-Suppl	\$239.97
	4/1/2020	015186306	2592	5/6/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$464.95
	4/1/2020	015229481	2592	5/6/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$6.50
	4/1/2020	015248910	2592	5/6/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$94.99
	4/1/2020	015229482	2592	5/6/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$6.50
	4/1/2020	015186308	2592	5/6/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$464.95

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	4/1/2020	015229485	2592	5/6/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$6.50
	4/7/2020	015416300	2592	5/6/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$48.39
	4/1/2020	015077705	2592	5/6/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$5.00
	4/1/2020	011402114B	2593	5/6/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$5.38
	4/1/2020	014987271	2593	5/6/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$20.00
	4/1/2020	014756122	2593	5/6/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$15.00
	4/1/2020	014756123	2593	5/6/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$5.00
	4/1/2020	014805308	2593	5/6/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$10.00
	4/1/2020	014552158	2593	5/6/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$5.00
	4/1/2020	014627604	2593	5/6/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$10.00
	4/1/2020	011897718	2593	5/6/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$23.00
	4/1/2020	012479111	2593	5/6/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$3.50
	4/1/2020	012479112	2593	5/6/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$3.50
	4/1/2020	012501454	2593	5/6/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$3.50
	4/23/2020	015531329	2593	5/6/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$69.99
	4/23/2020	015531300	2593	5/6/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$587.91
	4/28/2020	015560317	2593	5/6/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$437.73
	4/28/2020	015560316	2593	5/6/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$272.78
	4/28/2020	015560318	2593	5/6/2020	UNIFORMS	10-007-58700	Uniforms-EMS	\$99.60
							Totals for GALLS, LLC dba MILLER UNIFORMS:	\$20,200.08
GLASS AND MIRROR OF THE WOODLANDS,	4/8/2020	088382	2497	4/15/2020	WINDSHIELD FOR SHOP 611	10-010-59000	Vehicle-Outside Services-Fleet	\$249.00
							Totals for GLASS AND MIRROR OF THE WOODLANDS, INC.:	\$249.00
GOODYEAR TIRE & RUBBER COMPANY	4/2/2020	294-1003124	104901	4/15/2020	TAHOE TIRES FOR STOCK	10-010-59150	Vehicle-Tires-Fleet	\$928.00
							Totals for GOODYEAR TIRE & RUBBER COMPANY:	\$928.00
GRAINGER	4/6/2020	9496723421	2498	4/15/2020	SHOP SUPPLIES	10-010-57725	Shop Supplies-Fleet	\$752.88
	4/6/2020	9496380123	2498	4/15/2020	SHOP SUPPLIES	10-010-57725	Shop Supplies-Fleet	\$15.84
	4/1/2020	9491347275	2498	4/15/2020	STACK BINS	10-008-57750	Small Equipment & Furniture-Suppl	\$200.40
	4/1/2020	9481135524	2520	4/22/2020	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Suppl	\$470.71
	4/23/2020	9513243437	2562	4/29/2020	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$509.52
							Totals for GRAINGER:	\$1,949.35
GREAT SOUTHWEST PAPER CO., INC	4/1/2020	624790-02	2457	4/8/2020	STATION SUPPLIES	10-008-57900	Station Supplies-Suppl	\$492.40
							Totals for GREAT SOUTHWEST PAPER CO., INC:	\$492.40
GREYWARE AUTOMATION PRODUCTS, INC.	4/23/2020	92195	2563	4/29/2020	ANNUAL SOFTWARE MAINTEANCE 3/25/20-03/24/21	10-015-53050	Computer Software-Infor	\$394.49
							Totals for GREYWARE AUTOMATION PRODUCTS, INC.:	\$394.49
GRIFFIN SERVICES (dba) JASON GRIFFIN	4/6/2020	2020-025	104958	4/22/2020	BAY DOOR REPAIR	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$675.00
	4/13/2020	2020-028	105022	4/29/2020	BAY DOOR REPAIR	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$380.00
	4/28/2020	2020-033	105099	5/6/2020	BAY DOOR REPAIR	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$1,466.00

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Totals for GRIFFIN SERVICES (dba) JASON GRIFFIN:								\$2,521.00
GTS TECHNOLOGY SOLUTIONS, INC.	4/1/2020	INV0038220	2544	4/29/2020	SIERRA WIRELESS DATA MP70	10-015-57750	Small Equipment & Furniture-Infor	\$39,807.50
Totals for GTS TECHNOLOGY SOLUTIONS, INC.:								\$39,807.50
HANCOCK, JOHN E	4/7/2020	HAN040720A	2458	4/8/2020	WELLNESS PROGRAM/GYM MEMBERSHIP	10-025-54350	Employee Health\Wellness-Human	\$23.87
	4/7/2020	HAN040720B	2458	4/8/2020	WELLNESS PROGRAM/ENTRY FEE-MARATHON	10-025-54350	Employee Health\Wellness-Human	\$80.00
Totals for HANCOCK, JOHN E:								\$103.87
HEALTH CARE LOGISTICS, INC	4/22/2020	307561372	105023	4/29/2020	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Suppl	\$1,182.90
Totals for HEALTH CARE LOGISTICS, INC:								\$1,182.90
HENRY SCHEIN, INC.-MATRX MEDICAL	4/1/2020	75890827	104906	4/15/2020	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Suppl	\$1,568.50
	4/1/2020	75800281	104906	4/15/2020	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Suppl	\$374.00
	4/1/2020	75612369	104906	4/15/2020	MEDICAL SUPPLIES	10-009-54000	Drug Supplies-Dept	\$2,347.64
						10-008-53900	Disposable Medical Supplies-Suppl	\$194.83
	4/1/2020	75820778	104906	4/15/2020	DRUG MEDICAL SUPPLIES	10-009-54000	Drug Supplies-Dept	\$656.25
	4/1/2020	75776571	104906	4/15/2020	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Suppl	\$226.62
	4/1/2020	75841644	104906	4/15/2020	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Suppl	\$1,270.43
	4/7/2020	78128124	104959	4/22/2020	DRUG MEDICAL SUPPLIES	10-009-54000	Drug Supplies-Dept	\$197.52
	4/8/2020	76151016	104959	4/22/2020	MEDICAL SUPPLIES	10-007-57750	Small Equipment & Furniture-EMS	\$537.05
	4/8/2020	75681837	104959	4/22/2020	DME MEDICAL SUPPLIES	10-009-54200	Durable Medical Equipment-Dept	\$1,390.25
	4/1/2020	75903139	104959	4/22/2020	DRUG MEDICAL SUPPLIES	10-009-54000	Drug Supplies-Dept	\$359.50
	4/1/2020	75903136	104959	4/22/2020	DRUG MEDICAL SUPPLIES	10-009-54000	Drug Supplies-Dept	\$923.50
	4/1/2020	75541615	104959	4/22/2020	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Suppl	\$230.59
	4/3/2020	75994788	105028	4/29/2020	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Suppl	\$164.64
	4/22/2020	76509160	105100	5/6/2020	DRUG MEDICAL SUPPLIES	10-009-54000	Drug Supplies-Dept	\$437.50
	4/23/2020	76433838	105100	5/6/2020	DRUG MEDICAL SUPPLIES	10-009-54000	Drug Supplies-Dept	\$1,170.91
	4/27/2020	76578640	105100	5/6/2020	DME MEDICAL SUPPLIES	10-009-54200	Durable Medical Equipment-Dept	\$868.75
Totals for HENRY SCHEIN, INC.-MATRX MEDICAL:								\$12,918.48
HON, CALVIN	4/1/2020	HON050620	2594	5/6/2020	WORKING LUNCH FOR IT/RADIO IN-HOME SETUP	10-015-56100	Meeting Expenses-Infor	\$89.70
	Totals for HON, CALVIN:							\$89.70
HR IN ALIGNMENT, LLC	4/6/2020	MAY 2020	2460	4/8/2020	HR CONSULTING FEE FOR MAY 2020	10-000-14900	Prepaid Expenses-BS	\$750.00
	Totals for HR IN ALIGNMENT, LLC:							\$750.00
IMPAC FLEET	4/1/2020	SQLCD-589555	4839	4/5/2020	FUEL PURCHASE FOR MARCH 2020	10-010-59100	Vehicle-Registration-Fleet	\$79.00
						10-010-54700	Fuel - Auto-Fleet	\$45,489.49
	Totals for IMPAC FLEET:							\$45,568.49
INDIGENT HEALTHCARE SOLUTIONS	4/1/2020	69660	2461	4/8/2020	PROFESSIONAL SERVICES FOR MAY 2020	10-000-14900	Prepaid Expenses-BS	\$12,676.27
	4/2/2020	69728	2461	4/8/2020	POWER SEARCH SERVICE MARCH 2020	10-002-57100	Professional Fees-HCAP	\$250.00

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Totals for INDIGENT HEALTHCARE SOLUTIONS:								\$12,926.27
INNER CORRIDOR TECHNOLOGIES, INC	4/28/2020	8453	105102	5/6/2020	INTRO TO ARCGIS PRO 2 DAY COURSE REMOTE 4-27	10-015-58500	Training/Related Expenses-CE-Infor	\$720.00
	4/30/2020	8454	105102	5/6/2020	INTERMEDIATE TO ARCGIS PRO 2 DAY COURSE REM	10-015-58500	Training/Related Expenses-CE-Infor	\$1,152.00
Totals for INNER CORRIDOR TECHNOLOGIES, INC:								\$1,872.00
INSPIRECOM, INC.	4/28/2020	3320001001R	105103	5/6/2020	TOWER LIGHTING FIX LABOR & LABOR	10-004-57100	Professional Fees-Radio	\$18,320.36
	Totals for INSPIRECOM, INC.:							\$18,320.36
JAMES, ROBERT	4/20/2020	MAY 2020-037	104960	4/22/2020	STATION 44	10-000-14900	Prepaid Expenses-BS	\$1,201.00
	Totals for JAMES, ROBERT:							\$1,201.00
JEP TELECOM LICENSING SERVICES	4/30/2020	20200430-MCHD	2596	5/6/2020	FCC LICENSING WORK	10-004-57100	Professional Fees-Radio	\$562.50
	Totals for JEP TELECOM LICENSING SERVICES:							\$562.50
JONES AND BARTLETT LEARNING, LLC	4/6/2020	4279854	2521	4/22/2020	AMLS 3E INSTRUCTOR UPDATE	10-009-52600	Books/Materials-Dept	\$300.00
	Totals for JONES AND BARTLETT LEARNING, LLC:							\$300.00
JP MORGAN CHASE BANK	4/20/2020	00036741 04/20/20	4858	4/20/2020	JPM CREDIT CARD TRANSACTIONS FOR APRIL 2020	10-016-57725	Shop Supplies-Facil	\$19.96
						10-001-53150	Conferences - Fees, Travel, & Meals-Admi	(\$229.64)
						10-001-54100	Dues/Subscriptions-Admin	\$156.13
						10-001-58600	Travel Expenses-Admin	\$10.00
						10-002-56900	Postage-HCAP	\$226.00
						10-004-53150	Conferences - Fees, Travel, & Meals-Radi	(\$547.33)
						10-004-55900	Meals - Business and Travel-Radio	\$103.63
						10-004-57750	Small Equipment & Furniture-Radio	\$8,384.56
						10-006-53150	Conferences - Fees, Travel, & Meals-Alarr	(\$2,771.87)
						10-006-54450	Employee Recognition-Alarm	\$676.54
						10-000-14900	Prepaid Expenses-BS	\$6,087.57
						10-007-53150	Conferences - Fees, Travel, & Meals-EMS	(\$370.00)
						10-007-56100	Meeting Expenses-EMS	\$1,668.04
						10-007-57000	Printing Services-EMS	\$98.51
						10-007-57500	Rent-EMS	\$2,100.00
						10-007-57800	Special Events Supplies-EMS	\$118.18
						10-007-57900	Station Supplies-EMS	\$6.04
						10-007-58700	Uniforms-EMS	\$1,434.30
						10-008-53900	Disposable Medical Supplies-Suppl	\$32.44
						10-008-54200	Durable Medical Equipment-Suppl	\$429.50
						10-008-56900	Postage-Suppl	\$484.40
						10-008-57900	Station Supplies-Suppl	\$732.72
						10-008-57900	Station Supplies-Suppl	\$2,163.73
						10-008-57900	Station Supplies-Suppl	\$228.90
						10-009-52600	Books/Materials-Dept	\$100.00

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Vendor Name	Invoice Date	Invoice No.	Payment No.	Payment Date	Invoice Description	Account No.	Account Description	Amount
						10-009-52700	Business Licenses-Dept	\$1,362.00
						10-009-57100	Professional Fees-Dept	\$3,000.00
						10-010-53150	Conferences - Fees, Travel, & Meals-Fleet	(\$38.00)
						10-010-56100	Meeting Expenses-Fleet	\$90.00
						10-010-59100	Vehicle-Registration-Fleet	\$157.25
						10-015-53050	Computer Software-Infor	\$291.83
						10-015-53100	Computer Supplies/Non-Cap.-Infor	(\$225.63)
						10-015-53150	Conferences - Fees, Travel, & Meals-Infor	(\$2,822.07)
						10-015-57750	Small Equipment & Furniture-Infor	\$329.00
						10-015-58310	Telephones-Service-Infor	\$242.83
						10-015-58800	Utilities-Infor	\$3,571.07
						10-016-55600	Maintenance & Repairs-Buildings-Facil	\$797.45
						10-016-55900	Meals - Business and Travel-Facil	\$114.19
						10-016-57700	Shop Tools-Facil	\$233.97
						10-016-57725	Shop Supplies-Facil	\$753.90
						10-016-57750	Small Equipment & Furniture-Facil	\$263.71
						10-016-58800	Utilities-Facil	\$7,691.11
						10-025-54350	Employee Health\Wellness-Human	\$58.97
						10-025-57100	Professional Fees-Human	\$319.50
						10-008-52500	Bio-Waste Removal-Suppl	\$2,671.93
						10-008-53900	Disposable Medical Supplies-Suppl	\$173.00
						10-008-57900	Station Supplies-Suppl	\$2,372.11
							Totals for JP MORGAN CHASE BANK:	\$42,750.43
KATHLEEN A RYSZ dba RYSZ STORAGE BA1	4/22/2020	147036	105108	5/6/2020	3V LITHIUM COIN CELL/SHIPPING	10-009-54200	Durable Medical Equipment-Dept	\$122.00
							Totals for KATHLEEN A RYSZ dba RYSZ STORAGE BATTERY CO.:	\$122.00
KENNEDY, MICHAEL DR. KENNEDY CHIROI	4/13/2020	KEN041320	104908	4/15/2020	WELLNESS PROGRAM/C.T	10-025-54350	Employee Health\Wellness-Human	\$195.00
							Totals for KENNEDY, MICHAEL DR. KENNEDY CHIROPRACTIC:	\$195.00
KOLOR KOATED, INC.	4/7/2020	16447	2499	4/15/2020	SILVER NAME PLATES/UNIFORMS	10-007-58700	Uniforms-EMS	\$46.47
							Totals for KOLOR KOATED, INC.:	\$46.47
KRONBERG'S FLAGS AND FLAGPOLES	4/11/2020	142873	104909	4/15/2020	3X5 US FLAG NYLON PRINT	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$256.00
							Totals for KRONBERG'S FLAGS AND FLAGPOLES:	\$256.00
LAKE CONROE OVERHEAD DOOR LLC	4/22/2020	S0514	105029	4/29/2020	CONTROL BOARD REPLACEMENT SL-3000	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$900.00
							Totals for LAKE CONROE OVERHEAD DOOR LLC:	\$900.00
LAKE SOUTH WATER SUPPLY CORPORATIC	4/22/2020	1000019000 04/22/20	105030	4/29/2020	STATION 45 03/17/20-04/17/20	10-016-58800	Utilities-Facil	\$353.13
							Totals for LAKE SOUTH WATER SUPPLY CORPORATION:	\$353.13
LEDWIG, ALBERT	4/13/2020	LED04132020	2500	4/15/2020	MILAGE REIMBURSEMENT 04/04/20-04/06/20	10-010-56200	Mileage Reimbursements-Fleet	\$70.40

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Totals for LEDWIG, ALBERT:								\$70.40
LEXISNEXIS RISK DATA MGMT, INC	4/1/2020	1171610-20200331	104910	4/15/2020	OFFICIAL RECORDS SEARCH 03/01/20-03/31/20	10-011-57100	Professional Fees-EMS B	\$969.75
						10-002-57100	Professional Fees-HCAP	\$518.00
						Totals for LEXISNEXIS RISK DATA MGMT, INC:		\$1,487.75
LIFE-ASSIST, INC.	4/1/2020	984918	104911	4/15/2020	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Suppl	\$182.04
	4/1/2020	985339	104911	4/15/2020	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Suppl	\$1,320.00
	4/8/2020	992402	104961	4/22/2020	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Suppl	\$115.00
	4/16/2020	994862	105031	4/29/2020	STATION SUPPLIES	10-008-57900	Station Supplies-Suppl	\$5,832.00
	4/14/2020	994339	105031	4/29/2020	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Suppl	\$57.50
	4/8/2020	992374	105031	4/29/2020	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Suppl	\$2,015.00
	4/10/2020	993254	105031	4/29/2020	MEDICAL SUPPLIES	10-009-54000	Drug Supplies-Dept	\$2,922.00
	4/17/2020	995386	105031	4/29/2020	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Suppl	\$975.00
Totals for LIFE-ASSIST, INC.:								\$13,418.54
LIFESTYLES MEDIA GROUP, LLC	4/29/2020	H122698	105112	5/6/2020	WEBSITE UPDATE	10-015-57100	Professional Fees-Infor	\$178.00
						Totals for LIFESTYLES MEDIA GROUP, LLC:		\$178.00
LINEBARGER GOGGAN BLAIR & SAMPSON,	4/1/2020	EMMOR01 03-06-20	104912	4/15/2020	GROSS COLLECTIONS FEE FEB 2020	10-011-52900	Collection Fees-EMS B	\$6,638.33
						Totals for LINEBARGER GOGGAN BLAIR & SAMPSON, LLP:		\$6,638.33
LIQUIDSPRING LLC	4/6/2020	0033042-IN	104913	4/15/2020	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$558.42
	4/6/2020	0033045-IN	104913	4/15/2020	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$471.01
	Totals for LIQUIDSPRING LLC:							\$1,029.43
LSE CONTRACTORS, LLC	4/9/2020	8174R	2564	4/29/2020	CONDUIT INSTALL IN SERVICE YARD ADMIN BLDG	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$1,635.02
	4/13/2020	8179	2564	4/29/2020	CONDUIT INSTALL AT SERVICE CENTER	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$1,188.00
	4/15/2020	8182	2564	4/29/2020	CONDUIT INSTALL ADMIIN BLDG	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$2,100.66
Totals for LSE CONTRACTORS, LLC:								\$4,923.68
MARTIN, DISIERE, JEFFERSON & WISDOM, I	4/10/2020	186538	105032	4/29/2020	ATTORNEY FEES 02/01/20-02/28/20	10-025-55500	Legal Fees-Human	\$5,775.00
						Totals for MARTIN, DISIERE, JEFFERSON & WISDOM, LLP:		\$5,775.00
MCCORMICK LAW FIRM	4/29/2020	MCC042920	105033	4/29/2020	NO MEDICALS BILLED IN ERROR	10-026-41500	Miscellaneous Income-Recor	\$79.70
						Totals for MCCORMICK LAW FIRM:		\$79.70
MCKESSON GENERAL MEDICAL CORP.	4/2/2020	01021205			CREDIT/00880093	10-009-54000	Drug Supplies-Dept	(\$126.54)
	4/1/2020	00880093	104962	4/22/2020	MEDICAL/DRUG SUPPLIES	10-008-53900	Disposable Medical Supplies-Suppl	\$1,095.00
						10-009-54000	Drug Supplies-Dept	\$185.04
	4/2/2020	01018505	104962	4/22/2020	DRUG SUPPLIES	10-009-54000	Drug Supplies-Dept	\$126.54
	4/1/2020	00836121	104962	4/22/2020	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Suppl	\$295.44
	4/20/2020	02438263	105034	4/29/2020	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Suppl	\$636.90

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	4/20/2020	02465435	105034	4/29/2020	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Suppl	\$1,286.20
	4/21/2020	02607203	105034	4/29/2020	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Suppl	\$273.59
	4/21/2020	02581813	105034	4/29/2020	MEDICAL/DRUG SUPPLIES	10-008-53900	Disposable Medical Supplies-Suppl	\$126.12
						10-009-54000	Drug Supplies-Dept	\$696.45
	4/26/2020	02942774	105114	5/6/2020	DRUG SUPPLIES	10-009-54000	Drug Supplies-Dept	\$1,163.00
	4/22/2020	02676436	105114	5/6/2020	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Suppl	\$334.80
	4/23/2020	02750963	105114	5/6/2020	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Suppl	\$273.59
Totals for MCKESSON GENERAL MEDICAL CORP.:								<u>\$6,366.13</u>
MEDLINE INDUSTRIES, INC	4/1/2020	1906404179	104823	4/8/2020	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Suppl	\$1,058.40
	4/3/2020	1906701227	104915	4/15/2020	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Suppl	\$1,764.00
	4/1/2020	1905789654	104915	4/15/2020	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Suppl	\$1,024.97
	4/24/2020	1908952910	105116	5/6/2020	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Suppl	\$1,967.52
Totals for MEDLINE INDUSTRIES, INC:								<u>\$5,814.89</u>
MICRO INTEGRATION & PROGRAMMING SC	4/2/2020	220199	2522	4/22/2020	CAMERA INSTALLATION	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$2,597.70
	4/30/2020	220226	2597	5/6/2020	VIDEO DOOR STATION	10-016-57750	Small Equipment & Furniture-Facil	\$1,358.30
	4/30/2020	220228	2597	5/6/2020	ACCESS CONTROL PARTS FOR STOCK	10-016-57750	Small Equipment & Furniture-Facil	\$527.75
Totals for MICRO INTEGRATION & PROGRAMMING SOLUTIONS, INC.:								<u>\$4,483.75</u>
MILLER TOWING & RECOVERY, LLC	4/22/2020	20-1758A	105117	5/6/2020	TOW/HOOK FEE	10-010-59200	Vehicle-Towing-Fleet	\$200.00
	4/22/2020	20-1758B	105117	5/6/2020	TOW/HOOK FEE	10-010-59200	Vehicle-Towing-Fleet	\$200.00
Totals for MILLER TOWING & RECOVERY, LLC:								<u>\$400.00</u>
MISSION CRITICAL PARTNERS	4/9/2020	10404	2501	4/15/2020	CONTRACTOR/BIRCH/HINTON 6 HOURS	10-004-57100	Professional Fees-Radio	\$1,110.00
Totals for MISSION CRITICAL PARTNERS:								<u>\$1,110.00</u>
MOBILE ELECTRIC POWER SOLUTIONS, INC	4/16/2020	14684	105035	4/29/2020	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$273.00
						10-010-59050	Vehicle-Parts-Fleet	\$15.73
	4/28/2020	14726	105118	5/6/2020	REPAIR OF GENERATOR	10-010-59050	Vehicle-Parts-Fleet	\$346.52
Totals for MOBILE ELECTRIC POWER SOLUTIONS, INC dba MOBILE POWER:								<u>\$635.25</u>
MONTGOMERY COUNTY COURTHOUSE (TU	4/15/2020	MON041520	104916	4/15/2020	STATION 15 ENCROACHMENT AGREEMENT RECORE	10-016-57100	Professional Fees-Facil	\$31.00
Totals for MONTGOMERY COUNTY COURTHOUSE (TURNBULL):								<u>\$31.00</u>
MONTGOMERY COUNTY ESD # 1, (STN 12)	4/20/2020	MAY 2020-183	2523	4/22/2020	STATION 12 RENT	10-000-14900	Prepaid Expenses-BS	\$1,100.00
	4/21/2020	CUT042120	2524	4/22/2020	ATV WOODLANDS MARATHON	10-007-53330	Contractual Obligations- Other-EMS	\$360.00
Totals for MONTGOMERY COUNTY ESD # 1, (STN 12):								<u>\$1,460.00</u>
MONTGOMERY COUNTY ESD #1 (STN 13)	4/20/2020	MAY 2020-036	2525	4/22/2020	STATION 13 RENT	10-000-14900	Prepaid Expenses-BS	\$1,100.00
Totals for MONTGOMERY COUNTY ESD #1 (STN 13):								<u>\$1,100.00</u>
MONTGOMERY COUNTY ESD #10, STN 42	4/20/2020	MAY 2020-159	104963	4/22/2020	STATION 42 RENT	10-000-14900	Prepaid Expenses-BS	\$950.00

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						Totals for MONTGOMERY COUNTY ESD #10, STN 42:		\$950.00
MONTGOMERY COUNTY ESD #2	4/20/2020	MAY 2020-016	2526	4/22/2020	STATION 47 RENT	10-000-14900	Prepaid Expenses-BS	\$1,000.00
	4/21/2020	MON042120	2527	4/22/2020	ATV WOODLANDS MARATHON	10-007-53330	Contractual Obligations- Other-EMS	\$360.00
						Totals for MONTGOMERY COUNTY ESD #2:		\$1,360.00
MONTGOMERY COUNTY ESD #6, STN 34	4/20/2020	MAY 2020-182	104964	4/22/2020	STATION 34 RENT	10-000-14900	Prepaid Expenses-BS	\$900.00
						Totals for MONTGOMERY COUNTY ESD #6, STN 34:		\$900.00
MONTGOMERY COUNTY ESD #8, STN 21/22	4/20/2020	MAY 2020-184	104965	4/22/2020	STATION 21 RENT	10-000-14900	Prepaid Expenses-BS	\$800.00
	4/21/2020	SOU042120	104966	4/22/2020	ATV WOODLANDS MARATHON	10-007-53330	Contractual Obligations- Other-EMS	\$360.00
						Totals for MONTGOMERY COUNTY ESD #8, STN 21/22:		\$1,160.00
MONTGOMERY COUNTY ESD #9, STN 33	4/20/2020	MAY 2020-180	2528	4/22/2020	STATION 33 RENT	10-000-14900	Prepaid Expenses-BS	\$850.00
	4/21/2020	ESD042120	2529	4/22/2020	ATV WOODLANDS MARATHON RENTAL	10-007-53330	Contractual Obligations- Other-EMS	\$180.00
						Totals for MONTGOMERY COUNTY ESD #9, STN 33:		\$1,030.00
MONTGOMERY COUNTY ESD#3 (STNT 46)	4/20/2020	MAY 2020-063	2530	4/22/2020	RENT STATION 46	10-000-14900	Prepaid Expenses-BS	\$600.00
						Totals for MONTGOMERY COUNTY ESD#3 (STNT 46):		\$600.00
MUD #39	4/24/2020	10000901 04/24/20	105119	5/6/2020	STATION 20 03/18/20-04/21/20	10-016-58800	Utilities-Facil	\$93.12
						Totals for MUD #39:		\$93.12
MURPHY, JOHN DAVID	4/22/2020	MUR042220	2566	4/29/2020	WELLNESS PROGRAM/CHIROPRACTIC X 10/reissue	10-025-54350	Employee Health\Wellness-Human	\$100.00
						Totals for MURPHY, JOHN DAVID:		\$100.00
NATIONWIDE INSURANCE DVM INSURANCE AGENCY (PET)	4/1/2020	DVM041520	104967	4/22/2020	VETERINARY PET INSURANCE GROUP 4620/MAR '20	10-000-21590	P/R-Premium Cancer/Accident-BS	\$2,117.26
						Totals for NATIONWIDE INSURANCE DVM INSURANCE AGENCY (PET):		\$2,117.26
NEPHRON STERILE COMPOUNDING CENTER, LLP	4/9/2020	2170915-IN	2502	4/15/2020	DRUG SUPPLIES	10-009-54000	Drug Supplies-Dept	\$780.00
	4/14/2020	200078644-IN	2567	4/29/2020	DRUG SUPPLIES	10-009-54000	Drug Supplies-Dept	\$1,200.00
						Totals for NEPHRON STERILE COMPOUNDING CENTER, LLP:		\$1,980.00
NEW CANEY MUD	4/30/2020	1042826200 04/30/20	105120	5/6/2020	STATION 30 03/19/20-04/17/20	10-016-58800	Utilities-Facil	\$32.65
						Totals for NEW CANEY MUD:		\$32.65
OPTIMUM COMPUTER SOLUTIONS, INC.	4/1/2020	INV0000097210	2503	4/15/2020	FIREPOWER SERVICES	10-015-57750	Small Equipment & Furniture-Infor	\$5,944.80
	4/20/2020	INV0000097549	2601	5/6/2020	COMPUTER MAINTENANCE	10-015-53000	Computer Maintenance-Infor	\$3,600.00
	4/16/2020	INV0000097536	2601	5/6/2020	CATALYST BASE REFURBISHED	10-015-57750	Small Equipment & Furniture-Infor	\$3,418.80
						Totals for OPTIMUM COMPUTER SOLUTIONS, INC.:		\$12,963.60
OPTIQUEST INTERNET SERVICES, INC.	4/3/2020	73867	2467	4/8/2020	REGISTRATION/RENEWAL - SSL CERTIFICATE	10-015-52700	Business Licenses-Infor	\$320.00
	4/1/2020	73887	2602	5/6/2020	REGISTRATION/RENEWAL - SSL CERTIFICATE	10-015-52700	Business Licenses-Infor	\$405.00

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Totals for OPTIQUEST INTERNET SERVICES, INC.:								\$725.00
O'REILLY AUTO PARTS	4/1/2020	0408-365303	104917	4/15/2020	VEHICLE PARTS/OIL & LUBRICANTS	10-010-59050	Vehicle-Parts-Fleet	\$328.10
						10-010-56400	Oil & Lubricants-Fleet	\$162.96
	4/8/2020	0408-370017	104917	4/15/2020	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$1,543.36
	4/7/2020	0408-369544	104917	4/15/2020	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$4.99
	4/14/2020	0408-372395	105036	4/29/2020	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$104.40
	4/16/2020	0408-373460B	105036	4/29/2020	VEHICLE PARTS - CORE CHARGE	10-010-59050	Vehicle-Parts-Fleet	\$240.00
	4/16/2020	0408-373460A	105036	4/29/2020	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$734.50
	4/22/2020	0408-376004	105036	4/29/2020	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$1,106.66
Totals for O'REILLY AUTO PARTS:								\$4,224.97
ORTON, CATHERINE	4/6/2020	ORT040620	104829	4/8/2020	DIRECT DEPOSIT RETURNED 3.20.2020	10-000-21400	Accrued Payroll-BS	\$25.00
	Totals for ORTON, CATHERINE:							
OVERHEAD DOOR COMPANY of CONROE	4/17/2020	CS21825	2606	5/6/2020	BAY DOOR #2 SPRING REPAIR	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$447.50
	Totals for OVERHEAD DOOR COMPANY of CONROE:							
PAGING & WIRELESS SERVICE CENTER	4/2/2020	61415	104968	4/22/2020	MINITOR 5 BATTERY PACK/SHIPPING	10-004-57225	Radio Repair - Parts-Radio	\$251.25
	Totals for PAGING & WIRELESS SERVICE CENTER:							
PANORAMA, CITY OF	4/27/2020	1020159006 04/27/20	105121	5/6/2020	STATION 14 03/22/20-04/21/20	10-016-58800	Utilities-Facil	\$80.32
	Totals for PANORAMA, CITY OF:							
PARKER, TAMMY	4/22/2020	PAR042220	2531	4/22/2020	TELECOMMUNTORS WEEK LUNCH 4.16.20	10-006-54450	Employee Recognition-Alarm	\$42.64
	Totals for PARKER, TAMMY:							
PITNEY BOWES INC (POB 371874)postage	4/16/2020	04765611 03/20/20	105037	4/29/2020	ACCT #8000-9090-0476-5611 03/20/20	10-008-56900	Postage-Suppl	\$1,005.00
	Totals for PITNEY BOWES INC (POB 371874)postage:							
PRECISION MEDICAL INC.	4/20/2020	0000719733	105038	4/29/2020	MEDICAL EQUIPMENT	10-009-54200	Durable Medical Equipment-Dept	\$949.20
						10-009-54200	Durable Medical Equipment-Dept	\$19.48
	Totals for PRECISION MEDICAL INC.:							
PROFESSIONAL AMBULANCE SALES & SERV	4/1/2020	3022A	2532	4/22/2020	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$61.20
	4/1/2020	3022B	2532	4/22/2020	VEHICLE PARTS-SHIPPING	10-010-59050	Vehicle-Parts-Fleet	\$11.21
	4/1/2020	2701A	2532	4/22/2020	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$47.85
	4/1/2020	2701B	2532	4/22/2020	VEHICLE PARTS - SHIPPING	10-010-59050	Vehicle-Parts-Fleet	\$15.00
	4/1/2020	2831	2568	4/29/2020	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$168.12
	4/21/2020	3085	2607	5/6/2020	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$771.86
						10-010-59050	Vehicle-Parts-Fleet	\$13.24
	4/1/2020	2939	2607	5/6/2020	VEHICLE PARTS/ACCIDENT REPAIR	10-010-59050	Vehicle-Parts-Fleet	\$1,450.87
						10-010-52000	Accident Repair-Fleet	\$176.48

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						10-010-59050	Vehicle-Parts-Fleet	\$50.00
						Totals for PROFESSIONAL AMBULANCE SALES & SERVICE, LLC:		\$2,765.83
RELIABLE PHARMACEUTICAL RETURNS, LI	4/16/2020	10415	105039	4/29/2020	DISPOSAL OF PHARMACEUTICALS	10-009-54000	Drug Supplies-Dept	\$150.00
						Totals for RELIABLE PHARMACEUTICAL RETURNS, LLC:		\$150.00
RELIANT ENERGY	4/2/2020	311000447101	104918	4/15/2020	STATION 41 03/03/20-04/01/20	10-016-58800	Utilities-Facil	\$716.45
	4/29/2020	379000295547	105122	5/6/2020	STATION 27 03/27/20-04/28/20	10-016-58800	Utilities-Facil	\$499.15
	4/30/2020	357000341465	105172	5/13/2020	MAGNOLIA TOWER SECURITY 03/30/20-04/29/20	10-004-58800	Utilities-Radio	\$451.06
	4/30/2020	387000271141	105173	5/13/2020	STATION 40 03/30/20-04/29/20	10-016-58800	Utilities-Facil	\$1,145.74
	4/30/2020	112011471595	105174	5/13/2020	MAGNOLIA TOWER 03/30/20-04/29/20	10-004-58800	Utilities-Radio	\$564.88
						Totals for RELIANT ENERGY:		\$3,377.28
REVSPRING, INC.	4/8/2020	DSI1279049	104919	4/15/2020	MAILING FEE/ ACCT PPMCHD01 03/01/20-03/31/20	10-011-57100	Professional Fees-EMS B	\$7,857.84
						Totals for REVSPRING, INC.:		\$7,857.84
ROGUE WASTE RECOVERY & ENVIRONMEN	4/2/2020	434.5A	2469	4/8/2020	WASTE REMOVAL - FLEET	10-010-54800	Hazardous Waste Removal-Fleet	\$254.30
						Totals for ROGUE WASTE RECOVERY & ENVIRONMENTAL, INC:		\$254.30
ROSZAK, JOSHUA	4/5/2020	0000030	104920	4/15/2020	PPE MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Suppl	\$6,400.00
						Totals for ROSZAK, JOSHUA:		\$6,400.00
SCHAEFFER MANUFACTURING COMPANY	4/15/2020	CRJ2958-INV1	2569	4/29/2020	OIL & LUBRICANTS	10-010-56400	Oil & Lubricants-Fleet	\$1,088.94
						Totals for SCHAEFFER MANUFACTURING COMPANY:		\$1,088.94
SHRED-IT USA LLC	4/15/2020	8129611149	105040	4/29/2020	ACCT #13034336 SERVICE DATE 03/30/20	10-026-56500	Other Services-Recor	\$271.44
						Totals for SHRED-IT USA LLC:		\$271.44
SIDDONS MARTIN EMERGENCY GROUP, LLC	4/30/2020	2408274	2609	5/6/2020	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$1,297.00
						Totals for SIDDONS MARTIN EMERGENCY GROUP, LLC:		\$1,297.00
SIMMONDS, SEAN	4/20/2020	SIM042020	2534	4/22/2020	COVID WARROOM BREAKFAST 3.15.20	10-007-56100	Meeting Expenses-EMS	\$24.23
						Totals for SIMMONDS, SEAN:		\$24.23
SMITHS MEDICAL ASD, INC	4/21/2020	15850787	105041	4/29/2020	REPAIR OD PARAPAC MEDICAL VENT	10-009-57650	Repair-Equipment-Dept	\$495.00
	4/22/2020	15852093	105126	5/6/2020	REPAIR OF PARAPAC MEDICAL VENT	10-009-57650	Repair-Equipment-Dept	\$495.00
	4/23/2020	15853309	105126	5/6/2020	REPAIR OF PARAPAC MEDICAL VENT	10-009-57650	Repair-Equipment-Dept	\$495.00
						Totals for SMITHS MEDICAL ASD, INC:		\$1,485.00
SOLARWINDS, INC	4/17/2020	IN476530	105127	5/6/2020	COMPUTER SOFTWARE	10-015-53050	Computer Software-Infor	\$1,746.00
						Totals for SOLARWINDS, INC:		\$1,746.00
SPARKLETT'S AND SIERRA SPRINGS	4/1/2020	3677798 032220	104922	4/15/2020	ACCT #21767323677798	10-008-57900	Station Supplies-Suppl	\$40.99

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						10-008-57900	Station Supplies-Suppl	\$69.37
						10-008-57900	Station Supplies-Suppl	\$55.18
						10-008-57900	Station Supplies-Suppl	\$20.49
						10-008-57900	Station Supplies-Suppl	\$3.15
						10-008-57900	Station Supplies-Suppl	\$17.34
						10-008-57900	Station Supplies-Suppl	\$25.22
						10-008-57900	Station Supplies-Suppl	\$107.21
						10-008-57900	Station Supplies-Suppl	\$36.26
						10-008-57900	Station Supplies-Suppl	\$7.88
						10-008-57900	Station Supplies-Suppl	\$50.45
						10-008-57900	Station Supplies-Suppl	\$26.80
						10-008-57900	Station Supplies-Suppl	\$3.15
						10-008-57900	Station Supplies-Suppl	\$31.53
						10-008-57900	Station Supplies-Suppl	\$11.03
						10-008-57900	Station Supplies-Suppl	\$31.53
						10-008-57900	Station Supplies-Suppl	\$22.07
						10-008-57900	Station Supplies-Suppl	\$3.15
						10-008-57900	Station Supplies-Suppl	\$64.64
						10-008-57900	Station Supplies-Suppl	\$64.90
						10-008-57900	Station Supplies-Suppl	\$12.87
						10-008-57900	Station Supplies-Suppl	\$165.54
						10-008-57900	Station Supplies-Suppl	\$26.80
						10-008-57900	Station Supplies-Suppl	\$17.34
						10-008-57900	Station Supplies-Suppl	\$22.07
						10-008-57900	Station Supplies-Suppl	\$26.80
						10-008-57900	Station Supplies-Suppl	\$39.41
						Totals for SPARKLETTES AND SIERRA SPRINGS:		\$1,003.17
SPECIALIZED PRODUCTS COMPANY	4/8/2020	1041185	104923	4/15/2020	CABLES FOR TI TESTING EQUIPMENT	10-004-57225	Radio Repair - Parts-Radio	\$605.53
						Totals for SPECIALIZED PRODUCTS COMPANY:		\$605.53
SPRING FIRE DEPARTMENT	4/21/2020	SPR042120	104969	4/22/2020	ATV WOODLANDS MARTHON	10-007-53330	Contractual Obligations- Other-EMS	\$360.00
						Totals for SPRING FIRE DEPARTMENT:		\$360.00
STANLEY LAKE M.U.D.	4/29/2020	00009834 04/29/20	105128	5/6/2020	STATION 43 03/27/20-04/27/20 - REG COMMERCIAL LIN	10-016-58800	Utilities-Facil	\$34.22
	4/29/2020	00009836 04/29/20	105128	5/6/2020	STATION 43 03/27/20-04/27/20 - SPRINKLER SYSTEM	10-016-58800	Utilities-Facil	\$10.37
	Totals for STANLEY LAKE M.U.D.:							\$44.59
STAPLES ADVANTAGE	4/4/2020	3444655156	104924	4/15/2020	STATION SUPPLIES	10-008-57900	Station Supplies-Suppl	\$187.35
	4/4/2020	3444655154	104924	4/15/2020	COMPUTER SUPPLIES	10-015-53100	Computer Supplies/Non-Cap.-Infor	\$149.94
	Totals for STAPLES ADVANTAGE:							\$337.29
STRYKER SALES CORPORATION	4/3/2020	2990847M	2505	4/15/2020	MEDICAL EQUIPMENT	10-009-54200	Durable Medical Equipment-Dept	\$1,668.60

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						10-009-54200	Durable Medical Equipment-Dept	\$24.60
	4/7/2020	2992916M	2535	4/22/2020	PROTECT MAINTENANCE AGREEMENT(5/5/20-6/30/20)	10-009-55650	Maintenance- Equipment-Dept	\$698.24
	4/1/2020	2951057M	2535	4/22/2020	MEDICAL EQUIPMENT	10-009-54200	Durable Medical Equipment-Dept	\$294.81
						10-009-54200	Durable Medical Equipment-Dept	\$4.90
	4/14/2020	2999588M	2570	4/29/2020	MEDICAL EQUIPMENT	10-009-54200	Durable Medical Equipment-Dept	\$2,626.35
	4/15/2020	3000757M	2570	4/29/2020	MEDICAL EQUIPMENT	10-009-54200	Durable Medical Equipment-Dept	\$523.91
	4/21/2020	3005450M	2570	4/29/2020	MEDICAL EQUIPMENT	10-009-54200	Durable Medical Equipment-Dept	\$1,768.86
						10-009-54200	Durable Medical Equipment-Dept	\$6.23
	4/23/2020	3007228M	2610	5/6/2020	PREVENTNB MAINTENANCE AGREEMENT 5/7/20-5/6/	10-009-55650	Maintenance- Equipment-Dept	\$9,630.00
						Totals for STRYKER SALES CORPORATION:		\$17,246.50
SUDDENLINK	4/21/2020	128957-01-3 04/21/20	104970	4/22/2020	ADMIN 04/21/20-05/20/20	10-016-58800	Utilities-Facil	\$212.23
	4/21/2020	133511-01-0 04/21/20	104971	4/22/2020	STATION 14 04/21/20-05/20/20	10-016-58800	Utilities-Facil	\$94.10
						Totals for SUDDENLINK:		\$306.33
TAYLOR HEALTHCARE PRODUCTS, INC.	4/29/2020	60799997	2611	5/6/2020	LINENS/MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Suppl	\$600.00
						10-008-53800	Disposable Linen-Suppl	\$1,323.50
						Totals for TAYLOR HEALTHCARE PRODUCTS, INC.:		\$1,923.50
TCDRS	4/1/2020	TCD041520	4851	4/15/2020	TCDRS TRANSMISSION MARCH 2020	10-000-21650	TCDRS Defined Benefit Plan-BS	\$154,772.86
						10-000-21650	TCDRS Defined Benefit Plan-BS	\$144,602.19
						Totals for TCDRS:		\$299,375.05
TELEFLEX LLC	4/28/2020	9502533851	2612	5/6/2020	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Suppl	\$17,082.00
	4/26/2020	9502523444	2612	5/6/2020	MEDICAL EQUIPMENT	10-009-54200	Durable Medical Equipment-Dept	\$897.00
						10-009-54200	Durable Medical Equipment-Dept	\$12.50
						Totals for TELEFLEX LLC:		\$17,991.50
TERESA O'HARA MARCH dba ATHLETIC THR	4/7/2020	19452	104847	4/8/2020	LOGO ON WASHABLE MEDICAL GOWNS	10-008-53800	Disposable Linen-Suppl	\$2,500.00
	4/14/2020	19437-B	104928	4/15/2020	REUSABLE CUSTOM PPE/2 OF 5 EACH 200	10-008-53800	Disposable Linen-Suppl	\$6,000.00
	4/16/2020	19437-C	104943	4/16/2020	REUSABLE CUSTOM PPE/3 OF 5 EACH 200	10-008-53800	Disposable Linen-Suppl	\$6,000.00
	4/21/2020	19437-D	104972	4/22/2020	REUSABLE CUSTOM PPE/4 & 5 OF 5 EACH 200	10-008-53800	Disposable Linen-Suppl	\$12,000.00
						Totals for TERESA O'HARA MARCH dba ATHLETIC THREADS:		\$26,500.00
TEXAS AIR FILTRATION INC.	4/20/2020	75768	105042	4/29/2020	AIR FILTERS	10-016-57725	Shop Supplies-Facil	\$840.12
	4/22/2020	75773	105042	4/29/2020	A/C FILTERS FOR SERVICE CENTER	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$472.48
						Totals for TEXAS AIR FILTRATION INC.:		\$1,312.60
THE WOODLANDS TOWNSHIP (23/24/29)	4/20/2020	MAY 2020-179	104973	4/22/2020	STATION 23, 24, & 29 RENT	10-000-14900	Prepaid Expenses-BS	\$1,000.00
						10-000-14900	Prepaid Expenses-BS	\$1,000.00
						10-000-14900	Prepaid Expenses-BS	\$1,000.00
						Totals for THE WOODLANDS TOWNSHIP (23/24/29):		\$3,000.00

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THYSSENKRUPP ELEVATOR CORPORATION	4/17/2020	6000437800	2571	4/29/2020	ELEVATOR INSPECTIONS 2020 - ADMIN & SERVICE C	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$930.00
Totals for THYSSENKRUPP ELEVATOR CORPORATION:								\$930.00
TOMMY'S PAINT & BODY INC dba TOMMY'S	4/15/2020	2598	2572	4/29/2020	VEHICLE TOWING	10-010-59200	Vehicle-Towing-Fleet	\$76.00
Totals for TOMMY'S PAINT & BODY INC dba TOMMY'S WRECKER:								\$76.00
TRIZETTO PROVIDER SOLUTIONS	4/1/2020	121Y042000	104929	4/15/2020	INTEGRATED ELIG/QUICK POSTED REMITS/ELECTRC	10-011-57100	Professional Fees-EMS B	\$1,241.44
Totals for TRIZETTO PROVIDER SOLUTIONS:								\$1,241.44
TURNING TECHNOLOGIES, LLC	4/1/2020	383209-IN	104930	4/15/2020	PREM INST LIC - 12 MONTHS	10-009-54100	Dues/Subscriptions-Dept	\$600.00
Totals for TURNING TECHNOLOGIES, LLC:								\$600.00
ULINE	4/8/2020	118799675	104974	4/22/2020	SHELVES FOR STORAGE ROOMS	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$1,491.96
	4/1/2020	117384877	104974	4/22/2020	SHOP SUPPLIES	10-004-57725	Shop Supplies-Radio	\$1,377.75
Totals for ULINE:								\$2,869.71
UNITED RENTALS	4/15/2020	180673950-001	105045	4/29/2020	SCISSOR LIFT 30-35' BOOM RENTAL	10-016-54500	Equipment Rental-Facil	\$831.65
Totals for UNITED RENTALS:								\$831.65
VALIC COLLECTIONS	4/7/2020	VAL040720	4841	4/7/2020	EMPLOYEE CONTRIBUTIONS FOR 04/07/20	10-000-21600	Employee Deferred Comp.-BS	\$11,393.45
	4/20/2020	VAL042020	4859	4/20/2020	EMPLOYEE CONTRIBUTIONS FOR 04/20/20	10-000-21600	Employee Deferred Comp.-BS	\$11,792.67
Totals for VALIC COLLECTIONS:								\$23,186.12
VALLEY VIEW CONSULTING, LLC	4/26/2020	2841	2613	5/6/2020	INVESTMENT ADVISORY SERVICES	10-001-57100	Professional Fees-Admin	\$9,292.67
Totals for VALLEY VIEW CONSULTING, LLC:								\$9,292.67
VERIZON WIRELESS (POB 660108)	4/9/2020	9852198844	104975	4/22/2020	ACCOUNT # 920161350-00001 MAR 10 - APR 09	10-001-58200	Telephones-Cellular-Admin	\$241.38
						10-002-58200	Telephones-Cellular-HCAP	\$165.40
						10-004-58200	Telephones-Cellular-Radio	\$282.73
						10-005-58200	Telephones-Cellular-Accou	\$41.35
						10-006-58200	Telephones-Cellular-Alarm	\$282.73
						10-007-58200	Telephones-Cellular-EMS	\$1,147.21
						10-008-58200	Telephones-Cellular-Suppl	\$206.75
						10-009-58200	Telephones-Cellular-Dept	\$45.35
						10-010-58200	Telephones-Cellular-Fleet	\$82.70
						10-011-58200	Telephones-Cellular-EMS B	\$79.34
						10-015-58200	Telephones-Cellular-Infor	\$3,424.10
						10-015-58200	Telephones-Cellular-Infor	\$465.36
						10-016-58200	Telephones-Cellular-Facil	\$321.90
						10-025-58200	Telephones-Cellular-Human	\$82.70
						10-039-58200	Telephones-Cellular-Commu	\$327.34
Totals for VERIZON WIRELESS (POB 660108):								\$7,196.34

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VFIS OF TEXAS / REGNIER & ASSOCIATES	4/9/2020	80775	2545	4/29/2020	POLICY #VFNU-CM-0002796 - DOWN PAYMENT/THEF	10-001-54900	Insurance-Admin	\$142,235.00
	4/22/2020	80828	2582	5/6/2020	RENEWAL INSTALLMENT # VFNU-CM-0002796/VFNU-	10-001-54900	Insurance-Admin	\$46,534.00
	Totals for VFIS OF TEXAS / REGNIER & ASSOCIATES:							\$188,769.00
WARD, BRADLEY	4/16/2020	WAR041620	2536	4/22/2020	TYVEX SUIT FOR COVID-19	10-009-54200	Durable Medical Equipment-Dept	\$12.69
	Totals for WARD, BRADLEY:							\$12.69
WASTE MANAGEMENT OF TEXAS	4/24/2020	5676995-1792-4	105131	5/6/2020	STATION 27 05/01/20-05/31/20	10-016-58800	Utilities-Facil	\$152.66
	4/24/2020	5676805-1792-5	105131	5/6/2020	STATION 14 05/01/20-05/31/20	10-016-58800	Utilities-Facil	\$42.96
	4/24/2020	5676065-1792-6	105131	5/6/2020	STATION 41 05/01/20-05/31/20	10-016-58800	Utilities-Facil	\$209.77
	Totals for WASTE MANAGEMENT OF TEXAS:							\$405.39
WAVEMEDIA, INC	4/1/2020	489992	104977	4/22/2020	METRO ETHERNET/INTERNET SERVICES/2 STRANDS	10-015-58310	Telephones-Service-Infor	\$4,295.00
	Totals for WAVEMEDIA, INC:							\$4,295.00
WAYTEK, INC.	4/30/2020	2978141	105132	5/6/2020	SHOP TOOLS	10-010-57700	Shop Tools-Fleet	\$638.34
	4/29/2020	2977599	105132	5/6/2020	SHOP SUPPLIES	10-004-57725	Shop Supplies-Radio	\$160.86
	Totals for WAYTEK, INC.:							\$799.20
WESTWOOD N. WATER SUPPLY	4/29/2020	1885 04/29/20	105133	5/6/2020	STATION 27 03/23/20-04/23/20 ACCT #1885 9 2" FIRELIN	10-016-58800	Utilities-Facil	\$186.10
	4/29/2020	1520 04/29/20	105133	5/6/2020	STATION 27 03/23/20-04/23/20 - 1" COMM METER	10-016-58800	Utilities-Facil	\$58.97
	Totals for WESTWOOD N. WATER SUPPLY:							\$245.07
WHITENER ENTERPRISES, INC.	4/16/2020	91580	2573	4/29/2020	OIL & LUBRICANTS/SHOP SUPPLIES	10-010-57725	Shop Supplies-Fleet	\$392.78
						10-010-56400	Oil & Lubricants-Fleet	\$1,792.60
						10-010-54550	Fluids & Additives - Auto-Fleet	\$410.00
	Totals for WHITENER ENTERPRISES, INC.:							\$2,595.38
WIESNER, INC.	4/23/2020	CM617448			CREDIT/617448	10-010-59050	Vehicle-Parts-Fleet	(\$2,000.00)
	4/28/2020	CM617998			CREDIT/617998	10-010-52000	Accident Repair-Fleet	(\$50.00)
	4/16/2020	PQ46551	2574	4/29/2020	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$4,675.00
	4/17/2020	617505	2574	4/29/2020	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$944.90
	4/17/2020	617542	2574	4/29/2020	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$265.78
	4/21/2020	617628	2574	4/29/2020	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$172.96
	4/20/2020	617565	2574	4/29/2020	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$136.53
	4/28/2020	618071	2617	5/6/2020	BUMPER BRACKETS	10-010-52000	Accident Repair-Fleet	\$45.18
	4/28/2020	617998	2617	5/6/2020	HEADLIGHT HOUSING	10-010-52000	Accident Repair-Fleet	\$575.27
	Totals for WIESNER, INC.:							\$4,765.62
WILLIAMS SCOTSMAN	4/5/2020	7681377	104852	4/8/2020	TEMPORARY TRAILER RENT - STATION 33 4/20-5/20	10-016-53600	Damages/Insurance Claims	\$1,839.75
Totals for WILLIAMS SCOTSMAN:							\$1,839.75	

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WILLINGHAM, MISTI	4/7/2020	WIL040720	2474	4/8/2020	WELLNESS PROGRAM/GYM MEMBERSHIP	10-025-54350	Employee Health\Wellness-Human	\$50.00
							Totals for WILLINGHAM, MISTI:	\$50.00
WURTH USA, INC.	4/1/2020	96680384	104931	4/15/2020	SHOP SUPPLIES	10-010-57725	Shop Supplies-Fleet	\$148.83
							Totals for WURTH USA, INC.:	\$148.83
ZIXCORP SYSTEMS, INC.	4/9/2020	INV184014	2537	4/22/2020	ZIXENCRYPT PLUS - VIRTUAL	10-015-52700	Business Licenses-Infor	\$9,115.26
							Totals for ZIXCORP SYSTEMS, INC.:	\$9,115.26
ZOLL DATA SYSTEMS	4/1/2020	INV00060969	104853	4/8/2020	HOSTED BILLING PRO - 3 YEAR(05/01/20-05/31/20)	10-000-14900	Prepaid Expenses-BS	\$8,062.50
	4/1/2020	INV00060970	104853	4/8/2020	COMPUTER SOFTWARE	10-015-53050	Computer Software-Infor	\$15,059.95
							Totals for ZOLL DATA SYSTEMS:	\$23,122.45
ZOLL MEDICAL CORPORATION	4/6/2020	3052188	2506	4/15/2020	MEDICAL EQUIPMENT	10-009-54200	Durable Medical Equipment-Dept	\$1,990.75
	4/8/2020	3053443	2506	4/15/2020	MEDICAL EQUIPMENT	10-009-54200	Durable Medical Equipment-Dept	\$3,133.00
	4/13/2020	3055081	2575	4/29/2020	MEDICAL EQUIPMENT	10-009-54200	Durable Medical Equipment-Dept	\$1,485.00
	4/16/2020	3057600	2575	4/29/2020	DME X-SERIES REPAIR	10-009-57650	Repair-Equipment-Dept	\$1,233.00
							Totals for ZOLL MEDICAL CORPORATION:	\$7,841.75

BIG ASS HOLDING dba BIG ASS	4/20/2020	792119	105004	4/29/2020	COMMERICAL	10-016-52754	Capital Purchase - Equipment-Facil	\$3,000.00
Totals for BIG ASS HOLDING dba BIG ASS FANS:								\$3,000.00
DAILEY WELLS COMMUNICATIONS INC.	4/8/2020	20CC032605	2507	4/15/2020	XM-100F MOE	10-004-52754	Capital Purchase - Equipment-Radio	\$48,739.15
Totals for DAILEY WELLS COMMUNICATION INC.:								\$48,739.15
LYTX, INC.	4/14/2020	5270208	2565	4/29/2020	EVENT RECO	10-010-52754	Capital Purchase - Equipment-Fleet	\$4,570.02
Totals for LYTX, INC.:								\$4,570.02

Account Summary

Account Number	Description	Net Amount
10-000-14100	Patient Refunds-BS	\$12,013.96
10-000-14900	Prepaid Expenses-BS	\$44,053.55
10-000-21400	Accrued Payroll-BS	\$25.00
10-000-21585	P/R-Flexible Spending-BS-BS	\$3,648.72
10-000-21590	P/R-Premium Cancer/Accident-BS	\$8,382.30
10-000-21595	P/R-Health Savings-BS-BS	\$16,871.94
10-000-21600	Employee Deferred Comp.-BS	\$23,186.12
10-000-21650	TCDRS Defined Benefit Plan-BS	\$299,375.05
10-001-52950	Community Education-Admin	\$94.99
10-001-53150	Conferences - Fees, Travel, & Meals-Admin	(\$229.64)
10-001-54100	Dues/Subscriptions-Admin	\$183.63
10-001-54900	Insurance-Admin	\$188,769.00
10-001-57100	Professional Fees-Admin	\$9,292.67
10-001-57750	Small Equipment & Furniture-Admin	\$3,004.44
10-001-58200	Telephones-Cellular-Admin	\$241.38
10-001-58600	Travel Expenses-Admin	\$10.00
10-002-53100	Computer Supplies/Non-Cap.-HCAP	\$307.69
10-002-55700	Management Fees-HCAP	\$10,827.50
10-002-56900	Postage-HCAP	\$226.00
10-002-57100	Professional Fees-HCAP	\$768.00
10-002-57750	Small Equipment & Furniture-HCAP	\$2,356.87
10-002-58200	Telephones-Cellular-HCAP	\$165.40
10-004-52754	Capital Purchase - Equipment-Radio	\$48,739.15
10-004-53150	Conferences - Fees, Travel, & Meals-Radio	(\$547.33)
10-004-55650	Maintenance- Equipment-Radio	\$2,357.37
10-004-55900	Meals - Business and Travel-Radio	\$103.63
10-004-57100	Professional Fees-Radio	\$19,992.86
10-004-57200	Radio Repairs - Outsourced (Depot)-Radio	\$680.08
10-004-57225	Radio Repair - Parts-Radio	\$856.78
10-004-57250	Radios-Radio	\$142,220.48
10-004-57725	Shop Supplies-Radio	\$1,862.62
10-004-57750	Small Equipment & Furniture-Radio	\$8,384.56
10-004-58200	Telephones-Cellular-Radio	\$379.36
10-004-58310	Telephones-Service-Radio	\$238.58
10-004-58800	Utilities-Radio	\$3,533.09
10-005-53050	Computer Software-Accou	\$1,750.00
10-005-58200	Telephones-Cellular-Accou	\$41.35
10-006-53150	Conferences - Fees, Travel, & Meals-Alarm	(\$2,771.87)
10-006-54450	Employee Recognition-Alarm	\$1,135.85
10-006-58200	Telephones-Cellular-Alarm	\$282.73
10-007-53150	Conferences - Fees, Travel, & Meals-EMS	(\$370.00)
10-007-53330	Contractual Obligations- Other-EMS	\$2,025.00
10-007-56100	Meeting Expenses-EMS	\$1,856.72
10-007-57000	Printing Services-EMS	\$98.51
10-007-57500	Rent-EMS	\$2,100.00
10-007-57750	Small Equipment & Furniture-EMS	\$537.05
10-007-57800	Special Events Supplies-EMS	\$118.18
10-007-57900	Station Supplies-EMS	\$6.04
10-007-58200	Telephones-Cellular-EMS	\$1,147.21
10-007-58700	Uniforms-EMS	\$25,736.04
10-008-52500	Bio-Waste Removal-Suppl	\$2,671.93
10-008-53800	Disposable Linen-Suppl	\$33,830.40
10-008-53900	Disposable Medical Supplies-Suppl	\$113,822.05
10-008-54200	Durable Medical Equipment-Suppl	\$429.50

Account Summary

Account Number	Description	Net Amount
10-008-55650	Maintenance- Equipment-Suppl	\$1,147.45
10-008-56300	Office Supplies-Suppl	\$625.93
10-008-56600	Oxygen & Gases-Suppl	\$4,024.17
10-008-56900	Postage-Suppl	\$1,489.40
10-008-57000	Printing Services-Suppl	\$314.00
10-008-57750	Small Equipment & Furniture-Suppl	\$200.40
10-008-57900	Station Supplies-Suppl	\$20,636.11
10-008-58200	Telephones-Cellular-Suppl	\$206.75
10-008-58700	Uniforms-Suppl	\$852.27
10-009-52600	Books/Materials-Dept	\$665.72
10-009-52700	Business Licenses-Dept	\$1,362.00
10-009-53050	Computer Software-Dept	\$951.00
10-009-53550	Customer Relations-Dept	\$10,281.70
10-009-54000	Drug Supplies-Dept	\$28,021.85
10-009-54100	Dues/Subscriptions-Dept	\$600.00
10-009-54200	Durable Medical Equipment-Dept	\$21,277.87
10-009-55650	Maintenance- Equipment-Dept	\$12,708.24
10-009-56300	Office Supplies-Dept	\$36.05
10-009-57100	Professional Fees-Dept	\$23,440.00
10-009-57650	Repair-Equipment-Dept	\$2,718.00
10-009-58200	Telephones-Cellular-Dept	\$45.35
10-010-52000	Accident Repair-Fleet	\$746.93
10-010-52754	Capital Purchase - Equipment-Fleet	\$4,570.02
10-010-53150	Conferences - Fees, Travel, & Meals-Fleet	(\$38.00)
10-010-54550	Fluids & Additives - Auto-Fleet	\$767.54
10-010-54700	Fuel - Auto-Fleet	\$45,489.49
10-010-54800	Hazardous Waste Removal-Fleet	\$254.30
10-010-55100	Laundry Service & Purchase-Fleet	\$113.74
10-010-56100	Meeting Expenses-Fleet	\$90.00
10-010-56200	Mileage Reimbursements-Fleet	\$70.40
10-010-56400	Oil & Lubricants-Fleet	\$3,044.50
10-010-56500	Other Services-Fleet	\$46.20
10-010-57700	Shop Tools-Fleet	\$1,376.33
10-010-57725	Shop Supplies-Fleet	\$1,335.82
10-010-58200	Telephones-Cellular-Fleet	\$82.70
10-010-59000	Vehicle-Outside Services-Fleet	\$249.00
10-010-59050	Vehicle-Parts-Fleet	\$44,004.62
10-010-59100	Vehicle-Registration-Fleet	\$236.25
10-010-59150	Vehicle-Tires-Fleet	\$928.00
10-010-59200	Vehicle-Towing-Fleet	\$476.00
10-011-52900	Collection Fees-EMS B	\$6,638.33
10-011-57100	Professional Fees-EMS B	\$10,069.03
10-011-58200	Telephones-Cellular-EMS B	\$79.34
10-015-45150	MDC Revenue - First Responders-Infor	\$2,484.81
10-015-52700	Business Licenses-Infor	\$9,840.26
10-015-53000	Computer Maintenance-Infor	\$3,600.00
10-015-53050	Computer Software-Infor	\$38,567.39
10-015-53100	Computer Supplies/Non-Cap.-Infor	\$6,767.84
10-015-53150	Conferences - Fees, Travel, & Meals-Infor	(\$2,822.07)
10-015-55400	Leases/Contracts-Infor	\$3,543.12
10-015-56100	Meeting Expenses-Infor	\$89.70
10-015-57100	Professional Fees-Infor	\$12,778.00
10-015-57750	Small Equipment & Furniture-Infor	\$52,386.99
10-015-58200	Telephones-Cellular-Infor	\$3,912.18

Account Summary

Account Number	Description	Net Amount
10-015-58310	Telephones-Service-Infor	\$17,609.03
10-015-58500	Training/Related Expenses-CE-Infor	\$1,872.00
10-015-58800	Utilities-Infor	\$3,571.07
10-016-52754	Capital Purchase - Equipment-Facil	\$3,000.00
10-016-53330	Contractual Obligations- Other-Facil	\$5,956.78
10-016-53600	Damages/Insurance Claims	\$1,839.75
10-016-54500	Equipment Rental-Facil	\$831.65
10-016-55600	Maintenance & Repairs-Buildings-Facil	\$27,374.23
10-016-55900	Meals - Business and Travel-Facil	\$114.19
10-016-57100	Professional Fees-Facil	\$31.00
10-016-57700	Shop Tools-Facil	\$233.97
10-016-57725	Shop Supplies-Facil	\$1,613.98
10-016-57750	Small Equipment & Furniture-Facil	\$2,970.41
10-016-58200	Telephones-Cellular-Facil	\$321.90
10-016-58800	Utilities-Facil	\$31,973.07
10-025-51700	Health & Dental-Human	\$61,352.75
10-025-51710	Health Insurance Claims-Human	\$297,510.03
10-025-51720	Health Insurance Admin Fees-Human	\$63,982.80
10-025-54350	Employee Health\Wellness-Human	\$807.84
10-025-54450	Employee Recognition-Human	\$44.87
10-025-55500	Legal Fees-Human	\$5,775.00
10-025-56200	Mileage Reimbursements-Human	\$6.38
10-025-57100	Professional Fees-Human	\$2,181.28
10-025-58200	Telephones-Cellular-Human	\$82.70
10-026-41500	Miscellaneous Income-Recor	\$79.70
10-026-56500	Other Services-Recor	\$271.44
10-039-58200	Telephones-Cellular-Comm	\$327.34
GRAND TOTAL:		<u><u>\$1,951,940.67</u></u>

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VENDOR	INVOICE DATE	DESCRIPTION	AMOUNT
*PERKSATWORK*1800FLOWE	03/06/2020	FLOWER ORDER KIRBY FAMILY	\$ 58.97
ACTIVE911 INC	03/17/2020	ACTIVE911 ANNUAL SUBSCRIPTION	\$ 3,307.50
AED SUPERSTORE	04/03/2020	AED BATTERIES	\$ 429.50
AMAZON	03/20/2020	AMAZON MEDICAL SUPPLIES COVID-19	\$ 173.00
APPLE.COM/BILL	03/30/2020	ICLOUD MONTHLY SUBSCRIPTION	\$ 9.99
ATT*BILL PAYMENT	03/26/2020	STATION 24 MARCH SERVICES	\$ 121.30
ATT*BILL PAYMENT	03/26/2020	STATION 41 FIRE PANEL 2813599426 03/13/20-04/12/20	\$ 150.25
ATT*BUS PHONE PMT	03/19/2020	STATION 31 FIRE PANEL 2816896865 02/23/20-03/22/20	\$ 559.48
ATT*BUS PHONE PMT	03/19/2020	STATION 30 2816893247 02/23/20-03/22/20	\$ 168.79
ATT*BUS PHONE PMT	03/10/2020	STATION 40 FIRE PANEL 2812598210 03/13/20-04/12/20	\$ 261.08
BCI SUPPLY	03/19/2020	STATION SUPPLIES	\$ 676.06
C & R WATER SUPPLY, IN	03/16/2020	STATION 44 01/10/20 - 02/10/20	\$ 80.10
CAESARS HOTEL AND CASINO	03/09/2020	CREDIT FOR HOTEL DEPOSIT FOR C.HON CAD CONFERI	\$ (225.63)
CAESARS HOTEL AND CASINO	03/09/2020	CANCELED HOTEL FOR C.HON CAD CONFERENCE DUE 1	\$ (790.27)
CAESARS HOTEL AND CASINO	03/09/2020	CANCELED HOTEL FOR R.JACKSON CAD CONFERENCE I	\$ (790.27)
CAESARS HOTEL AND CASINO	03/09/2020	CREDIT HOTEL DEPOSIT FOR R.JACKSON CAD CONFERE	\$ (225.63)
CAESARS HOTEL AND CASINO	03/09/2020	CANCELED HOTEL FOR S.TRAINOR CAD CONFERENCE C	\$ (790.27)
CAESARS HOTEL AND CASINO	03/09/2020	CREDIT HOTEL DEPOSIT FOR S.TRAINOR CAD CONFERE	\$ (225.63)
CHICK-FIL-A #03922	03/09/2020	MEALS FOR EMPLOYEES WORKING ON "WORK FROM HC	\$ 103.63
CHICK-FIL-A #03922	03/13/2020	COVID-19 PRESS CONFERENCE LUNCH REQ 23900	\$ 109.33
CHICK-FIL-A #03922	03/23/2020	COVID-19 ISC LUNCH	\$ 100.87
CHICK-FIL-A #03922	03/20/2020	LUNCH FOR EMPLOYEES WORKING "WORK FROM HOME	\$ 27.57
CHICK-FIL-A #03922	03/19/2020	LUNCH FOR EMPLOYEES WORKING "WORK FROM HOME	\$ 86.62
CHIPOTLE ONLINE	03/27/2020	COVID-19 ISC LUNCH	\$ 111.93
CITY OF CONROE UTILITY	04/03/2020	STATION 10 ACCT# 00720592000	\$ 99.45
CITY OF CONROE UTILITY	04/03/2020	ADMIN ACCT# 004914000000	\$ 1,720.61
CITY OF CONROE UTILITY	03/30/2020	STATION 15 ACCT# 0066-0040-006	\$ 80.92
COBURN SUPPLY COMPANY	03/19/2020	SHOP SUPPLIES	\$ 162.54
COMCAST OF HOUSTON	04/03/2020	STATION 23 04/16/20-05/15/20	\$ 114.90
COMPLETE TABLET SOLUTI	03/23/2020	INSEE GO VERIZON MODEM SIM WORKING FROM HOME	\$ 2,125.00
CONNECTED SOLUTIONS GR	03/18/2020	INSEEGO SKYUS VERIZON MODEMS FOR WORKING AT H	\$ 4,844.33
CRAWFORD CONROE	04/03/2020	ADMIN OFFICE LIGHT CHANGE OUT	\$ 69.24
CRAWFORD CONROE	04/01/2020	STATION 44 ELECTRICAL REPAIR	\$ 1.56
CRAWFORD CONROE	03/13/2020	LIGHT POLE RETRO FITS STATION 20, 31,30,32	\$ 62.30
CY-FAIR FIRE DEPT.	03/10/2020	CY-FAIR FTEP COURSE A. CURRIE	\$ 300.00
CY-FAIR FIRE DEPT.	03/10/2020	CY-FAIR FTEP COURSE ATTENDEES ATTACHED	\$ 2,700.00
DISNEY RESORTS	03/23/2020	T. DARST HOTEL CANCEL 04-27-20-05-01-20	\$ (400.50)
DISNEY RESORTS	03/23/2020	K. ERWIN D. LAFFERTY HOTEL CANCEL 04-28-20-05-01-20	\$ (600.75)
DISNEY RESORTS	03/23/2020	T. DARST HOTEL CANCEL 04-27-20-05-01-20	\$ (400.50)
DISNEY RESORTS	03/23/2020	K. BROWN HOTEL CANCEL 04-28-20-05-02-20	\$ (200.25)
DISNEY RESORTS	03/23/2020	K. BROWN HOTEL CANCEL 04-28-20-05-02-20	\$ (200.25)
DISNEY RESORTS	03/23/2020	K. BROWN HOTEL CANCEL 04-28-20-05-02-20	\$ (200.25)
DNS MADE EASY	03/20/2020	INVOICE 527072 PO 56219 DNS-ENTERPRISE FOR 50 DOM	\$ 151.85
DOMINO'S 9237	03/12/2020	ESO DEMONSTRATION LUNCH REQ 23901	\$ 65.67
DSHS REGULATORY PROG	04/01/2020	RENEWAL EMS PERSONNEL MUSSEY (STEELY), MEGAN	\$ 126.00
DSHS REGULATORY PROG	03/31/2020	RENEWAL EMS PERSONNEL CURRIE, FRANK	\$ 64.00
DSHS REGULATORY PROG	03/31/2020	RENEWAL EMS EDUCATOR'S K. ORSO	\$ 34.00
DSHS REGULATORY PROG	03/23/2020	ROACH RENEWAL	\$ 96.00
DSHS REGULATORY PROG	03/13/2020	B. PERRY RENEWAL	\$ 96.00
DSHS REGULATORY PROG	03/10/2020	A. CURRIE RENEWAL	\$ 96.00
DSHS REGULATORY PROG	03/10/2020	RENEWAL	\$ 126.00
DSHS REGULATORY PROG	03/06/2020	M. CLARK RENEWAL	\$ 96.00
DTV*DIRECTV SERVICE	03/30/2020	STATION 12 INV 37298968145 03/25/20-04/24/20	\$ 140.98
DTV*DIRECTV SERVICE	03/24/2020	STATION 11 INV 37285396532 03/21/20-04/20/20	\$ 58.99
DTV*DIRECTV SERVICE	03/16/2020	STATION 14 INV 37264591574 03/13/20-04/12/20	\$ 139.72
DTV*DIRECTV SERVICE	03/16/2020	INVOICE 27257971606 MARCH 2020	\$ 1,592.88
DTV*DIRECTV SERVICE	03/09/2020	STATION 12 INV 37210780285 02/25/20-03/24/20	\$ 176.98
DTV*DIRECTV SERVICE	03/09/2020	STATION 27 INV 37223518414 02/29/20-03/2/20	\$ 286.21
ELLIOTT ELECTRIC SUPPL	03/30/2020	STATION 44 SHORELINES	\$ 352.96
ELLIOTT ELECTRIC SUPPL	03/30/2020	STATION 44 SHORELINES	\$ 5.90
ELLIOTT ELECTRIC SUPPL	03/30/2020	STATION 44 SHORELINES	\$ 96.92
EPCOR	03/18/2020	STATION 40 METER 6439634 01/23/20-02/20/20	\$ 29.63
EPCOR	03/17/2020	STATION 40 METER 273692 01/23/20-02/20/20	\$ 102.62
EVENT ESPRESSO LLC	03/11/2020	EE4 EVERYTHING ANNUAL LICENSE	\$ 139.98
EXPEDIA 7524724229796	03/10/2020	HOTEL CANCELLATION JUSTIN EVANS IWCE CONFEREN	\$ (547.33)
EXXONMOBIL 47941372	03/09/2020	FUEL/ VEHICLE MAINTENANCE	\$ 10.00
EZTEXTINGCOM	03/16/2020	SOFTWARE FOR BAU DATE OF SERVICE 3/14/2020	\$ 40.00
EZTEXTINGCOM	03/13/2020	SOFTWARE FOR BAU DATE OF SERVICE 3/12/2020	\$ 40.00
EZTEXTINGCOM	03/10/2020	SOFTWARE FOR BAU DATE OF SERVICE 3/10/2020	\$ 40.00
EZTEXTINGCOM	03/09/2020	SOFTWARE FOR BAU	\$ 40.00
EZTEXTINGCOM	03/16/2020	SOFTWARE FOR BAU	\$ 4,320.00
FAVOR TROPICAL SMOOTH	04/03/2020	COVID-19 ICS COMMAND LUNCH	\$ 108.45
FEDEX 61166148	03/16/2020	INV 695438646 SHIPPING CHARGES	\$ 30.57
FEDEX 61258485	03/30/2020	INVOICE 6-967-64853 SHIPPING CHARGES	\$ 67.16

JP Morgan Chase Bank
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VENDOR	INVOICE DATE	DESCRIPTION	AMOUNT
FSI*ENTERGY-BILLMATRIX	03/31/2020	STATION 43 02/16/20-03/18/20	\$ 325.12
FSI*ENTERGY-BILLMATRIX	03/31/2020	STATION 10 02/13/20-03/18/20	\$ 95.18
FSI*ENTERGY-BILLMATRIX	03/31/2020	STATION 10 02/13/20-03/18/2020	\$ 1,002.95
HARRAHS HOTELS AND CASINOS	03/11/2020	CREDIT RECEIVED PRICING CHANGED. BRETT ALLEN RT	\$ (167.00)
HARRAHS HOTELS AND CASINOS	03/11/2020	CREDIT RECEIVED PRICING CHANGED. WAYDE SULLIVIA	\$ (167.00)
HARRAHS HOTELS AND CASINOS	03/11/2020	CREDIT RECEIVED PRICING CHANGED. HOWARD TUTT C	\$ (167.00)
HOLIDAY INNS	03/20/2020	HOLIDAY INN CANCELLATION 4-18-20-4-22-20	\$ (768.32)
HOMEDEPOT.COM	03/11/2020	BLINDS FOR STATION 27	\$ 263.71
HOUSTON NORTH KOA	03/27/2020	CANCELLATION RESERVATION # 3869926 (WILL RECEIVE	\$ 300.00
HOUSTON NORTH KOA	03/27/2020	RESERVATION #3881990 PO 56641 EMS CABIN FOR ISOL	\$ 300.00
HOUSTON NORTH KOA	03/27/2020	RESERVATION # 3882019 EMS CABIN FOR ISOLATION	\$ 300.00
HOUSTON NORTH KOA	03/26/2020	RESERVATION # 3880054 EMS CABIN FOR ISOLATION PO	\$ 300.00
HOUSTON NORTH KOA	03/26/2020	RESERVATION # 3882000 EMS CABIN FOR ISOLATION PO	\$ 300.00
HOUSTON NORTH KOA	03/24/2020	PO 56641 COVID-19 CABIN FOR EMS ISOLATION RESERV	\$ 300.00
HOUSTON NORTH KOA	03/24/2020	PO 56641 COVID-19 CABINS FOR EMS ISOLATION RESER	\$ 300.00
IAH PARKING AREA C	03/09/2020	RTA CONF. PARKING FOR W SULLIVAN AND H TUTT	\$ 96.00
IDENTOGO - TX FINGERPR	03/25/2020	J. GUTIERREZ TX DSHS EMS COMPLIANCE	\$ 39.25
IDENTOGO - TX FINGERPR	03/19/2020	C. WILLIAMS TX DSHS EMS COMPLIANCE	\$ 39.25
IDENTOGO - TX FINGERPR	03/18/2020	S. PHENGSIKEO TX DSHS EMS COMPLIANCE	\$ 39.25
IDENTOGO - TX FINGERPR	03/18/2020	W. SULLIVAN TX DSHS EMS COMPLIANCE	\$ 39.25
IDENTOGO - TX FINGERPR	03/17/2020	C. PARENT TX DSHS EMS COMPLIANCE	\$ 39.25
IDENTOGO - TX FINGERPR	03/17/2020	O. MANCIA TX DSHS EMS COMPLIANCE	\$ 39.25
IDENTOGO - TX FINGERPR	03/16/2020	R. MCGINNIS TX DSHS EMS COMPLIANCE	\$ 39.25
IDENTOGO - TX FINGERPR	03/16/2020	R. RITCHEY TX DSHS EMS COMPLIANCE	\$ 39.25
IDENTOGO - TX FINGERPR	03/13/2020	K. PARKER TX DSHS EMS COMPLIANCE	\$ 39.25
IDENTOGO - TX FINGERPR	03/13/2020	D. HANCOCK TX DSHS EMS COMPLIANCE	\$ 39.25
IDENTOGO - TX FINGERPR	03/11/2020	K. MIFFLIN TX DSHS EMS COMPLIANCE	\$ 39.25
IDENTOGO - TX FINGERPR	03/11/2020	D. OVERSTREET TX DSHS EMS COMPLIANCE	\$ 39.25
IDENTOGO - TX FINGERPR	03/10/2020	D. PAIRETT TX DSHS EMS COMPLIANCE	\$ 39.25
IDENTOGO - TX FINGERPR	03/09/2020	E. RICHENBERGER TX DSHS EMS COMPLIANCE	\$ 39.25
IDENTOGO - TX FINGERPR	03/09/2020	W. JOHNSON TX DSHS EMS COMPLIANCE	\$ 39.25
IDENTOGO - TX FINGERPR	03/06/2020	B. BESSIRE TX DSHS EMS COMPLIANCE	\$ 39.25
KROGER #0136	03/25/2020	CLEANING SUPPLIES FOR ISOLATION CABINS	\$ 6.04
KROGER #0136	03/25/2020	CLEANING ITEMS FOR ISOLATION STATIONS	\$ 11.89
KROGER #0136	03/11/2020	LYSOL PURCHASE PREPARING FOR COVID-19 ORDER	\$ 11.89
KROGER #0136	03/27/2020	CLEANING SUPPLIES 10-008-57900 AND MASK SUPPLIES	\$ 21.15
KROGER #0136	03/18/2020	ISOLATION FOOD FOR STATION 27	\$ 66.80
KROGER #0136	03/23/2020	CABIN FOOD FOR SEVERAL STATIONS	\$ 162.10
LIFE SAVERS CONFERENCE	03/24/2020	LIFESAVERS NCHSP REGISTRATION REFUND	\$ (350.00)
LOWES #00232*	04/02/2020	SHOP SUPPLIES	\$ 19.96
LOWES #00232*	03/23/2020	BINS FOR TAKING WORK EQUIPMENT HOME COVID-19	\$ 107.76
LOWES #00232*	03/20/2020	BINS FOR TAKING WORK EQUIPMENT HOME COVID-19	\$ 199.60
LOWES #00232*	03/19/2020	BINS FOR TAKE HOME EQUIPMENT WORKING FROM HOM	\$ 237.36
LOWES #00232*	03/18/2020	BINS FOR TAKING WORK EQUIPMENT HOME COVID-19	\$ 870.51
LOWES #00232*	04/03/2020	SHOP TOOLS	\$ 199.00
LOWES #00232*	04/03/2020	SHOP SUPPLIES	\$ 50.84
LOWES #00232*	04/02/2020	SHOP SUPPLIES	\$ 66.96
LOWES #00232*	04/02/2020	SHOP SUPPLIES	\$ 14.48
LOWES #00232*	04/01/2020	SHOP SUPPLIES	\$ 262.10
MATTERHACKERS.COM	03/23/2020	COVID-19 3D PRINTER SUPPLIES	\$ 98.51
MOD PIZZA CONROE SOUTH	03/30/2020	COVID-19 ICS COMMAND LUNCH	\$ 119.03
MOD PIZZA CONROE SOUTH	03/25/2020	COVID-19 ICS COMMAND LUNCH	\$ 92.60
MOD PIZZA CONROE SOUTH	03/25/2020	COVID-19 ICS COMMAND LUNCH	\$ 77.42
MONTGOMERY VEHREG	03/27/2020	REGISTRATION OF SHOPS 611,613,334,20,21,50	\$ 46.50
MONTGOMERY VEHREG	03/11/2020	REGISTRATION OF SHOPS 10,15,33,42,43,67,600,604,620,6	\$ 78.75
MUNICIPAL ONLINE PAYME	04/01/2020	STATION 15 ACCT# 0066-0040-006 PROCESSING FEE	\$ 0.85
MUNICIPAL ONLINE PAYME	04/02/2020	STATION 10 ACCT# 00720592000 PROCESSING FEE	\$ 0.85
MUNICIPAL ONLINE PAYME	04/02/2020	STATION 10 ACCT# 00720592000 PROCESSING FEE	\$ 0.85
NACCME	03/09/2020	EMS WORLD REGISTRATION 9-14-20-9-18-20	\$ 1,750.00
NAEMT	03/20/2020	EMS DAY ON THE HILL CANCELLATION - REFUND 3-23	\$ (155.00)
NAEMT	03/20/2020	EMS DAY ON THE HILL CANCELLATION 3-25	\$ (20.00)
NAEMT	03/12/2020	NAEMT PHTLS INVOICE_PH-20-02088-11 9TH EDITION REI	\$ 100.00
NORTHERN TOOL & EQUIP	03/23/2020	PPE WELDER TOOL HOOD	\$ 69.99
OUTDOOR EQUIPMENT OUTL	03/20/2020	PRESSURE WASHER REPAIR	\$ 16.88
PANERA BREAD #202503 O	03/30/2020	COVID-19 ICS COMMAND LUNCH	\$ 139.36
PANERA BREAD #202503 P	03/19/2020	COVID-19 ICS COMMAND LUNCH	\$ 235.31
PAYCLIX	03/16/2020	STATION 44 10/10/20-02/10/20 PROCESSING FEE	\$ 3.18
PIZZA HUT 032205	03/16/2020	WORKING LUNCH WITH HORTON STAFF: K LIVINGSTON,	\$ 90.00
POSITIVE PROMOTIONS	03/30/2020	EMPLOYEE RECOGNITION ITEMS FOR ALARM	\$ 676.54
PREMIERE GLOBAL SERVIC	03/23/2020	INVOICE 719147 02/13/20-03/12/20	\$ 6.63
RELIANT ENERGY	03/31/2020	STATION 40 SECURITY LIGHT 02/28/20-03/30/20	\$ 65.96
REV.COM	03/25/2020	TRANSCRIPTION TC0989777165 RUSH ORDER	\$ 319.50
SAMSClub #6421	03/27/2020	STATION SUPPLIES RESTOCK ORDER	\$ 135.64
SAMSClub #6421	03/27/2020	STATION SUPPLIES RESTOCK ORDER	\$ 191.82

JP Morgan Chase Bank
April 2020 Credit Card Transactions

VENDOR	INVOICE DATE	DESCRIPTION	AMOUNT
SAMSLUB.COM	03/09/2020	FOOD ITEMS FOR THE WOODLANDS MARATHON	\$ 118.18
SAMSLUB.COM	03/26/2020	RESTOCK ORDER STATION SUPPLIES	\$ 732.72
SAMSLUB.COM	03/26/2020	STATION SUPPLIES CLOROX WIPES ORDER	\$ 16.44
SAMSLUB.COM	03/30/2020	PAPER TOWEL ORDER	\$ 35.54
SAMSLUB.COM	03/16/2020	WAREHOUSE RESTOCK ORDER PREPARING FOR COVID	\$ 104.90
SAMSLUB.COM	03/23/2020	STATION SUPPLIES LYSOL ORDER	\$ 230.81
SAMSLUB.COM	03/19/2020	FOOD FOR STATIONS	\$ 462.76
SAMSLUB.COM	03/19/2020	FOOD FOR STATIONS	\$ 661.91
SAMSLUB.COM	03/13/2020	WAREHOUSE STATION SUPPLIES PREPARING FOR COVI	\$ 1,244.33
SAMSLUB.COM	03/16/2020	REPLACEMENT MONITOR IN ALARM	\$ 329.00
SEMINOLE HARD ROCK HTL	03/09/2020	EAGLES HOTEL 6-10-20-6-13-20	\$ 202.27
SIMPSON-DABNEY APPLIAN	03/20/2020	DRYER REPAIR	\$ 10.00
SIMPSON-DABNEY APPLIAN	03/20/2020	DRYER REPAIR	\$ 80.00
SLADEK CONFERENCE SERV	04/02/2020	TEXAS EMS CONFERENCE BOOTH 11-22-20-11-25-20	\$ 3,400.00
SOMA	03/09/2020	SOMSA REGISTRATION 5-11-20-5-15-20	\$ 332.50
SOUNDCLOUD INC	03/09/2020	YEARLY SOUND CLOUD MEMBERSHIP	\$ 146.14
SP * SALTS GONE	03/20/2020	HAND SANITIZER ORDER	\$ 730.70
SP * THEVESTGUY.COM	03/16/2020	NEW HIRE VEST	\$ 1,434.30
SQ *BCI SUPPLY	03/27/2020	ISOPROPYL ALCOHOL GALLONS	\$ 32.44
STERICYCLE	03/27/2020	INVOICE 4009185163	\$ 2,671.93
SUDDENLINK 7707	03/31/2020	STATION 13 ACCT# 07707109949013	\$ 144.67
SUDDENLINK 7707	03/27/2020	STATION 14 ACCT# 07707133511010 03/21/20-04/20/20	\$ 94.10
SUDDENLINK 7707	03/27/2020	ADMIN ACCT# 07707128957013 03/21/20-04/20/20	\$ 199.72
SUDDENLINK 7708	04/01/2020	STATION 13 ACCT# 07707109949013	\$ 114.28
TEXAS AMBULANCE ASSOC.	03/06/2020	TAA REGISTRATION FOR KIM REED APRIL 2020 (RESCHE	\$ 200.00
THE HOME DEPOT #0508	03/23/2020	STATION 10 DOOR REPAIR	\$ 40.70
THE HOME DEPOT #0508	03/16/2020	STATION POLE LIGHT REPAIR	\$ 15.39
THE HOME DEPOT #0508	03/11/2020	STATION 40 LIGHT REPAIR	\$ 39.92
THE HOME DEPOT #0508	03/16/2020	SHOP TOOLS	\$ 34.97
THE HOME DEPOT #0508	03/12/2020	SHOP SUPPLIES / FAC CC NOT AVAILABLE PO 56147	\$ 69.70
THE HOME DEPOT #0508	03/23/2020	SHOP SUPPLIES	\$ 25.93
THE HOME DEPOT #0508	03/11/2020	SHOP SUPPLIES	\$ 31.36
THE HOME DEPOT #6819	03/12/2020	ALARM ICE MACHINE REPAIR	\$ 5.68
THE TOASTED YOLK CAFE	04/03/2020	COVID-19 ICS COMMAND LUNCH	\$ 140.57
THEPARKINGSPOT-238RC	03/09/2020	RTA CONF - AIRPORT PARKING	\$ 62.36
TORCHYS TACOS CONROE 6	03/26/2020	COVID-19 ICS COMMAND LUNCH	\$ 67.10
TORCHYS TACOS CONROE 6	03/26/2020	COVID-19 ICS COMMAND LUNCH	\$ 10.45
TORCHYS TACOS CONROE 6	03/19/2020	COVID-19 ICS COMMAND LUNCH	\$ 191.48
TST* PIE IN THE SKY PI	04/01/2020	COVID-19 ICS COMMAND LUNCH	\$ 164.14
TX.GOV*SERVICEFEE-DIR	03/26/2020	REGISTRATION OF SHOPS 611,613,334,20,21,50	\$ 12.00
TX.GOV*SERVICEFEE-DIR	03/10/2020	REGISTRATION OF SHOPS 10,15,33,42,43,67,600,604,620,f	\$ 20.00
UNITED AIRLINES	03/09/2020	RTA CONF - BAGGAGE FEE	\$ 30.00
UNITED AIRLINES	03/12/2020	FLIGHT CANCELLATION DUE TO COVID-19 JUSTIN EVANS	\$ (601.80)
UNITED AIRLINES	03/09/2020	SOMSA FLIGHT 5-11-20-5-15-20	\$ 402.80
UPS*000000A690R4100	03/17/2020	SHIPPING CHARGES INV 0000A690R4100	\$ 386.67
USPS PO BOXES ONLINE	03/16/2020	HCAP PO BOX RENEWAL	\$ 226.00
WASTE MGMT WM EZPAY	03/16/2020	INVOICE 5568572-1792-1 01/01/20-03/31/20	\$ 3,470.77
WASTE MGMT WM EZPAY	03/16/2020	INVOICE 5669276792-8 03/01/2020-03/31/2020	\$ 4.53
WOODLAND OAKS	03/16/2020	STATION 27 01/14/20-02/13/20	\$ 90.48
TOTAL			\$ 50,002.85

Montgomery County Hospital District
Bank Register - Operating Acct-WF
Patient Refunds - One Time Checks (04/01/2020 - 04/30/2020)

Payment number	Payment type	Invoice date	Invoice number	Vendor name	Invoice amount	Cleared?	Post date
104914	Computer Check	4/9/20	18-31328	PATIENT REFUND	\$50.00	FALSE	4/9/20
104818	Computer Check	4/6/20	18-65278	PATIENT REFUND	\$66.20	FALSE	4/6/20
104811	Computer Check	4/6/20	19-23894	PATIENT REFUND	\$472.29	TRUE	4/6/20
104848	Computer Check	4/6/20	19-3206A	TEXAS MEDICAID & HEALTHCARE PARTNERSH	\$55.95	TRUE	4/6/20
104828	Computer Check	4/6/20	19-3206B	NOVITAS SOLUTIONS (POB 3106)	\$219.34	TRUE	4/6/20
104926	Computer Check	4/9/20	19-39004	PATIENT REFUND	\$300.00	TRUE	4/9/20
104838	Computer Check	4/6/20	19-42366	PATIENT REFUND	\$97.07	TRUE	4/6/20
104822	Computer Check	4/6/20	19-43821	PATIENT REFUND	\$444.32	TRUE	4/6/20
104907	Computer Check	4/9/20	19-47604	PATIENT REFUND	\$36.00	TRUE	4/9/20
104827	Computer Check	4/6/20	19-50610	PATIENT REFUND	\$387.74	TRUE	4/6/20
104998	Computer Check	4/28/20	19-52074	AETNA (POB 14079)	\$336.63	FALSE	4/28/20
104999	Computer Check	4/28/20	19-52077	AETNA (POB 14079)	\$336.63	FALSE	4/28/20
105000	Computer Check	4/28/20	19-52117	AETNA (POB 14079)	\$354.11	FALSE	4/28/20
105024	Computer Check	4/28/20	19-54865	HEALTH CARE SERVICE CORPORATION (POB 73	\$543.21	TRUE	4/28/20
105025	Computer Check	4/28/20	19-54867	HEALTH CARE SERVICE CORPORATION (POB 73	\$543.21	TRUE	4/28/20
105027	Computer Check	4/28/20	19-56093	HEALTH CARE SERVICE CORPORATION (POB 73	\$424.84	TRUE	4/28/20
105026	Computer Check	4/28/20	19-56579	HEALTH CARE SERVICE CORPORATION (POB 73	\$538.40	TRUE	4/28/20
104904	Computer Check	4/9/20	19-62151	HEALTH CARE SERVICE CORPORATION (POB 73	\$74.66	TRUE	4/9/20
104832	Computer Check	4/6/20	19-62580B	PATIENT REFUND	\$125.00	TRUE	4/6/20
104812	Computer Check	4/6/20	19-62636	PATIENT REFUND	\$32.27	TRUE	4/6/20
104834	Computer Check	4/6/20	19-63448	PATIENT REFUND	\$18.86	TRUE	4/6/20
105009	Computer Check	4/28/20	19-64801	COMMUNITY HEALTH CHOICE	\$324.71	TRUE	4/28/20
105009	Computer Check	4/28/20	19-67459	COMMUNITY HEALTH CHOICE	\$291.61	TRUE	4/28/20
104900	Computer Check	4/9/20	19-67904	PATIENT REFUND	\$250.00	TRUE	4/9/20
104905	Computer Check	4/9/20	19-69943	PATIENT REFUND	\$22.05	FALSE	4/9/20
104831	Computer Check	4/6/20	19-71024	PATIENT REFUND	\$266.83	TRUE	4/6/20
105002	Computer Check	4/28/20	19-71647	AMERIGROUP (POB 933657)	\$368.42	TRUE	4/28/20
104809	Computer Check	4/6/20	19-8818	PATIENT REFUND	\$774.18	TRUE	4/6/20
104842	Computer Check	4/6/20	19-9416B	PATIENT REFUND	\$77.68	TRUE	4/6/20
104817	Computer Check	4/6/20	20-11050	PATIENT REFUND	\$206.15	TRUE	4/6/20
105001	Computer Check	4/28/20	20-127	AMERIGROUP (POB 933657)	\$306.60	TRUE	4/28/20
104921	Computer Check	4/9/20	20-2697	PATIENT REFUND	\$124.22	TRUE	4/9/20
105043	Computer Check	4/28/20	20-4533	UNITED HEALTHCARE (POB 101760)	\$64.22	TRUE	4/28/20
104927	Computer Check	4/9/20	20-5314	SUPERIOR HEALTHCARE	\$314.60	TRUE	4/9/20
104824	Computer Check	4/6/20	20-5916	MES ENTERPRISES INC.	\$80.90	TRUE	4/6/20
104840	Computer Check	4/6/20	20-6082	PATIENT REFUND	\$190.52	TRUE	4/6/20
105044	Computer Check	4/28/20	20-6264	UNITED HEALTHCARE (POB 101760)	\$638.94	TRUE	4/28/20
104840	Computer Check	4/6/20	20-6651	PATIENT REFUND	\$186.71	TRUE	4/6/20
104903	Computer Check	4/9/20	20-6694	HEALTH CARE SERVICE CORPORATION (POB 73	\$253.79	TRUE	4/9/20
104902	Computer Check	4/9/20	20-6704	PATIENT REFUND	\$953.88	TRUE	4/9/20
104889	Computer Check	4/9/20	20-9037	PATIENT REFUND	\$593.55	TRUE	4/9/20
104814	Computer Check	4/6/20	20-9862	PATIENT REFUND	\$267.67	TRUE	4/6/20
TOTAL					\$12,013.96		

MCHD Surplus/Salvage
May 2020

Qty	Serial Number	MCHD Tag	Product Description	S/S	Reason
1 EACH	H15459	9841	EZ IO DRIVER	SALVAGE	NO POWER/END OF LIFE.

AGENDA ITEM # 22

Board Mtg.: 05/26/2020

Montgomery County Hospital District

Proceeds from Sale of Assets

10/01/2017 - 04/30/2020

Account Name	Description	Sale Date	Sale of Surplus
Vehicles	2010 Dodge Ram 3500 - 201,234 miles	5/22/2018	8,660.00
Vehicles	2009 Ford F350 - 140,736 miles (trade-in)	7/3/2018	15,000.00
Vehicles	2012 Dodge Ram 3500 SLT - 203,110 miles	7/24/2018	8,305.00
Vehicles	2012 Dodge Ram 3500 ST - 194,983 miles	9/21/2018	8,150.00
Vehicles	2012 Dodge Ram 3500 SLT - 199,930 miles	12/18/2018	8,514.00
Vehicles	2012 Dodge Ram 3500 - 189,761 miles	12/18/2018	8,920.00
Vehicles	2008 Chevy Tahoe LS - 199,172 miles	3/12/2019	3,805.00
Vehicles Total			61,354.00
Total Proceeds			61,354.00

**MINUTES OF A REGULAR MEETING
OF THE BOARD OF DIRECTORS
MONTGOMERY COUNTY HOSPITAL DISTRICT**

The regular meeting of the Board of Directors of Montgomery County Hospital District was duly convened at 4:00 p.m., April 28, 2020 in the Administrative offices of the Montgomery County Hospital District, 1400 South Loop 336 West, Conroe, Montgomery County, Texas.

1. Call to Order

Meeting called to order at 4:00 p.m.

2. Invocation

Led by Mr. Bagley

3. Pledge of Allegiance

Led by Mr. Chance

4. Roll Call

Present:

Bob Bagley
Justin Chance
Chris Grice
Brad Spratt
Brent Thor
Sandy Wagner - *Remote*
Georgette Whatley

5. Public Comment

There were no comments from the public.

6. Presentation of Investment report for quarter ending March 31, 2020. (Mr. Grice, Treasurer - MCHD Board) (attached)

Ms. Emily Upshaw with Valley View Consulting presented the Investment report for the quarter ended March 31, 2020.

7. CEO Report to include update on District operations, strategic plan, capital purchases, employee issues and benefits, transition plans and other healthcare matters, grants and any other related district matters.

Mr. Randy Johnson, CEO presented a report to the board.

8. Consider and act on testing of 6,120 Montgomery County residents for COVID-19 through contract services at the cost of \$51.31 per test. (Ms. Whatley, Chairperson – MCHD Board)

Ms. Whatley made a motion to consider and act on testing of 6,120 Montgomery County residents for COVID-19 through contract services at the cost of \$51.31 per test. Mr. Spratt offered a second. After board discussion motion passed unanimously.

Mr. Spratt	For
Ms. Whatley	For
Mr. Grice	For

Mr. Bagley For
Mr. Chance For
Mr. Thor For
Mrs. Wagner For

9. **Consider and act upon recommendation to amend the FY 2020 budget for funds received for COVID-19 from the CARES Act and its use for professional expenses related to the testing of 6,120 Montgomery County residents for COVID-19 through contract services. (Mr. Grice, Treasurer – MCHD Board) (attached)**

Mr. Grice made a motion to consider and act upon recommendation to amend the FY 2020 budget for funds received for COVID-19 from the CARES Act and its use for professional expenses related to the testing of 6,120 Montgomery County residents for COVID-19 through contract services. Mr. Chance offered a second and motion passed unanimously.

Mr. Spratt For
Ms. Whatley For
Mr. Grice For
Mr. Bagley For
Mr. Chance For
Mr. Thor For
Mrs. Wagner For

10. **Presentation of HR Turnover Report. (Mr. Chance, Chair – Personnel Committee) (attached)**

Mr. Randy Johnson, CEO presented the HR Turnover report to the board.

11. **Present and discuss the next actions in the RFP process for Legal Counsel. (Ms. Whatley, Chairperson – MCHD Board) (attached)**

Mr. Randy Johnson, CEO presented and discussed the next actions in the RFP process for Legal Counsel.

12. **Chief of EMS Report to include updates on EMS staffing, performance measures, staff activities, patient concerns, transport destinations, emergency preparedness and fleet.**

Mr. James Campbell, EMS Chief presented the EMS report to the board.

13. **Consider and act on updated agreement for Assistant Medical Director, Dr. Casey Patrick. (Mr. Brad Spratt, Chair – EMS Committee) (attached)**

Mr. Spratt made a motion to consider and act on updated agreement for Assistant Medical Director, Dr. Casey Patrick. Mr. Bagley offered a second. After board discussion motion passed unanimously.

Mr. Spratt For
Ms. Whatley For
Mr. Grice For
Mr. Bagley For
Mr. Chance For
Mr. Thor For
Mrs. Wagner For

14. Consider and act on resolution in support of National EMS week May 17-23, 2020. (Mr. Spratt, Chair - EMS Committee) (attached)

Mr. Spratt made a motion to consider and act on resolution in support of National EMS week May 17-23, 2020. Mr. Grice offered a second. After board discussion motion passed unanimously.

Mr. Spratt	For
Ms. Whatley	For
Mr. Grice	For
Mr. Bagley	For
Mr. Chance	For
Mr. Thor	For
Mrs. Wagner	For

15. COO Report to include updates on facilities, radio system, supply chain, staff activities, community paramedicine, and IT.

Mrs. Melissa Miller, COO presented a report to the board.

Mrs. Shawn Henners gave Laserfiche COVID-19 presentation to the board.

16. Consider and act on purchase of Bioquell. (Ms. Whatley, Chair – PADCOM Committee) (attached)

Ms. Whatley made a motion to consider and act on purchase of Bioquell. Mr. Thor offered a second. After board discussion motion passed unanimously.

Mr. Spratt	For
Ms. Whatley	For
Mr. Grice	For
Mr. Bagley	For
Mr. Chance	For
Mr. Thor	For
Mrs. Wagner	For

Mr. Thor made a motion to amend the original motion to approve the purchase if MCHD would go out for 3 additional bids for the same piece of equipment and if bids do not come back lower. Mr. Chance offered a second. After board discussion motion passed unanimously.

Mr. Spratt	For
Ms. Whatley	For
Mr. Grice	For
Mr. Bagley	For
Mr. Chance	For
Mr. Thor	For
Mrs. Wagner	For

17. Consider and act on GeoComm Contract for Geographic Information System (GIS) Consultant Services. (Ms. Whatley, Chair – PADCOM Committee) (attached)

Ms. Whatley made a motion to consider and act on GeoComm Contract for Geographic Information System (GIS) Consultant Services. Mr. Chance offered a second. After board discussion motion passed unanimously.

Mr. Spratt	For
Ms. Whatley	For

Mr. Grice	For
Mr. Bagley	For
Mr. Chance	For
Mr. Thor	For
Mrs. Wagner	For

18. Consider and act on MPLS Microwave Change order for monopole at back up dispatch center. (Ms. Whatley, Chair – PADCOM Committee) (attached)

Ms. Whatley made a motion to consider and act on MPLS Microwave Change order for monopole at back up dispatch center. Mr. Spratt offered a second. After board discussion motion passed unanimously.

Mr. Spratt	For
Ms. Whatley	For
Mr. Grice	For
Mr. Bagley	For
Mr. Chance	For
Mr. Thor	For
Mrs. Wagner	For

19. Health Care Services Report to include regulatory update, outreach, eligibility, service, utilization, community education, clinical services, epidemiology, and emergency preparedness.

Mrs. Ade Moronkeji, HCAP Manager presented the HCAP report to the board.

20. Consider and act on Healthcare Assistance Program claims from Non-Medicaid 1115 Waiver providers. (Mrs. Wagner, Chair-Indigent Care Committee)

Mrs. Wagner made a motion to consider and act on Healthcare Assistance Program claims from Non-Medicaid 1115 Waiver providers. Mr. Thor offered a second and motion passed unanimously.

Mr. Spratt	For
Ms. Whatley	For
Mr. Grice	For
Mr. Bagley	For
Mr. Chance	For
Mr. Thor	For
Mrs. Wagner	For

21. Consider and act on ratification of voluntary contributions to the Medicaid 1115 Waiver program of Healthcare Assistance Program claims. (Mrs. Wagner, Chair – Indigent Care Committee)

Mrs. Wagner made a motion to consider and act on ratification of voluntary contributions to the Medicaid 1115 Waiver program of Healthcare Assistance Program claims. Mr. Chance offered a second and motion passed unanimously.

Mr. Spratt	For
Ms. Whatley	For
Mr. Grice	For
Mr. Bagley	For
Mr. Chance	For
Mr. Thor	For
Mrs. Wagner	For

22. Presentation of preliminary Financial Report for six months ended March 31, 2020 – Brett Allen, CFO, report to include Financial Summary, Financial Statements, Supplemental EMS Billing Information, and Supplemental Schedules.

Mr. Brett Allen, CFO presented financial report to the board.

23. Consider and act upon recommendation for amendment(s) to the budget for fiscal year ending September 30, 2020. (Mr. Grice, Treasurer - MCHD Board)

Mr. Grice made a motion to consider and act upon recommendation for amendment(s) to the budget for fiscal year ending September 30, 2020. Mr. Bagley offered a second. After board discussion motion passed unanimously.

Mr. Spratt	For
Ms. Whatley	For
Mr. Grice	For
Mr. Bagley	For
Mr. Chance	For
Mr. Thor	For
Mrs. Wagner	For

24. Consider and act on Woodforest signature cards. (Mr. Grice, Treasurer – MCHD Board)

Mr. Grice made a motion to consider and act on Woodforest signature cards. Mr. Bagley offered a second and motion passed unanimously.

Mr. Spratt	For
Ms. Whatley	For
Mr. Grice	For
Mr. Bagley	For
Mr. Chance	For
Mr. Thor	For
Mrs. Wagner	For

25. Consider and act on ratification of payment of District invoices. (Mr. Grice, Treasurer – MCHD Board)

Mr. Grice made a motion to consider and act on ratification of payment of District invoices. Mr. Spratt offered a second. After board discussion motion passed unanimously.

Mr. Spratt	For
Ms. Whatley	For
Mr. Grice	For
Mr. Bagley	For
Mr. Chance	For
Mr. Thor	For
Mrs. Wagner	For

26. Consider and act on the sale of surplus Ambulances. (Mr. Grice, Treasurer – MCHD Board) (attached)

Mr. Grice made a motion to consider and act on the sale of surplus Ambulances. Mr. Thor offered a second. After board discussion motion passed unanimously.

Mr. Spratt	For
Ms. Whatley	For

Mr. Grice	For
Mr. Bagley	For
Mr. Chance	For
Mr. Thor	For
Mrs. Wagner	For

27. Consider and act on the removal and sale of the patient compartments on surplus ambulances by Trinity Apperatus. (Mr. Grice, Treasurer – MCHD Board)

Mr. Grice made a motion to consider and act on the removal and sale of the patient compartments on surplus ambulances by Trinity Apperatus. Mr. Bagley offered a second. After board discussion motion passed unanimously.

Mr. Spratt	For
Ms. Whatley	For
Mr. Grice	For
Mr. Bagley	For
Mr. Chance	For
Mr. Thor	For
Mrs. Wagner	For

28. Consider and act on salvage and surplus. (Mr. Grice, Treasurer – MCHD Board) (attached)

Mr. Grice made a motion to consider and act on salvage and surplus. Mr. Chance offered a second and motion passed unanimously.

Mr. Spratt	For
Ms. Whatley	For
Mr. Grice	For
Mr. Bagley	For
Mr. Chance	For
Mr. Thor	For
Mrs. Wagner	For

29. Secretary's Report - Consider and act on minutes for the March 24, 2020 Regular BOD meeting, March 27, 2020 Special BOD meeting, March 31, 2020 Special BOD meeting, April 3, 2020 Special BOD meeting, April 7, 2020 Special BOD meeting, April 14, 2020 Special BOD meeting and April 21, Special BOD meeting. (Mrs. Wagner, Secretary - MCHD Board)

Mrs. Wagner made a motion to consider and act on the minutes for the March 24, 2020 Regular BOD meeting. Mr. Chance offered a second and motion passed unanimously.

Mr. Spratt	For
Ms. Whatley	For
Mr. Grice	For
Mr. Bagley	For
Mr. Chance	For
Mr. Thor	For
Mrs. Wagner	For

Mrs. Wagner made a motion to consider and act on the minutes for the March 27, 2020 Special BOD meeting. Mr. Chance offered a second and motion passed unanimously.

Mr. Spratt	For
Ms. Whatley	For
Mr. Grice	For

Mr. Bagley	For
Mr. Chance	For
Mr. Thor	For
Mrs. Wagner	For

Mrs. Wagner made a motion to consider and act on the minutes for the March 31, 2020 Special BOD meeting. Mr. Chance offered a second and motion passed unanimously.

Mr. Spratt	For
Ms. Whatley	For
Mr. Grice	For
Mr. Bagley	For
Mr. Chance	For
Mr. Thor	For
Mrs. Wagner	For

Mrs. Wagner made a motion to consider and act on the minutes for the April 3, 2020 Special BOD meeting. Mr. Chance offered a second and motion passed unanimously.

Mr. Spratt	For
Ms. Whatley	For
Mr. Grice	For
Mr. Bagley	For
Mr. Chance	For
Mr. Thor	For
Mrs. Wagner	For

Mrs. Wagner made a motion to consider and act on the minutes for the April 7, 2020 Special BOD meeting. Mr. Chance offered a second and motion passed unanimously.

Mr. Spratt	For
Ms. Whatley	For
Mr. Grice	For
Mr. Bagley	For
Mr. Chance	For
Mr. Thor	For
Mrs. Wagner	For

Mrs. Wagner made a motion to consider and act on the minutes for the April 14, 2020 Special BOD meeting. Mr. Chance offered a second and motion passed unanimously.

Mr. Spratt	For
Ms. Whatley	For
Mr. Grice	For
Mr. Bagley	For
Mr. Chance	For
Mr. Thor	For
Mrs. Wagner	For

Mrs. Wagner made a motion to consider and act on the minutes for the April 21, 2020 Special BOD meeting. Mr. Chance offered a second and motion passed unanimously.

Mr. Spratt	For
Ms. Whatley	For
Mr. Grice	For
Mr. Bagley	For
Mr. Chance	For
Mr. Thor	For
Mrs. Wagner	For

30. Adjourn.

Meeting adjourned at 6:19 p.m.

Sandy Wagner, Secretary

**MINUTES SPECIAL MEETING
OF THE BOARD OF DIRECTORS
BY TELECONFERENCE CALL ONLY
MONTGOMERY COUNTY HOSPITAL DISTRICT**

The special meeting of the Board of Directors of Montgomery County Hospital District was duly convened at 2:00 p.m., May 5, 2020, in the Administrative offices of the Montgomery County Hospital District, 1400 South Loop 336 West, Conroe, Montgomery County, Texas

1. Call to Order

Meeting called to order at 2:00 p.m.

2. MCHD and MCPHD Operations update on COVID-19 as we adjust and coordinate care with all facets of the community. Note this update will be limited to 30 minutes.

Operations updates on COVID-19 given by:

Mr. Randy Johnson, CEO

Mrs. Melissa Miller, COO

Mr. James Campbell, EMS Chief

Dr. Robert Dickson, Medical Director

Dr. Casey Patrick, Assistant Medical Director

Questions from attendees were answered by above noted staff.

1. Adjourn

Meeting adjourned at 2:25 p.m.

Sandy Wagner, Secretary

**MINUTES SPECIAL MEETING
OF THE BOARD OF DIRECTORS
BY TELECONFERENCE CALL ONLY
MONTGOMERY COUNTY HOSPITAL DISTRICT**

The special meeting of the Board of Directors of Montgomery County Hospital District was duly convened at 2:00 p.m., May 12, 2020, in the Administrative offices of the Montgomery County Hospital District, 1400 South Loop 336 West, Conroe, Montgomery County, Texas

1. Call to Order

Meeting called to order at 2:00 p.m.

2. MCHD and MCPHD Operations update on COVID-19 as we adjust and coordinate care with all facets of the community. Note this update will be limited to 30 minutes.

Operations updates on COVID-19 given by:

Mr. Randy Johnson, CEO

Mrs. Melissa Miller, COO

Mr. James Campbell, EMS Chief

Dr. Robert Dickson, Medical Director

Mrs. Ade Moronkeji, HCAP Manager

Questions from attendees were answered by above noted staff.

1. Adjourn

Meeting adjourned at 2:23 p.m.

Sandy Wagner, Secretary

**MINUTES SPECIAL MEETING
OF THE BOARD OF DIRECTORS
BY TELECONFERENCE CALL ONLY
MONTGOMERY COUNTY HOSPITAL DISTRICT**

The special meeting of the Board of Directors of Montgomery County Hospital District was duly convened at 2:00 p.m., May 19, 2020, in the Administrative offices of the Montgomery County Hospital District, 1400 South Loop 336 West, Conroe, Montgomery County, Texas

1. Call to Order

Meeting called to order at 2:00 p.m.

2. MCHD and MCPHD Operations update on COVID-19 as we adjust and coordinate care with all facets of the community. Note this update will be limited to 30 minutes.

Operations updates on COVID-19 given by:

Mr. Randy Johnson, CEO

Mrs. Melissa Miller, COO

Mr. James Campbell, EMS Chief

Dr. Robert Dickson, Medical Director

Dr. Casey Patrick, Assistant Medical Director

Mr. Chris Grice, MCHD Board Member, Precinct 3

Questions from attendees were answered by above noted staff.

1. Adjourn

Meeting adjourned at 2:50 p.m.

Sandy Wagner, Secretary